

## **Sexual Health: Sexual Violence, Unplanned Pregnancy and Sex issues relating to Aids/ Sexually Transmitted Diseases**

In the past ten years, the problem of sexual health in its three dimensions, that is, sexual violence, unplanned pregnancy, sex in relation to AIDS/ sexually transmitted diseases, has tended to increase in scale, in severity, and complexity until now it has become a national problem. And this has impacted on physical, mental health and social health, especially of those groups who have been relegated to the margins of society such as females, people with diversified sexual orientations, the disabled, those infected with HIV/AIDS, migrant labor, and various ethnic groups. The result is a general lack of sexual health of the Thai people.

### **1. The problem of sexual violence.**

#### **1.1 The situation of sexual violence in Thai society.**

(1) **News on sexual violence is published in the newspapers everyday.** News on rape formed the highest proportion of sexual violence most often reported i.e. 38%, followed by other types of sexual violence (i.e. prostitution, sexual harassment, severing of sexual organs, attitudes and beliefs, physical attacks or murder due to jealousy) which comprised 26%. In total, news and articles on sexual violence comprised almost two-thirds (64%) of total news reported.

(2) **The number of victims of sexual violence has increased every year.** Almost all were cases of males sexually molesting females (98.3%), the remaining was one of males molesting males (1.5%) and females sexually attacking males (0.3). Most of the perpetrators are those intimately close to the victims or familiar with them. A proportion were blood-relatives of the victims. What is important is that girls aged less than 15 years old were the biggest group of people sexually violated, and perpetrators tend to be younger and younger.

(3) The research shows clearly that those sexually violated are negatively affected both physically and mentally. Physical effects are injuries, disability, loss of life, infections in the reproductive system, contraction of the HIV virus, unplanned pregnancy, unsafe abortion and internal bleeding. As for psychological effects, these are depression, fear, stressed, anxiety, lack of self-confidence, self-condemnation, suicide, loss of sexual appetite, eating disorders, personality change, irrational repetitive behavior, alcoholism, and drug addiction. In addition, social peace is affected, resulting in social problems, e.g., unplanned pregnancy, unsafe abortion, fetus health problems leading to miscarriage, low infant weight, or disability, as well as resulting in murder.

#### **1.2 Difficulties in solving the problem of sexual violence.**

(1) At the level of root causes, Thai society has a sexual culture of double standards. The culture aims to inculcate behavior that in effect lays down a framework of control of women's sexuality, but at the same time gives license to and encourages men to learn about sex and acquire sexual experience. The resultant overarching sexual system is one of "innocence for the female but sexual virtuoso for

the male”. This results in a narrow range of learning about sex whether in or outside the school, limited to one of inculcating the male to unconsciously accept the idea of violence towards women. At the same time, the system generates an unacceptance of alternative forms of sexual relationships and stigmatizing them (for example, homosexuals, lesbians, transvestites and transsexual people).<sup>iv</sup> This kind of perception would stigmatize women and accuse the sexually violated to be part of the problem.

**(2) Even though the government has a policy of providing care and treatment for those suffering from sexual violence at the one-stop crisis centre in provincial hospitals all over the country but staff providing such services still lack sensitivity to the varied sexual orientations of people of all ages and ethnic groups.** Furthermore, they are not able to act quickly and effectively on problems. That is, they lack skills to determine whether a person seeking care is someone who is a victim of sexual violence or not. At the same time, work concerning help, protection of, and justice given to victims suffers from a lack coordination among the multidisciplinary agencies both in the state and private sectors; the term multidisciplinary here covers doctors, nurses, social workers, psychologists, police, public prosecutors, lawyers, development workers, and community leaders.

**(3) In the case of those experiencing problems of sexual violence, the process of complaint and court proceeding is fraught with difficulties.** One reason being the prevailing culture that tends to stigmatize victims, especially during at the inquiry and deliberation stages in court proceedings women are made to feel humiliated as if they are suffering another round of violation. At the same time, provisions in the law and guidelines for practice as well as attitudes of the personnel involved in facilitating justice do not take into account the complexities of situations of sexual violence that arise from dominance rather than control, or from sexual molestation done by the spouse.

**(4) State or privately run shelter services for children and women with problems are still unable to respond in an adequate and timely manner.** At present, the Ministry of Social Development and Human Security has 49 shelters situated in 49 provinces, but with a ruling specifying a short maximum time allowed for each stay. Some allow 3 months, some only 7 days. The result being an inability to cure and rehabilitate victims properly, that is, with a degree of quality and a sense of completeness.

**(5) The state still lacks control over how the media presents or portrays news of sexual violence which is done in such a way as to encourage the replication of sexual violence.** And this lack of control applies to all types of media, whether it is published media, the production of plays, radio, television, films, on-line games, folk media, advertisements etc., even though some measures of control have been introduced such as a system of assigning ratings to TV programmes. But all in all, the media still portray or disseminate acts of violence against women and against people of alternative sexual orientations over regularly and in many forms. This is especially true in cases of rape and other forms of sexual violence, and also in cases of violence within the family. Moreover, photographs of the injured party are still openly disseminated, even though there is a law forbidding such practice in order to protect the victims of family violence.

## **2. The problem of unplanned pregnancy.**

**2.1 The situation and trends.** A research report shows that there is an increasing trend in unplanned pregnancy. For example, at the level of the community, the rate of unplanned pregnancy stands at 45% v, and if we look at the country as a whole it stands at 31-40 %. From studies covering the period 1987-2006, it was found that the proportion of unplanned pregnancy to total pregnancy showed an increasing trend, with those under 20 years old and those above 35 years old exhibiting a higher rate of unplanned pregnancy than for other age groups. That is, for the under 20s, the unplanned pregnancy rate was recorded at 53 %, for the over 35 age group it was 63%, whereas for those aged 20-34 the average unplanned pregnancy rate was 42 %. The people with unplanned pregnancies were singles, married, divorced, in similar numbers; that is about 33.33% each.

The main reason for unplanned pregnancy cited was personal economic difficulties, even though other reasons were cited also, but not as often as the economic reason. The next most often cited reason was a lack of adequate knowledge on birth control, and the third reason was that although birth control had been applied pregnancy still resulted. The negative impact from unplanned pregnancy include abandonment of the infant, injuries and disability, and death from unsafe abortion operations. In this regard, it was found that during 2003-20004, at least 1,975 children were found abandoned in hospitals or abandoned to the hired childcare provider, or abandoned in public places. As for abortion, it was found the trend had increased, from 6.1% during 1959- 1970 to 21.8% during 1991-2001. Also, the Ministry of Public Health found that the incidence of unsafe abortion practices was a high 29%, ranging from contracting infection to loss of life.

### **2.2 The state's attempt to prevent and solve problems is uncoordinated, akin to a fleet of boats sailing in different directions.**

**(1) On the aspect of prevention, there is a lack of clear direction on efforts to organize sexual education and birth control.** That is, there is a lack of clarity as to how the Ministry of Education will design a curriculum containing sexual education at the different levels of education, in the context of an increasingly serious problem of unwanted pregnancy. This is so despite the large body of research from many countries confirming that courses in sex education at various levels of education do help to decrease the rate of unplanned pregnancies and sexually transmitted diseases, more so than not having such courses. In addition, the idea of birth control services specifically for teenagers is still perceived by Thai society in general as an “untouchable” subject, as a residue from a debate in the past concerning the desirability of providing condoms in vending machines in educational institutions. The result of such debate is that leaders at many social levels expressed disagreement and said in effect that “The provision of sex education and of means to prevent sexually transmitted diseases and pregnancy is tantamount to facilitating sexual looseness and so it should not be done”. The consequence is that the work by public health authorities to institute birth control to cover the singles and the teen-age group was delayed.

**(2) The enforcement of the law forbidding abortion is not in congruence with the nature of the problem. Thus, such law has not been effective in decreasing the incidence of abortion, but rather it has increased the number of deaths and injuries from it.** The law forbidding abortion says abortion is allowed only in cases where pregnancy is due to rape and when such pregnancy endangers the

health of the woman in question. Furthermore, such abortion can only be performed by medical personnel. Thus, those women with unplanned pregnancy as a result of economic circumstances are forced to use illegal abortion services and run the risk of running into complications and even death. All these problems stand as a testimony to the failure of such law.

**(3) There is a lack of measures to lessen the social pressure on women whose pregnancy was unplanned; the result is continuance of a high rate of abandonment of infants.** There are several circumstances surrounding pregnancy which society does not condone, and which generates an enormous amount of pressure on the pregnant women who in turn are left to cope with problems alone, whether it is the decision to abort or continue the pregnancy to the end and then abandon the child at the hospital or at a public place. Even though the Ministry of Social Development and Human Security had drawn up a memorandum of agreement with the Ministry of Public Health specifying that hospitals be vigilant on cases of possible abandonment of infant after birth, including a clause telling the Ministry of Social Development and Human Security to look after abandoned children temporarily in the case where the mother could not in actual fact take care of the child. But these measures were not effective in decreasing the rate of abandonment of the child, but merely decreased the rate of child abandonment in public places to an extent. At the same time, the Ministry of Social Development and Human Security has to face a situation of not enough welfare homes for children and not enough child care personnel to cope with the large numbers. Moreover, important measures to lessen the pressure on women, to help them make the right decisions by giving them consultation and advice to strengthen their morale and offer them good alternatives, to institute continuous public campaigning to lessen stigmatization of those facing problems, all these are being ignored by all parts of the society.

### **3. Sex and AIDS/ Sexually transmitted diseases.**

#### **3.1 The situation of unsafe sexual relations and the spread of AIDS and sexually transmitted diseases.**

AIDS has become a leading cause of death for Thai people, second only from the cause of death due to accidents, even though the rate of new HIV infections in general has gone down, but studies done during 2004-2007 show that newly HIV infected in Thailand in the main have the tendency to congregate in certain groups such as pregnant women young women and children, prostitutes both open and concealed, gays, and intravenous drug addicts. In 2005, it was found that the ratio of infected women to infected men was 1:2.5 and the rate of illness due to AIDS infection for young women compared to for young men aged 15-19 years old was 2:1.

The above situation makes it possible that HIV/AIDS might spread to become an epidemic in Thailand again, if there is no determination of an appropriate strategy in prevent and solve the problem. At the same time it was found that the rate of infection by venereal disease and other sexually transmitted diseases that was believed to have fallen since 1997, has actually have risen especially in the group of migrant workers, youth and people of working age. Particularly, it was found that more young people who are school students and university students aged 15-19 years old have contracted venereal diseases. The past abolishment venereal disease clinics due to structural adjustment measures of government agencies resulted in many groups of people especially prostitutes being unable to access medical check-ups and

treatment. Moreover, the system of medical examination and care run by the provincial hospitals tend to work on a reactive basis, plus the facilities for such care do not provide enough privacy. So patients are reluctant to come and use the services, feeling embarrassed and afraid of being stigmatized and also fearing discrimination by the staff.

### **3.2 Gaps in solving the problem of HIV/AIDS and sexually transmitted diseases found in the past.**

(1) **The problem of low usage rates of condoms** is still prevalent in all groups in the population because of negative attitudes towards condoms, because of opposition by conservative groups that are in control of public health policy, and because of a budget allocation policy that does not promote a balance between prevention and cure of diseases. It was found that in the past year 70% of the budget for AIDS solution have been allocated to care and treatment, more so than for prevention of infection of the HIV. The result has been a very small or virtually no budget for the purchase of condoms for public distribution.

(2) **The issue of teaching comprehensive sex education in order to lead to safer sexual relations.** The teaching and training of sexual education in a comprehensive and wide-ranging manner, teaching which aims to impart to youth the knowledge about their physical and mental development and to inculcate proper sexual values, the teaching which aims to develop thinking and analytical skills on one's own sexual situation, the dissemination of knowledge on various ways to have safe sex and on the various type of tools available for defense against HIV virus and sexually transmitted diseases, the teaching on how to prevent problems related to pregnancy and abortion; all these knowledge-raising techniques are confronted with a lack of understanding and support by society. The rights of youth to receive knowledge and facts has been continuously ignored, resulting in youth both females and males including the alternative sex not having sufficient, comprehensive and correct knowledge on how to lead their sex life with safety, happiness, with freedom from disease.

(3) **The organization of services for reproductive health congruent with the specific circumstances of various youth groups.** At present, the organization of reproductive health service is still not comprehensive, not in harmony with the needs of youth in general and youth of the alternative sex, and furthermore not provided in a youth friendly manner. Importantly, service providers tend to have a negative attitude towards pre-marital sex by young people and often do not accept the alternative sex. Therefore, services are provided with a lack of sensitivity and full of prejudices due to a decision having been made in their minds as to the worthiness of youth that comes in for service, using judgmental criteria of their sexual orientation. The result is youth are scared to come for service when faced with a reproductive health problem. So it is most necessary to develop the capacities of public health personnel and their attitudes in order to lift the quality of reproductive health services for all categories of youth and sexual orientation.

(4) **The system of services for care, treatment, and control of sexually transmitted diseases.** The examination and care with regard to sexually transmitted diseases has been shifted to be under the responsibility of provincial hospitals, and many limitations exist as a result. For example, services are unfriendly,

confidentialities not kept, no efficient systematic search for the sexual partner to also come and receive treatment, and no efficient system of statistical reporting of the patients. In addition, the system of treatment has been linked to health insurance rights which have restricted the control of such diseases especially in areas where there is intensive movement and circulation of workers, because migrant workers both Thai and foreign tend to lack rights or lack of access to the health insurance system.

**(5) The problem of sexual health and quality of life of HIV infected persons.** Negative attitudes towards those infected with HIV/ AIDS patients and those close to them such as the children and family members is widespread in society, especially at the community level. This results in many infected with the virus do not dare to reveal themselves and thus are unable to access welfare and health services provided by the state, which in turn has a direct impact on the quality of life of the infected persons. The state still lacks clear data on the problems and on obstacles in getting access to anti-viral medicine for all infected groups, as well as lack data about their lives after use of the antiviral medicine. Also, rights of those infected with HIV such as rights in relation to pregnancy and right of abortion are still being violated by medical staff. Moreover, only 54% of those children infected with HIV and reaching the age of 18 months are brought back for another round of examination for HIV. Furthermore, the participation of men for voluntary blood tests is still low. The use of condoms by the sex partner of one infected with HIV is still very low, and this is also true of partners whose blood were both tested as positive and for those whose blood test showed different results. The result is an increase in the number of newly infected. And the health of the already infected suffers. In addition, it was found that the issue of sexual rights and the issue of the quality of life of children who had been infected with HIV at birth and who are now teenagers are not given enough attention.

**(6) The work of the Local administrative bodies have been self-limiting.** Local administrative authorities all over the countries still are not doing work by way of prevention of risky sexual behavior and of AIDS/sexually transmitted diseases on a pro-active basis, in cooperation with other organizations. In the past, these bodies have limited themselves to work reactively. For example, in the payment to help those contracting HIV, they have waited for groups/organizations at the community level to come forth to ask for a budget to work on HIV/AIDS prevention or and/or help those infected. The bodies have not acted in a pro-active manner in this approach. Also, in the work of voluntary groups/organizations, local administrative bodies have not come in to actively help strengthen them, but have limited their engagement to merely giving financial assistance.

### **3. Action by the National Health Assembly**

The National Health Assembly is invited to consider the *Draft Resolution 1/10*.