USE AND PERCEPTIONS OF SEXUAL AND REPRODUCTIVE HEALTH SERVICES AMONG YOUNG NORTHERN THAI PEOPLE

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Bridging the Research-Policy Divide,
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Aim of the research

➢ To find out the experiences and perspectives of young people with regard to obstacles to their safe sexual health and desirable health services.

➢ Findings are intended to guide the development of health services to improve sexual and reproductive health among young people.
People who were intended to benefit

- Young people
- Parents/guardians
- Community
- Health providers
- Related agencies

Photo courtesy of Health Promotion Center Region 10, Chiang Mai
Structure of the policy system

Ministry of Public Health (MOPH)
The process of policy system: Multiple streams model

Diagram by Clarissa Domingo
Scoping: Thinking about all possibilities

- Share the ideas in the conferences
- Publish papers
- Share results with NGOs / relevant organizations / young people
- Send a report to MOPH
- Talk to the executives at MOPH
- Talk to the media
Boundary setting:
What was in or out or important?

- Networking
  (Researchers/academics/NGOs/youth peer leaders)
- MOPH
  (executives/government staff)
- Policy change
- Media
Framing

Reproductive Health Division (Department of Health)
Framing

Bureau of AIDS, TB and STIs (Department of Disease Control)
Taking values into account

Brighter future for the young generation
(human rights, equality in health services)
Harnessing ‘good’ differences and managing ‘bad’ differences

- Harnessing ‘good’ differences: created networking to share research findings, reports, evidence, solutions (academics, GOs, NGOs, related agencies, peer leaders)

- Managing ‘bad’ differences: discussed with parents, teachers, communities and mass media to find out optimal solutions for young people
How was the research support provided?

- Communication
  - Published papers
  - Shared research results with NGOs / relevant organizations / young people
  - Sent a research report to local government staff & MOPH
  - Talked to the executives at MOPH (a few times only)
Who in the research team provided the support for policy development?

I gave inputs in the meetings at MOPH and provincial health offices.
When was the research used to influence policy development?

The research used at the end when research findings, recommendations and reports were available
Overall context

- Rapid development of information technology
- Ways of living have changed.
- Young Thai people: healthier, more urbanized and better educated
- Downside: more widespread adoption of unhealthy lifestyles
  “unsafe premarital sexual behaviors”
Authorisation

- I work as a researcher at Chiang Mai University.
- I wrote a research proposal and asked for funding support from the Wellcome Trust, UK, (under a PhD program at ANU).
- Collected the data in Chiang Mai
- Provided research input to MOPH for policy and practice change
Organisational facilitators and barriers

- **Facilitators**
  
  - Structure in my organisation helped to conduct this research topic (although this research did not help the research institute to gain more income)
  
  - MOPH needed reports / research results from different geographical areas.

- **Barriers**

  - Inability to control mass media and community interpretations of the research results
Outcomes of providing research support

Department of Disease Control, MOPH

Launched a YPFS Program (Youth and PLWHA Friendly Services) funded by Global Fund (covered 29 out of 77 provinces)

There is an ongoing program on YPFS.

Young people and community have benefits from this program.
Department of Health, MOPH

Launched a new policy on setting up YFHS Program (Youth Friendly Health Services) (covered all provinces)

There is an ongoing program on YFHS.

Young people, parents and school teachers have benefits from this program.

Outcomes of providing research support
Thank you