

AIDS/STDs Prevention Education for Factory-based Adolescents

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Introduction

Because of an increasing prevalence of human deficiency virus (HIV) infection in the population, and until September, 1991 the Ministry of Public Health of Thailand reported 34,354 cases of HIV infection.¹ Adolescents are at risk for contracting Acquired Immunodeficiency Syndrome (AIDS), and engage in high-risk sexual and drug use behavior.^{2,3}

Adolescents both in and out of school are young peoples who are in the age of physical, mental, emotional and social development. Their lives are at a turning point in which they must adjust themselves to their environment and begin to change their behavior to that of responsible adults. The adolescents faces various problems in adapting their transitional status to the realistic situation in the society. One of the demanding of these change is learning how to associate with opposite sex and social adjustments. The factory-based adolescents are quite different from other adolescents. The pattern of their living are similar to the adults; because they can earn their money. In contrast, they are similar to other adolescents in age, nature, lifestyle.

Especially male adolescents who are sexually active, slightly over 60% indicated their sexual partners were prostitutes.⁴⁻⁶ Information on the use of condoms among male students (age 19 or less) whose partners were prostitutes is also available, three-quarters and two-thirds of students attending teacher and commercial colleges did not use condoms. Among males students (age 20 or older), two-thirds of teacher college students, and half of commercial college students, did not use condoms when they visited prostitutes.

The rather high proportions of male students who are sexually active and who visit prostitutes combined with the relatively low proportions who use condoms would appear to be an ideal set of circumstances for the exposure and spreading of AIDS among the adolescent and young adult population. Hence, it is extremely important to raise the level of awareness, concern and preventive behaviors regarding AIDS within the factory-based adolescents; the unique group of the adolescents

Hat Yai, the largest district of Songkla province located 947kilometers south of Bangkok, is a bustling young business town which owes much of its prosperity to trade (especially in tin and rubber) and tourism, mostly from nearby Malaysia. There is a very active nightlife. Massage par-

lors, bars, brothels, and escort agencies are parts of this entertainment business. Of different forms of prostitutes that exist in Thailand the low-income prostitutes are the most numerous. Recent data from the Ministry of Public Health indicates that there might be as many as 80,000 prostitutes of this category throughout the nation, and in Songkla province there are about 4,000-5,000 prostitutes who were registered with the VD center, region 12.⁷ By estimation, this figure may be a half of the factual numbers.

In the absence of a cure or vaccine for AIDS, health information and education is the most important mechanism for the prevention and control of the disease. The objective, therefore of the present study is the assessment of the possible implementation that are intervention program on HIV prevention can be introduced into the industrial factories and approach the workers.

This article will describe the demographic background and the level of health behavior change continuum about AIDS, and the positive and negative lessons of education intervention for HIV prevention among the factory-based adolescents. We concluded that we lacked sufficient information related to this population to make an adequate behavioral and educational diagnosis.

In part, this lack of information was indicative of the appropriated interventions that are compatible with the industrial factories. There are some gaps in the availability of descriptive data related to the health beliefs, attitudes and preventive practices of minorities in general. Although health education is seen by many as the most viable approach contributing to the prevention and control of AIDS. However, there are unique barriers confronting health educators who attempt to translate health education theory into effective strategies around this critical public health problem.⁸