

## Discussion

Most recently, and certainly not unrelated to tourism, the AIDS scare has drawn greater attention to adolescent sexuality issues.[2] Unfortunately, in the context of a deadly disease closely associated with homosexuality, heterosexuality, and intravenous drug use, the issue tends to be cast in a framework of behavioral deviance and associated health risks, rather than the normal developmental issues of adolescence. There is a danger here of seriously misdirected research priorities on adolescent sexuality. Still, AIDS is a disease with an etiology dominated by behavioral choices. This means that due to the concern over AIDS additional funds should come on line for research into behavioral aspects of adolescent sexuality.

Thailand is one of the few places in the world which has gone through the transition from agricultural to industrialized country. Tourism is also important in Thailand, and the commercial sex component of tourism apparently is a greater share of the total tourist flow than in other Asian countries (Philippines, for the example). There is a noticeable difference between the Philippines and Thailand in the public view of prostitution and of prostitutes.[3] With prostitution a more integral part of Thai society, there is much less reason to view commercial sex and the sexuality of the general population as entirely separate. In fact, one of the driving concerns of Thai policy makers regarding youth sexuality is over the spread of sexually transmitted diseases (STD) from the entertainment sector to the general population.[4]

The first major survey of youth sexuality in 1982 [5] dealt with STDs in detail. A new national survey was recently reported on [6] and in this new study AIDS is a central issue along with other STDs. The government has been opposed to dramatic public discussion of AIDS, because of its fear that tourism would be effected. but it has not been opposed to research on AIDS, and has encouraged efforts inform those engaged in commercial sex.

Asian governments are faced with a number of general issues as they move toward policies in the arena of adolescent sexuality. One is the general public concern in many countries that provision of services only encourages youth to engage in sexual activity. Another is the dilemma in some countries whether to move toward a common stance toward all ethnic and religious groups, or to distinguish cultures within the society. Another is how to approve commerce in sex and those engaged in it. Whatever the directions taken on these and other issues, our claims are that "family policy" centered on the young is emerging. How, then, do we see Asian society in the comparative context of the economically advanced countries. Unfortunately, the most common approach to classifying countries in regard to the prevalence and pattern of adolescent sexuality is unidimensional, with countries classified as traditional, modern, or somewhere in between. For example, Senderowitz and Paxman [7] suggest such a three ways classification scheme. Their first type involves early marriage, with premarital sex disallowed; premarital pregnancy is "infrequent or likely to lead to socially sanctioned sensuousness unions" (as in Latin America and sub-Saharan Africa). Type two, found in the developed countries, frequently involves the onset of sexual activity often before marriage, in the mid to late-teens, often without contraceptive protection, with much unintended pregnancy, and not uncommon, abortion. Type three is intermediate between these and results from socioeconomic development acting against the "traditional restraints". Here, premarital sexual activity and

pregnancy are increasing, and the use of abortion is also. However, contraceptive use is growing and teen fertility rates are falling.

This classification fails, we believe, because it is unilineal, evolutionary. It posits traditional pattern and a post-transitional one, with problems arising in between. Yet close examination of national settings indicates a far more complex, multidimensional reality. Within the Asian region, for example, Southeast Asia exhibits high levels of premarital sexual activity, and as in Latin America this reflects complexity in definitions of marriage and the marriage process. Also, premarital sex (recreational; experimental) is a growing phenomenon in developing country urban areas. In present day Thailand, where social values are changing rapidly, the transition taking place in sexual value is no exception. Attitudes towards sexual behavior were also affected by the changes taking place, which in turn resulted in changes in the sexual consciousness and activities of young people. The traditional morality was no longer valid in this new society, and more people were calling for the establishment of "sex education". Surveys include "survey on the sexual activity of youth" also need to identify the sexual behavior among the youth; students and non students. The sex viewpoints (sexual indicators) can be measured and are used to identify the standard sexual life-styles of the adolescents. We expect to develop criteria sets or control strategies for heterosexual transmission of AIDS among the youths from these sexual indicators.

So the further study should be aimed as the followings:

1. to undertake deeply and identify the sexual indicators and sexual criteria in sex education and AIDS prevention
2. to seek the possibility for organization the peer counselling group among the adolescent prostitutes, student and non student adolescence in the field of sex education and AIDS prevention (heterosexual transmission)

The AIDS prevention project is ongoing; in the future, an additional intervention program is planned, one that has a skills training component in addition to the group educational session. This will enable an evaluation of the differential efficacy of each component. The difficulty of developing valid measures of the level of behavior change was highlighted by the feed back obtained from the participants in focus group in which the measure were piloted. The significant positive correlations among the level of behavior change after the intervention suggest that tap into the educational model. Belief and behavior change are thought to require much more extensive intervention, including the examination of the social context in which the workers are exploring their sexuality. Social and behavioral research on the sexual practices and beliefs, for example, is highly sensitive, culturally speaking. Yet it is vital to design of effective prevention strategies for specific target populations. Finally, these results demonstrate the importance and appropriateness of applying existing health promotion theory and research findings to the field of AIDS risk reduction. The health education and media strategies that used, and the factors unique to the workers that need to be considered.

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for the establishment of "sex education". The integral adolescent program also need to identify the persons interested in sex education and began to act to create an organization that would fill this implementation.

Other concern is confidentiality in regards to adolescents. Adolescents need confidentiality when seeking any medical counselling; confidentiality is even more important when sexual issues are involved. And the questions continue to raised about the provision of adolescent reproductive health services without the notification to their employers or their relations.

The rapid changes taking place in regard to sexual attitudes and morals in society today are trend occurring not only in Thailand, but the world over. Under these circumstances, the gap between youth and adults in regard to sexual consciousness and sexual activity is great. There has however been no central source around which a dialogue could take place in order to promote a common understanding.

We do hope that this report will not only provide a foundation for the discussion of health education strategies for reducing the risk of AIDS, but will also prove useful information to local, regional, and national organization in developing the intervention programs among the adolescents.