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Ministry of Education

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Review of Comprehensive Sexuality Education in Thailand



Review conducted in 2016

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Executive Summary



This review of comprehensive sexuality education (CSE¹) in Thai educational institutions collected data from students, teachers, guardians, school directors and national policy advocacy stakeholders. Standard international data collection tools were used, with the hope that important information could be gathered to guide the development of school-based CSE implementation in Thailand.

The findings indicated that nearly all general secondary and vocational institutions provide CSE instruction, either as an integrated or standalone subject or both.

Although diverse topics are covered in the CSE curriculum, many institutions teach about sexuality from a point of view that emphasizes the negative consequences of sex and does not cover positive aspects or promote students' analytic and critical-thinking skills related to sexuality. Topics related to the prevention of teenage pregnancy, sexually transmitted infections and HIV, as well as sexual anatomy and development are emphasized most, while topics related to gender, sexual rights and citizenship; sexual and gender diversity; gender inequality; safe abortion; safe sex for same-sex couples; and bullying are less often taught.

Many students still lack a correct understanding of a range of sexuality-related issues. When asked to self-assess their knowledge, students indicated that they had a good understanding of contraception and menstruation, but only a minority gave correct answers to multiple-choice questions about menstruation or the menstrual cycle. Many sexually active girls mentioned emergency contraceptive pills as their main method of contraception, whereas many boys indicated an unwillingness to use condoms. The findings indicate that many students lack understanding and awareness about contraception and lack communication and negotiation skills that they need in their sexual lives.

Many students hold attitudes that reject gender equality and sexual rights, and roughly half think that domestic violence is sometimes justifiable. Teachers have considerably more equitable attitudes regarding gender equality and a higher proportion of teachers than students reject the use of violence. However, a majority of teachers think that sex among unmarried students is unacceptable, which indicates that they reject some sexual rights of their students.

Most teachers rely on lectures as their CSE teaching method, which does not provide opportunities for students to ask questions or develop their analytic thinking skills. Only a minority of teachers make use of activity-based pedagogy. Only half of general secondary teachers and less than half of vocational teachers have received training for providing CSE. Trained teachers were found to cover more topics and use more activity-based methods of instruction than teachers with no sexuality education training.

Most school directors and parents think that CSE should be taught. However, many school directors prefer to use overall scarce resources, such as teachers and teaching time, on issues that they consider more important.

The findings indicate that the Ministry of Education has policies mandating the provision of CSE in basic education. Its contents are integrated in the subject area of health and physical education and covered throughout the primary and secondary levels. In vocational institutions, it is provided as a standalone subject called sexuality education. The Ministry of Public Health and the Ministry of Social Development and Human Security also recognize the importance of CSE. They play a supportive role by specifying the role of educational institutions in providing CSE as a strategy to curb the HIV epidemic and to reduce the number of teenage pregnancies. However, in practice, educational institutions still need increased support mechanisms and resources for providing CSE in a systematic way. Continuous monitoring and evaluation mechanisms are also needed.

¹ In this report, the term CSE is used interchangeably with "sexuality education" when referring to sexuality education that is intended to be comprehensive in scope.

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The research team also would like to show its appreciation to the technical advisory board comprised of organizations including the United Nations Educational, Scientific and Cultural Organization (UNESCO), the United Nations Population Fund (UNFPA), Population Council, Path2Health Foundation, International Planned Parenthood Federation (IPPF), Women's Health Advocacy Foundation (WHAF) and the Thai Health Promotion Foundation.

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Contents

Executive Summary	i
Acknowledgements	ii
Tables	iv
Graphs	v
Images, Boxes, Case Studies	v
Acronyms	vi
Introduction	1
Research team and supporting agencies	2
Objectives of the review	2
Research methodology	2
Operational definitions	6
Findings	7
1. CSE implementation in Thai general secondary schools and vocational colleges	7
1.1 Proportion of Thai educational institutions providing CSE	7
1.2 CSE placement in the curriculum	7
1.3 Time allocated for CSE	7
1.4 Coverage of CSE topic areas	8
1.5 Inconsistent emphases given to CSE topics	8
1.6 CSE instruction methods	16
1.7 CSE teachers' backgrounds	18
1.8 CSE teachers' training experiences	19
1.9 Teacher training and CSE topic coverage	19
1.10 Teacher training and methods of instruction	20
1.11 Participation in the Teenpath school-based sexuality education project, topic coverage and instruction methods	20
1.12 Regional differences in CSE delivery	22
1.13 Impact of support from school directors	22
1.14 Ways of evaluating CSE	24
2. Values and attitudes of students, teachers, parents and school directors regarding gender, sexuality and CSE	25
2.1 Students' attitudes on gender, sexuality and domestic violence	25
2.2 Teachers' attitudes on gender, sexuality and domestic violence	26
2.3 School directors' attitudes on sexuality and CSE	26
2.4 Parents' attitudes on adolescent sexuality and the provision of CSE	28
3. Success and challenges of CSE implementation in Thailand	29
3.1 Problems with CSE evaluation	29
3.2 Problems associated with lecturing and activity-based learning	29
3.3 Insufficient teacher training and time allocated for teaching	30
3.4 Insufficient coverage of CSE topics related to gender, rights and power	31
3.5 Neglect of sexual and gender diversity topics	32
3.6 Teaching CSE topics from a negative point of view	33
3.7 Application of CSE knowledge in students' everyday lives	34
3.8 CSE and the diverse sexual lifestyles of contemporary youth	34
3.9 Insufficient coverage of contraceptive methods	34
3.10 Attitudes towards pregnant students and the opportunities they have	35
3.11 The challenge of providing a safe and trusting learning environment for CSE	36
4. National and local policies and mechanisms relevant to CSE implementation	37
4.1 Support for CSE by various policies, laws and development plans	37
4.2 CSE development by the Ministry of Education	37
4.3 Advocacy for CSE from various partners and implementing agencies	37
4.4 Limitations of current ministerial and education service area mechanisms	37

Conclusions and discussion **39**

1. Gender, rights and power: Crucial topics that are not adequately taught	39
2. Empowerment of students for sexual self-determination	39
3. Teacher training: Continuity and sustainability after the Teenpath project	40
5. Goals of sexuality education	41
6. Parents: Communication and cooperation with schools to maximize effectiveness of sexuality education	42

Recommendations **43**

1. Recommendations at the national level	43
1.1 Educational reform	43
1.2 Support mechanisms	43
2. Recommendations at the local and school levels	44
2.1 School policies and curricula	44
2.2 Teachers	44
2.3 School directors	45

Bibliography **46**

Appendices **47**

1) Sexuality education survey: Students	47
2) Survey on the provision of sexuality education: Teachers	50
3) Weighting	54
4) Focus group discussion guidelines: Students	54
5) Semi-structured interview guidelines: Parents	54
6) Semi-structured interview guidelines: Teachers	54
7) Semi-structured interview guidelines: Students	55
8) Semi-structured interview guideline: School directors	55
9) Semi-structured interview guidelines: Provincial educational administrators	55
10) Semi-structured interview guidelines: National educational administrators	56

Research team **56**

Tables

Table 1	Student participants providing quantitative data, by school type, region, birth sex and gender/sexual identity	3
Table 2	Participants providing qualitative data	4
Table 3	Placement of CSE in the curriculum according to teachers (percentage)	7
Table 4	Average coverage of topics in various content areas according to students and teachers (percentage)	8
Table 5	Percentage of students and teachers indicating coverage of topics related to "men's and women's roles / gender"	9
Table 6	Percentage of students and teachers indicating coverage of topics related to "sexual development, health, and behavior"	10
Table 7	Percentage of students and teachers indicating coverage of topics related to "sexual rights and citizenship"	11
Table 8	Percentage of students and teachers indicating coverage of topics related to "violence"	12
Table 9	Percentage of students and teachers indicating coverage of topics related to "identity and relationships"	13
Table 10	Percentage of students and teachers indicating coverage of topics taught to over 15-year-olds	13
Table 11	Methods used to teach CSE, according to students and teachers (percentage)	17
Table 12	CSE teachers' backgrounds (percentage)	19
Table 13	Average topic coverage (percentage of topics covered) by teachers, by level of training	19
Table 14	Percentage of teachers reporting use of CSE instruction methods, by duration of CSE training received	20
Table 15	Average topic coverage (percentage) according to students, by participation in the Teenpath project	21
Table 16	Coverage of topics in various topic areas according to students, by region (percentage)	22

Table 17	Average topic coverage (percentage) according to teachers, by level of perceived support from the school director for CSE	23
Table 18	CSE instruction methods according to teachers (percentage who used them), by perceived support from the school director for CSE	23
Table 19	Percentage of teachers who thought CSE was effective in improving the lives of students in various ways	24
Table 20	Attitudes of students on gender, sexuality and domestic violence (percentage who agreed)	25
Table 21	Attitudes of teachers on gender, sexuality and domestic violence (percentage who agreed)	26
Table 22	Percentage of students reporting sexual experience, by age, sex and educational system	34
Table 23	Percentage of students accessing information on sexual matters from various sources	35

Graphs

Graph 1	Primary method of CSE instruction (according to students)	16
Graph 2	Primary method of CSE instruction in general secondary schools according to students, by participation in the Teenpath project	21
Graph 3	Primary method of CSE instruction according to students, by region	22
Graph 4	Students' self-identification in terms of gender and sexuality	32
Graph 5	Students' experiences while studying CSE	36

Images

Image 1	Sample screenshots of the student survey	4
Image 2	Sample screenshots of the teacher survey	5

Boxes

Box 1	What do students' drawings reveal about what they learn about CSE topics?	14
Box 2	What do students' drawings reveal about CSE instruction methods?	18

Case Studies

Case Study 1	An extended opportunity school with a director fully committed to CSE	27
Case Study 2	Continuous CSE teaching using diverse activities in a vocational college	31
Case Study 3	Experiences of general secondary students receiving activity-based CSE	33

Acronyms

AIDS	Acquired immunodeficiency syndrome
BMA	Bangkok Metropolitan Administration
CSE	Comprehensive sexuality education
EAPRO	Regional Office for East Asia and the Pacific
HIV	Human immunodeficiency virus
IPPF	International Planned Parenthood Federation
LGBT	Lesbian, gay, bisexual and transgender
OBEC	Office of the Basic Education Commission
OVEC	Office of the Vocational Education Commission
PPAT	Planned Parenthood Association of Thailand under the Patronage of Her Royal Highness the Princess Mother
STI	Sexually transmitted infection
TAG	Technical advisory group
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNICEF	United Nations Children’s Fund
WHAf	Women’s Health Advocacy Foundation



Introduction



Sexuality education is defined by the Thai Ministry of Education as “processes of learning about sexual matters including the development of body and mind; functioning of bodily anatomy; health care and hygiene; sexual attitudes, values, relationships and behaviors; social and cultural dimensions that affect sexual lifestyle; being processes of developing knowledge, thoughts, attitudes, emotions and skills that are necessary for an individual and that assist an individual to lead a happy and safe sexual life and to develop and maintain responsible and balanced relationships with others” (Student Protection Centre, 2015a, p. 2). UNESCO similarly defines sexuality education as an “age-appropriate, culturally relevant approach to teaching about sexuality and relationships by providing scientifically accurate, realistic, non-judgmental information” (UNESCO, 2009, p. 2). Sexuality education content may be adapted to reflect specific cultural and linguistic contexts, but there are certain core topics that must be included to maintain quality and meet international standards regarding what constitutes comprehensive sexuality education (CSE).

The *International Technical Guidance on Sexuality Education* divides these core topics into six content areas, namely 1) relationships; 2) values, attitudes and skills; 3) culture, society and human rights; 4) human development; 5) sexual behavior; and 6) sexual and reproductive health (UNESCO, 2009). Moreover, according to UNFPA (2014), CSE is curriculum-based and rights-based, uses participatory methods, integrates a focus on gender and includes linkage to relevant services. Use of learner-centered teaching processes and appropriate training for teachers responsible for CSE are essential for providing both teachers and students with opportunities to review and adjust their sexual attitudes and values as well as for developing students’ skills in maintaining harmonious relations with other people. Diverse learning activities, such as discussions and debates, role-playing, practical demonstrations, individual and group assignments, as well as homework, facilitate learning (SIECUS, 2004).

Many studies have found that CSE is more effective than abstinence-based sexuality education in reducing risky sexual practices, delaying sexual debut, and increasing responsible behaviors (Haberland, 2015; Haberland & Rogow, 2015; UNESCO, 2015). Yet, its successful implementation across cultures involves various challenges (UNESCO, 2014).

Sexuality education (for which the term “sex education” and various other terms have been used) began in 1978 in Thailand (Thaweessit & Boonmongkon, 2012). Sexuality education contents were first introduced in the curriculum issued by the Ministry of Education in 1978, and they were also included in both primary and secondary education curricula of 1982, 1990, and 2000. The *Basic Education Core Curriculum 2001* divided learning areas and standards of basic education into eight core subjects, with sex education contents listed as a part of the curriculum for the core subject of health and physical education. These contents are currently covered in the Basic Education Core Curriculum issued by the Office of the Basic Education Commission (OBEC) in 2008 (Ministry of Education, 2008). The Office of the Vocational Education Commission (OVEC) included them as a subject in the vocational education curriculum in 2004 (UNESCO, 2014).

The quality, extent and geographic coverage of CSE have been expanded both by the operations of individual agencies and collaborations between various agencies, such as the Ministry of Education, the Ministry of Public Health, and non-governmental organizations like PATH Thailand (now called Path2Health Foundation). Between 2003 and 2014, PATH Thailand implemented the Teenpath Project (Thaweessit & Boonmongkon, 2012), supported by the Global Fund to Fight AIDS, Tuberculosis and Malaria, and the Thai Health Promotion Foundation (ThaiHealth). In schools managed by the Bangkok Metropolitan Administration (BMA), another sexuality education project called “The World Starts with Me” was implemented in 2003-2009 by the Association for the Promotion of the Status of Women, together with the BMA Department of Education, in order to build students’ life skills and knowledge of sexuality (Association for the Promotion of the Status of Women, 2011).

Among the various health and social concerns that CSE is expected to address, adolescent pregnancy and the spread of HIV among young people are currently the most prominent in Thai society. In 2014, 316 adolescent mothers (age 10-19) gave birth each day. This was already a decrease from 362 deliveries a day in 2011. The repeat birth rate increased to 12.8% in 2014 from 11.3% in 2010 (Bureau of Reproductive Health, 2015). The main consequences of adolescent pregnancy and parenthood are economic and social in nature, as adolescent parents face increased barriers to educational achievement and social stigma in their public and private lives. This stigma is reflected in the negative mass media portrayal of teenage mothers, who are often blamed by others in their families, schools and communities. The greatest health concerns for pregnant adolescents result from the increased risk of life-threatening complications associated with unsafe abortion (UNFPA, 2013).

Recognition of this issue led to the enactment of the Teenage Pregnancy Prevention and Alleviation Act of 2016. Article 6 of this law mandates that 1) educational institutions are to provide age-appropriate sexuality education; and 2) to hire and develop teachers who can teach sexuality education and give counseling to students on the

prevention and alleviation of teenage pregnancy. Article 5 guarantees the sexual and reproductive rights of teenagers, including the right to make their own decisions, to receive information, as well as to access health and social services on an equal basis without discrimination.

The National AIDS Committee has also called for improvements in the provision of sexuality education to curb the transmission of sexually transmitted infections including HIV. In the 15-24 years-old age group, reported STI rates increased from 62.1 per 100,000 in 2008 to 93.2 per 100,000 in 2012 (National AIDS Committee, 2014). Particularly high HIV incidence (8.8 per 100) has been reported among 18-21 years-old men who have sex with men (van Griensven et al., 2013).

The provision of CSE is a matter of educational and reproductive rights to which all students are entitled. However, sexual and reproductive health problems have continued to be quite common among young people in Thailand. CSE has been developed in Thailand for quite some time now. Thus, it was necessary to review its implementation to reveal its current successes and gaps and to generate recommendations for policy and national strategies on CSE provision.

Research team and supporting agencies

This review was conducted by the Center for Health Policy Studies at Mahidol University, in collaboration with the United Nations Children's Fund (UNICEF) Thailand, OBEC and OVEC at the Ministry of Education, Thailand. Technical support was provided by the United Nations Educational, Scientific and Cultural Organization (UNESCO) and the United Nations Population Fund (UNFPA).

Further input was received from the Faculty of Learning Sciences and Education at Thammasat University, which helped to develop qualitative data collection instruments for participatory focus group discussions, in which students were tasked to draw pictures about sexuality education and their feelings about it. The Faculty of Learning Sciences and Education also participated in editing the English version of this report.

Objectives of the review

1. To increase understanding about how CSE is being implemented in Thai general secondary schools and vocational colleges.
2. To examine the values and attitudes of teachers, school directors, students, and parents on sexuality and sexuality education.
3. To identify successes and gaps in the current provision of CSE.
4. To review policies relevant to current national strategies of CSE implementation.

Research methodology

Type of research: Mixed (qualitative and quantitative) research methodology was used.

Technical advisory group: A technical advisory group (TAG) was convened to guide the implementation of the review. The TAG met periodically at each stage of the review and took stock of the review process. It played the role of a technical advisory team by advising and endorsing the study tools, methodology, sampling and presentation of the findings. The TAG was comprised of representatives from OBEC, OVEC, UNICEF, UNFPA, UNESCO, Population Council and various civil society organizations, including ThaiHealth, Path2Health Foundation, Planned Parenthood Association of Thailand under the Patronage of Her Royal Highness the Princess Mother (PPAT) and Women's Health Advocacy Foundation (WHAF).

Study sites: Data was collected in 373 general secondary schools, comprising regular secondary schools with grades 7-12, and "extended opportunity" primary schools that have additional secondary-level classes in grades 7-9 (only the secondary students were included in the study) and in twenty-five vocational colleges in the six regions of Thailand. One province was included per region (Table 1). Additional stakeholder data was also collected from individuals with a role in developing sexuality education (e.g., at educational service area offices, provincial vocational education offices, Ministry of Education).

Participants: Participants who provided quantitative data included the following:

- 8,837 students, comprising general secondary school students (grades 7-12) and vocational students (Po. Wo. Cho. lower vocational diploma, years 1-3) (Table 1).
- 692 teachers in general secondary and vocational institutions (354 men, 331 women and 7 considering themselves third gender).

- Schools and student participants were selected through multistage cluster sampling: One province was randomly selected in each region (except for Bangkok, purposely selected for Central Thailand), then 43% of schools of each type were randomly selected in those provinces, one classroom was randomly selected at each level in each school, and in each selected classroom, three boys and three girls were randomly assigned as participants.
- However, in some cases (especially in single-sex schools), the randomly selected classroom did not have three boys or three girls who could participate in the study. In these cases, six students took the survey regardless of gender (Table 1).
- One or two of the most experienced sexuality education teachers were invited to take the teacher survey. In the tables presenting quantitative data, participants are divided by birth sex, but in interviews and focus group discussions, student participants were asked to indicate their preferred term describing their gender/sexual identity, rather than birth sex.
- Altogether, 307 participants contributed qualitative data. These participants consisted of students, teachers, school administrators, parents and various local and national stakeholders involved in developing and promoting sexuality education in Thailand (Table 2). All interviewed teachers also took the survey.

Table 1 Student participants providing quantitative data, by school type, region, birth sex and gender/sexual identity

Sample	General secondary, grades 7-12 (n = 4,083)	Extended opportunity, grades 7-9 (n = 4,305)	Vocational, Po.Wo.Cho. 1-3 (n = 449)	TOTAL (n = 8,837)
Region				
Central (Bangkok)	1,418	58	161	1,637
Western (Kanchanaburi)	530	958	54	1,542
Eastern (Chonburi)	413	502	72	987
Southern (Surat Thani)	614	726	54	1,394
Northeastern (Roi Et)	669	1,501	54	2,224
Northern (Lampang)	439	560	54	1,053
Birth sex				
Male	1,878	2,204	233	4,315
Female	2,205	2,101	216	4,522
Gender/sexual identity				
Man	1,438	1,735	175	3,348
Woman	1,985	2,056	203	4,244
Kathoei (transgender woman)	55	49	7	111
Sao praphet song (transgender woman)	16	26	3	45
Phu ying kham phet (transgender woman)	28	47	3	78
Gay (gay male)	96	27	12	135
Chai rak chai (man who loves men)	55	43	3	101
Tom (masculine lesbian)	65	77	12	154
Phu chai kham phet/transman (transgender man)	36	61	5	102
Dee (feminine lesbian attracted to toms)	36	24	7	67
Les (feminine lesbian)	30	19	1	50
Ying rak ying (woman who loves women)	44	22	4	70
Bi (bisexual)	135	85	6	226
Others	63	33	7	101

Note: Some gender/sexual identity terms are overlapping, such as kathoei, sao praphet song and phu ying kham phet, which can all be translated as denoting transgender women. This table indicates the exact terms with which student participants self-identified.

Table 2 Participants providing qualitative data

Type	Number of participants
Participatory focus group discussions with students (30 groups, 5 students each)	150
In-depth interviews with students	(30)*
Semi-structured interviews with sexuality education teachers	70
Semi-structured interviews with guardians	30
Semi-structured interviews with school administrators	30
Interviews with provincial stakeholders developing and promoting sexuality education	18
Interviews with national stakeholders involved in the development and promotion of sexuality education	9
Total	307

Note: *These 30 students were selected from among the focus group participants.

Research instruments: This review was completed using instruments developed by the Population Council (United States) with support from the Asia-Pacific regional offices of UNESCO, UNFPA and UNICEF. The instruments were developed in order to provide standard instruments for reviewing CSE provision in several countries included in a larger research programme. However, the research instruments were adapted for the Thai context by the research team and the TAG. Questions were added for students about sexual/gender diversity, bullying and sexual experiences.

The quantitative data collection instruments included a student survey and a teacher survey. The student survey (Image 1, Appendix 1) covered five areas: 1) experiences and opinions related to CSE; 2) relationships, love and sexual behavior; 3) CSE knowledge; 4) values and attitudes; and 5) demographic information. Students who were at least 15 years-old were asked additional questions, for example about whether or not HIV post-exposure prophylaxis or the impact of social rules on sexuality were taught. The student survey was computerized to maximize participants' privacy and confidentiality. Animations and cartoons were added to the survey in order to make it more engaging for participating young people. The computerized survey could be used either online or offline in order to ensure the convenience of data collection even in situations where the internet connection was not stable enough for data to be added directly an online database.

The teacher survey (Image 2, Appendix 2) was adapted for online use on tablet computers or alternatively as a paper-based survey, depending on which was more convenient in each case. It covered three areas: 1) teaching of CSE; 2) values and attitudes; and 3) demographic information.

Image 1 Sample screenshots of the student survey

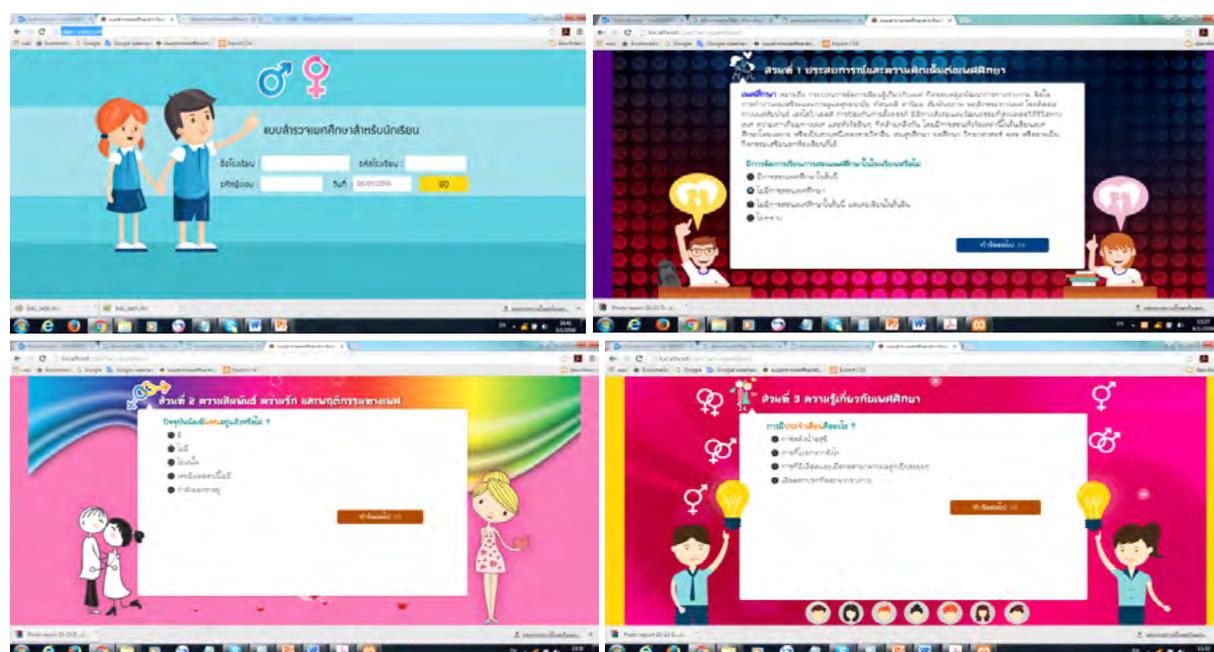
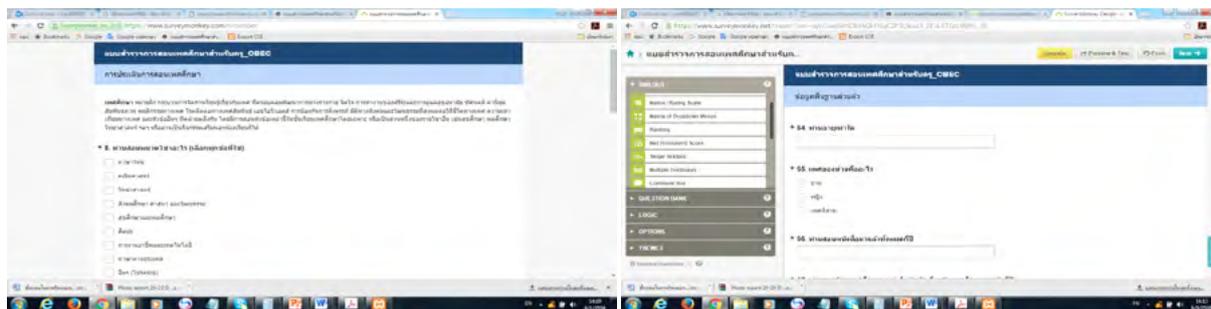


Image 2 Sample screenshots of the teacher survey



The qualitative data collection instruments included guidelines for participatory focus group discussions with students, and semi-structured interview guidelines for students, teachers, guardians, school directors, and various local and national stakeholders involved in developing and promoting sexuality education in Thailand.

The interview and focus group guidelines used with students (Appendices 4 and 7) covered questions about basic demographics, CSE instruction in their schools (e.g., classroom atmosphere, details and characteristics of CSE, instruction materials) and the sexual attitudes and behaviors of students.

The interview guidelines used with parents, school directors, provincial administrators and CSE stakeholders on the national level (Appendices 6, 8, 9 and 10) included questions about the provision of school-based CSE, their attitudes on gender and sexuality and policies related to the provision of CSE.

Data collection: Data from students, teachers, guardians and school administrators was collected on school premises at times that were identified as convenient for the institutions. Quantitative data was collected from students using the computerized online survey and from teachers using the tablet- or paper-based survey. Qualitative data was collected from students who did not take the student survey using participatory focus group discussions. At the beginning of these discussions, students were asked to draw a picture about their sexuality education experiences within approximately 15-20 minutes. After this, students were asked to describe their drawings and were engaged in a broader discussion about sexuality education. Individual student interviews were also undertaken in order to obtain additional information. Teachers, school administrators and guardians also gave individual interviews, as did stakeholders in various roles related to sexuality education, who were interviewed in their respective offices, either in Bangkok or the province in which they worked.

All qualitative data was collected by the research team based at the Center for Health Policy Studies, Mahidol University. This research team also collected all quantitative data at the schools where qualitative data was collected as well as all data from vocational institutions. Most of the quantitative data was collected by an OBEC-based research team.

Data analysis: The quantitative data was described using frequencies, means, medians and percentages. Student data was weighted to reflect the size of the student population in each region in each educational context (general secondary, extended opportunity or vocational school). Statistical significance of differences between groups was tested using the Chi-Square or t-test.

Textual qualitative data (transcripts of interviews and focus group discussions) was subjected to content analysis using NVivo for content management. The visual data (student drawings) was analyzed using thematic analysis, whereby their contents were first coded and these codes were then grouped into themes and subthemes that were identified across the dataset.

Limitations of the study: The quantitative and qualitative research described in this report had the following limitations:

- Only general secondary and vocational institutions were included: Primary and tertiary education students were not included in the study.
- Only public schools were included: Private schools were not included.
- CSE provision in areas where the majority of students or teachers belong to ethnic minority groups or worship religions other than Buddhism may differ from the overall picture provided by this study.
- Not all OBEC schools initially sampled for inclusion in the study could be included because some had too few students to be included, and in others, limitations of internet connectivity posed an obstacle to participation in the study. However, over 90 percent of the randomly-assigned schools were eventually included in the study.

- Adjustments made to the teacher and student surveys resulted in slight wording differences between questions asked of teachers and students regarding CSE topic coverage.
- Some questions in the student and teacher surveys were asked of only students or only teachers. The tables reporting data for these questions only include data for questions that were asked of both students and teachers; in cases in which question wordings differ, both wordings are shown in the table.

Ethical considerations: The institutional review board at the Faculty of Social Science and Humanities, Mahidol University, reviewed and approved the research protocol. Special attention was given to issues of consent and privacy as well as confidentiality of data.

Study period: The review was carried out over seven months in 2015-2016.

Operational definitions

Sexuality education refers to instruction about sexuality and relationships provided in a way that is appropriate for the learner's age and sociocultural context. It covers topics including physical and mental development, physical functioning and hygiene, attitudes, values, relationships, sexual behaviors, sexually transmitted infections and HIV/AIDS, contraception, social and cultural dimensions that impact sexual lifestyles, gender equality and other similar topics. This English version of the report uses the term for "comprehensive sexuality education" (CSE) in reference to sexuality education that is intended to cover topics and to use instruction methods specified in the *International Technical Guidance on Sexuality Education* (UNESCO, 2009). The term "sexuality education" is used in the same sense, as defined in the (Thai) Teenage Pregnancy Prevention and Alleviation Act of 2016.

Teachers' attitudes towards sexuality refers to teachers' feelings, thoughts or beliefs related to sexuality, including sexual rights, gender equality, and gender or sexual norms that might affect teachers' delivery of CSE.

Policy context refers to policies related to CSE instruction issued by state bodies, particularly the Ministry of Education, the Ministry of Public Health, and the Ministry of Social Development and Human Security.

Educational institutions in this report refers to schools under the Office of the Basic Education Commission, comprising grades 7-12 of general secondary education managed by Secondary Educational Service Area Offices, grades 7-9 of "extended opportunity" primary education managed by Primary Education Service Area Offices, and vocational education during years 1-3 of lower vocational diploma programmes in vocational colleges managed by the Office of the Vocational Education Commission. Formal education in Thailand is divided into basic and higher education. Basic education comprises three levels: primary, lower secondary and upper secondary. Upper secondary education is divided into general and vocational tracks (Office of the Permanent Undersecretary, Ministry of Education, 2010).

Teachers refers to teachers who participated in this study, either via qualitative and quantitative methods. In the context of quantitative data, the word "teacher" refers to all teachers who took the survey. In the context of qualitative data, it refers to teachers who provide sexuality education, including health education teachers (in general secondary schools) and sexuality education teachers (in vocational colleges). When citing teacher participants who mainly teach other subjects, this subject area is stated specifically, such as "social studies teacher," "Thai language teacher," and so on. When presenting statements from teachers (as well as from students, parents or school administrators), their gender and affiliation is specified to enable comparisons between general and vocational institutions. However, details about the participant's province/region, the number of years of teaching experience or teachers' training experiences are specified only when relevant for the analysis.

Sexual rights refers to basic human rights to make decisions over and determine one's sexual lifestyle; to have safe and consensual sex free of violence and coercion; or to learn about and be able to access information about sexual matters, sexual health services and reproductive health.

Gender/sexual identity refers to how individuals define themselves in terms of which gender they feel they are and to which gender(s) they are attracted.

Pedagogy refers to teaching methods and forms of instruction used by teachers in classrooms. In this report, the word "pedagogy" conveys only these two meanings and is not used in the broader sense of the art and science of being a teacher.

Findings

The findings are divided into four sections.

1. CSE implementation in Thai general secondary schools and vocational colleges

The findings of this report are based on student and teacher survey data as well as qualitative data from students, teachers, parents, school directors and educational administrators at the provincial and national levels. The review focused on how CSE is covered in the curriculum, how much time is allocated for it, contents and methods of delivery, assessment, teacher training and the impact of school directors' support for CSE. This first section has fourteen subsections.

1.1 Proportion of Thai educational institutions providing CSE

Ninety-nine percent of general secondary teachers and 93% of vocational teachers stated that sexuality education was being provided in their schools. Between 84-90% of surveyed general secondary students and 75% vocational students stated that sexuality education had been provided during the current school year.

1.2 CSE placement in the curriculum

CSE is being provided both as a separate subject and as integrated content in other subjects. The teacher survey findings revealed considerable diversity in how sexuality education is delivered within schools. Most vocational colleges (83.3%) taught it as a separate subject, while 13.3% of teachers reported that it is taught as a separate subject and also as a part of other subjects. The rest of teachers (3.3%) mentioned that sexuality education topics are taught as a part of other subjects. Of the twenty-five colleges included in the study, only two or three integrated it in other subjects with names such as "family studies" or "self-defense against social harms." In general secondary schools, 23.4% of teachers indicated that sexuality education is taught as a separate subject, while 27.9% mentioned that it is taught as a separate subject and also as a part of other subjects. However, 48.6% of teachers reported that sexuality education is taught as integrated content in other subjects (Table 3).

However, the qualitative findings from teacher and student interviews indicated that only three of the twenty-four general secondary schools where qualitative data was collected actually taught CSE as a separate subject. Most general secondary schools where qualitative data was collected taught it as a part of health education. Some general secondary schools integrated CSE contents into social studies, science, Thai language and Buddhist studies. The schools that had a separate subject called it "sex education" (*phet sueksa*), "teen health" (*sukhaphap wai sai*) or "student development activities."

The teacher survey findings also indicated that 82.2% of teachers had a CSE teaching manual and 70.2% had instruction materials, but only 56.4% indicated that they had a written syllabus.

Table 3 Placement of CSE in the curriculum according to teachers (percentage)

Placement of CSE in the curriculum	General (n = 662)	Vocational (n = 30)
Sexuality education is taught as a separate subject	23.4	83.3
Sexuality education is taught as a separate subject and as a part of other subjects	27.9	13.3
Sexuality education topics are taught as a part of other subjects	48.6	3.3

1.3 Time allocated for CSE

The qualitative findings indicated that the time allocated for CSE is different between general secondary and vocational institutions. A number of general secondary schools that taught CSE as a part of health education would allocate 2-4 sessions out of eighteen to CSE topics within one school year, with each session lasting 40-55 minutes. Some schools that provided CSE as a separate subject or in the context of student development activities arranged for 50-55 minute learning sessions. It was also found that when CSE contents are integrated into other subjects (social studies, science, Thai language, Buddhist studies or guidance), usually only 5-10 minutes was allocated for coverage of it each time.

Student and teacher interviews at vocational colleges indicated that when they provide CSE as a separate subject, around 18-20 learning sessions are arranged per term. Teachers estimated that when provided as a separate subject, each session lasts for 45-55 minutes. When CSE is provided as part of other subjects, some 6-13 sessions are provided per term, with each session lasting 50-60 minutes.²

1.4 Coverage of CSE topic areas

The review found that all core topic areas are being taught but not every topic within each area is taught. When considering the topic areas into which CSE contents were divided in this study, over 90% of male and female students and teachers indicated that they had learned or taught at least one topic out of the six topic areas that were included in the survey. These areas were as follows: 1) gender; 2) sexual development; health and behavior; 3) sexual rights and citizenship; 4) violence; 5) identity and relationships; and 6) topics meant to be covered with students over the age of 15.

However, it was found that not all topics are being covered in each area. On average, students reported 63-90% of topics covered in each area, whereas teachers reported coverage of 67-93% of topics in each area (Table 4). The topic area with the overall lowest coverage was “sexual rights and citizenship.”

Table 4 Average coverage of topics in various content areas according to students and teachers (percentage)

Topic Area	Lower Secondary Students		Upper Secondary Students		Extended Opportunity Students		Vocational Students		Teachers		All	
	Male (n = 842)	Female (n = 1,044)	Male (n = 886)	Female (n = 1,042)	Male (n = 2,023)	Female (n = 1,984)	Male (n = 219)	Female (n = 203)	General (n = 662)	Vocational (n = 30)	Students (n=8,243)	Teachers (n=692)
Men's and women's roles / Gender (5 topics)	77.8	80.5	82.5	86.1	79.8	81.9	72.3	79.8	82.6	80.7	81.1	82.5
Sexual development, health, and behavior (13 topics)	80.5	82.3	85.3	87.3	83.2	85.2	80.0	82.2	86.5	92.6	83.9	86.8
Sexual rights and citizenship (4 topics)	70.0	69.4	73.2	77.3	71.8	75.9	66.3	65.7	84.6	75.0	72.8	84.2
Violence (6 topics)	73.6	74.1	80.9	83.1	75.5	78.6	62.5	67.2	70.6	66.7	76.9	70.4
Identity and relationships (6 topics)	84.2	83.4	87.0	90.0	81.5	84.7	80.4	83.4	85.9	77.8	84.5	85.5
Topics taught to over 15-year-olds* (10 topics)	--	--	81.5 (n = 864)	82.4 (n = 1,023)	--	--	82.4 (n = 210)	70.0 (n = 198)	74.1 (n = 334)	82.7	81.0	74.7

Note: *These questions were only asked of student participants who were at least 15 years-old and of teachers who indicated they were teaching students who were at least 15 years-old. Data are therefore only shown for vocational and upper secondary students. However, some students on these levels were under 15 years-old, and some teachers only taught under-15 year-olds, so the number of participants responding to these questions differs from other topic areas.

1.5 Inconsistent emphases given to CSE topics

Teachers and students gave rather different answers to questions querying which CSE topics were taught in the six areas covered in the survey. Tables 5-10 below show the percentage of students and teachers in each educational system who indicated that specific topics were taught in each topic area.

Topic area 1. In the topic area of “men’s and women’s roles / gender” (Table 5), according to teachers, the topics “radio, television, newspapers and online media influence opinions about relationships and sexuality” and “acceptance and understanding of people of diverse sexualities (*khon thi mi khwam lak lai thang phet*) such as *tut*, *kathoei*, *gay*, *tom*, or *dee*”³ were the most comprehensively covered topics, but the percentage of students who indicated that sexual and gender diversity topics had been covered was lower, especially in vocational colleges. Notably, female students in vocational institutions reported a higher coverage rate for the topics of “roles, opportunities and expectations that differ for men and women” and “everyone’s responsibility to bring an end to gender inequality” than male students, which might indicate that these topics were emphasized more with female students than with male students.

2 The curriculum of the lower vocational diploma programme (2002, revised 2003) issued by OVEC mandated that one hour of a subject called “family studies and life safety” was to be taught each week. When the curriculum was revised in 2013, there were attempts to increase the time allocated to this subject to two sessions per week. However, during the curriculum approval process, a high-ranking administrator ordered that the time allocation was to remain one session per week and the subject was to be called “sexuality education” (part of the “life skills” section of the curriculum).

3 *Tut* is a common everyday term for effeminate gay men and was derived in the 1980s from the name of the film *Tootsie*; it can either be used in a neutral way or as a derogatory word. *Kathoei* refers to feminine transgender individuals and it can also be used in a neutral or derogatory sense. *Gay* refers to gay males only and is used as a noun in Thai. *Tom* refers to masculine individuals of female birth sex who are attracted to women. *Dee* refers to women who are attracted to *toms*. *Gay*, *tom* and *dee* are generally considered neutral, not derogatory, terms.

Table 5. Percentage of students and teachers indicating coverage of topics related to “men’s and women’s roles / gender”

Topic	Lower Secondary Students		Upper Secondary Students		Extended Opportunity Students		Vocational Students		Teachers		All	
	Male (n = 842)	Female (n = 1,044)	Male (n = 886)	Female (n = 1,042)	Male (n = 2,023)	Female (n = 1,984)	Male (n = 219)	Female (n = 203)	General (n = 662)	Vocational (n = 30)	Students (n=8,243)	Teachers (n=692)
Roles, opportunities and expectations that differ for men and women	74.6	76.6	75.9	77.8	84.1	81.0	76.1	85.1	77.0	80.0	79.6	77.2
Inequality, unequal opportunities and violence caused by following gender roles	69.1	75.6	77.1	82.3	76.0	79.3	62.8	80.7	80.5	66.7	76.7	79.9
Everyone’s responsibility to bring an end to gender inequality (student survey) / Everyone has a responsibility to overcome gender inequality (teacher survey)	70.4	75.2	77.7	79.5	79.9	83.7	70.8	80.7	71.6	66.7	78.7	71.4
The influence that radio, television, newspapers and online media have on opinions about sexual matters (student survey) / Radio, television, newspapers and online media influence opinions about relationships and sexuality (teacher survey)	75.7	81.9	82.6	87.1	82.9	85.0	81.7	82.2	93.1	96.7	83.0	93.2
Acceptance and understanding towards people of diverse sexualities, e.g., tut, kathoei, gay, tom, dee (student survey) / Sexual preferences and gender identity (for example, same-sex relationships, same-sex sexual behaviors, transgender people) (teacher survey)	66.3	74.9	68.3	77.6	76.0	80.5	70.2	70.9	86.0	93.3	75.0	86.3

Topic area 2. In the topic area of “sexual development, health, and behavior” (Table 6), over 90% of both students and teachers reported coverage of many individual topics, which indicates that these topics, such as “reproductive organs,” “how pregnancy occurs” and “sexually transmitted infections (transmission, prevention, and treatment),” constitute the core contents of CSE in many educational institutions. However, the student and teacher surveys also indicated that sensitive topics like “safe abortion” or “safe sex between same-sex partners” were less consistently covered.

The data gained through interviews with teachers and students in both general secondary and vocational institutions corresponded to the survey findings, indicating that topics to do with the body, reproductive organs, menstruation, pregnancy and contraceptives are the core topics being covered in CSE. One female teacher in a general secondary school defined sexuality education as being a matter of “men/women, women’s and men’s characteristics, how to behave, sex, communicable diseases, pregnancy.”

Teacher interviews indicated that very few institutions taught about safe abortion or safe sex between same-sex partners. Teachers and students interviewed said that the negative consequences of having an abortion were generally heavily emphasized, for example that having an abortion can be fatal, constitutes killing and is a sin. This moralistic point of view may lead teachers to neglect providing clear explanations about safe abortions. For example, one female teacher in a general secondary school stated she would “also teach the dhamma point of view, teaching them to understand that having an abortion forms a karmic cycle – if they have one, then how can they teach their offspring in the future? Will their daughters end up doing the same?” Expression of such moralistic views and value judgements on the part of teachers communicates to students what teachers think about abortion. If a student is worried about possibly being pregnant or has already had an abortion, she might feel stigmatized and may not dare to ask the teacher for help or counselling. Some teachers also had an unclear understanding of the legal status of abortion in Thailand; for example, some thought it was always illegal even though there are many circumstances in which it is in fact legal.

Table 6. Percentage of students and teachers indicating coverage of topics related to “sexual development, health, and behavior”

Topic	Lower Secondary Students		Upper Secondary Students		Extended Opportunity Students		Vocational Students		Teachers		All	
	Male (n = 842)	Female (n = 1,044)	Male (n = 886)	Female (n = 1,042)	Male (n = 2,023)	Female (n = 1,984)	Male (n = 219)	Female (n = 203)	General (n = 662)	Vocational (n = 30)	Students (n=8,243)	Teachers (n=692)
Reproductive organs (student survey) / Sexual organs and the reproductive system (teacher survey)	74.6	76.6	87.0	87.7	95.1	94.2	92.7	93.6	94.9	100.0	86.9	94.9
Boys entering puberty, including wet dreams	69.1	75.6	85.7	86.6	93.2	93.5	92.2	93.1	94.7	100.0	88.0	96.7
Girls entering puberty, including menstruation	70.4	75.2	87.0	90.1	92.2	96.4	89.9	93.6	96.5	100.0	87.9	96.0
How pregnancy occurs	75.7	81.9	85.8	88.2	90.5	93.3	92.7	93.1	96.1	93.3	91.9	96.1
Sexually transmitted infections (transmission, prevention, and treatment)	83.8	90.8	88.1	90.8	93.1	96.0	95.0	97.0	96.1	96.7	88.8	91.5
Use of condoms prevents pregnancy and transmission of sexually transmitted infections (student survey) / Correct and consistent use of condoms prevents pregnancy and transmission of sexually transmitted infections (teacher survey)	81.2	86.2	86.7	89.8	88.4	93.6	91.7	93.3	91.1	100.0	77.2	86.1
Correct use of condoms	68.8	69.8	78.0	79.2	79.4	80.0	80.3	82.3	85.5	100.0	81.2	89.6
Contraceptive methods other than condoms (student survey) / Correct and consistent use of contraceptive methods other than condoms in the prevention of pregnancy (teacher survey)	70.1	76.2	81.6	85.9	80.8	85.7	83.0	86.7	89.3	96.7	50.3	49.1
Safe abortion	44.9	44.9	48.0	51.9	55.7	54.0	31.2	35.1	48.8	56.7	85.8	94.1
HIV (transmission, prevention and treatment)	78.9	84.6	82.9	88.4	86.6	87.7	87.7	91.6	93.8	100.0	76.6	87.9
Sexually transmitted infections and HIV cannot be observed from a person's appearance	70.0	72.5	77.5	80.8	77.5	78.9	71.2	75.9	87.5	96.7	82.2	88.3
Not having sex is a way to prevent pregnancy and sexually transmitted infections	73.0	80.1	78.4	84.6	84.0	86.7	78.1	77.8	88.2	90.0	62.6	62.3
Safe sex between same-sex partners	57.2	57.6	59.0	61.9	65.5	68.1	53.4	55.0	61.8	73.3	86.9	94.9

Interviews revealed that some teachers do try to teach about safe abortions to reduce the risks students might otherwise face, even if they themselves personally oppose abortions. One male teacher in a vocational college said he teaches his students to “think about the rights of the child about to be born, but if students really have no choice but to have an abortion, then I will tell them where they can have it safely.”

The qualitative findings also indicated that safe sex for same-sex partners was very rarely covered. According to teachers interviewed, the topic is only addressed when students ask about it. Many teachers said that male students often ask about the topic in explicit terms, such as “Teacher, what does stuffing black beans⁴ mean?” or “Teacher, do you know how two women have sex with each other?” Both general secondary and vocational teachers thought that in the majority of cases these questions were not motivated by curiosity because the students already knew the answer; instead, these questions were instances of “disruptive kids, wanting to disrupt the class” or “wanting to tease a friend who’s a *tut*.” Interviews with teachers indicated that most teachers did not think a clear answer was required for such questions and that they would try to evade the question or return it to the students to answer. As one female teacher in a general secondary school stated, “I’ll ask them in return, how do *you* think they do it then? I’m not one of them, I don’t know.” A male general secondary teacher said he would ask male students known to be gay to perform a demonstration in front of the class about male-male sex, but “I’d just have them to do it for making the other kids in the class laugh – I’m not

⁴ “Stuffing black beans” is an idiom that refers to anal sex between men and is considered vulgar.

trying to make an academic point.” When teachers only focus on amusing the students, students may not gain clear information about how to have safe sex with a same-sex partner and same-sex attracted students in the classroom may be ridiculed as a result.

Topic area 3. In the topic area of “sexual rights and citizenship” (Table 7), “good touching (hugging, kissing) for showing care, love or good feelings towards each other” was a topic covered somewhat less often than other topics in the topic area. The qualitative data offered an explanation: teachers preferred to emphasize the risks and negative aspects rather than the positive aspects of sexuality. They had diverse reasons for this. For example, some were concerned that teaching about positive aspects of sexuality would encourage the students to have sex, and thought that warning about the various dangers of sex was more important than covering both positive and negative aspects. Both vocational and general secondary teachers stated they would emphasize the dangers of sex and not mention any positive aspects, thinking that sexual pleasure would not be appropriate for the students’ age. A school nurse working at a vocational college commented that “You’ve got to make the students see that when they do something together, what will the consequences be, such as making their parents sad; if they get pregnant and need to have an abortion, they might get a serious infection and even die. I try to speak in extreme terms to make the kids afraid.”

Table 7. Percentage of students and teachers indicating coverage of topics related to “sexual rights and citizenship”

Topic	Lower Secondary Students		Upper Secondary Students		Extended Opportunity Students		Vocational Students		Teachers		All	
	Male (n = 842)	Female (n = 1,044)	Male (n = 886)	Female (n = 1,042)	Male (n = 2,023)	Female (n = 1,984)	Male (n = 219)	Female (n = 203)	General (n = 662)	Vocational (n = 30)	Students (n=8,243)	Teachers (n=692)
Child marriage and teen pregnancy have negative consequences (student survey) / Child marriage and teen pregnancy have negative social and health consequences (teacher survey)	66.8	69.8	72.7	79.5	75.8	80.0	66.7	69.8	89.3	90.0	74.9	89.3
Bullying or teasing others, especially those who are <i>tut</i> , <i>gay</i> , <i>kathoei</i> , <i>tom</i> , or <i>dee</i> , is a violation of human rights	58.3	59.1	57.8	63.7	66.8	71.8	50.0	47.8	71.3	50.0	63.9	70.4
Good touching (hugging, kissing) for showing care, love or good feelings toward each other	58.6	56.2	61.0	64.6	63.7	65.8	66.1	63.1	66.0	89.3	62.6	67.1
Inappropriate touching, such as coerced sex, constitutes sexual abuse	72.8	79.9	79.2	82.6	80.9	85.8	82.6	82.3	84.9	86.7	81.2	85.0

Many teachers in both general secondary and vocational institutions also thought that teaching about the positive aspects of sexuality was not necessary because “those things the students will have to learn by themselves,” as one female vocational teacher put it. She further commented that “There’s no need to teach about sexual pleasure, kids know that bit very well already!” Some teachers thought that positive aspects should be covered but did not do so, because, in the words of a female general secondary teacher, “the curriculum doesn’t state that you are to teach them.”

A few teachers tried to cover the physical aspects of sex. For example, a general secondary guidance counsellor told students that “the pleasure resulting from sex is nothing but sexual release.” Even fewer said they covered the topic using teaching methods that invited students to analyze the positive and negative aspects of having sex. One vocational teacher, however, tried to provide space for students to discuss positive aspects of sex because “every matter has two sides – we’ve got to teach comprehensively, got to get the kids to exchange opinions and think critically.”

The survey findings (Table 7) indicated that the topic of “bullying or teasing others, especially those who are *tut*, *gay*, *kathoei*, *tom*, or *dee*, is a violation of human rights” was the least often covered one in this topic area. This was especially the case according to vocational students and teachers, of whom 48-50% of both indicated this topic had been covered. In contrast, 70% of general secondary teachers stated that they had covered this topic.

Students in many schools where qualitative data was collected told the research team that sexuality education in their schools did not focus much on any gender or sexual diversity topics, because its main emphasis was on the prevention of teenage pregnancy.

Interviews with teachers indicated that some institutions did cover these topics, but lecturing was the only method of instruction for this topic. Very few institutions (one or two of the forty-nine in which qualitative data was collected) used activity-based instruction methods to improve students' understanding of gender and sexual diversity. Lectures on the topic sometimes consisted of exhorting students who are *tut*, *gay*, *kathoei*, *tom* or *dee* to behave appropriately. For example, a male vocational teacher said he would tell same-sex attracted or transgender students "not to express it too much." However, some teachers said that they taught students how to coexist with sexual and gender diversity; for example, one general secondary teacher commented that "Regarding the third gender, I'll tell them to accept their peers, so they'll understand it's not a question of a sexual deviation, but it depends on the level of hormones in their body."

Interviews with teachers indicated that although teachers saw the importance of teaching their students not to bully their same-sex attracted peers, their own frame of reference put limits on students' gender equality and was based on a partial, stereotypical understanding of gender and sexual diversity. For example, one male vocational teacher said that "When boys tease *tuts*, I'll always tell them not to tease their peers who are weaker and deserve our pity because their bodies are not the way they would want them."

Topic area 4. In the topic area of "violence" (Table 8), the topics reported to be least often covered were "bullying targeting students who are or are perceived to be *tut*, *kathoei*, *gay*, *tom*, or *dee*" and "boys can also be victims of sexual violence."

Table 8. Percentage of students and teachers indicating coverage of topics related to "violence"

Topic	Lower Secondary Students		Upper Secondary Students		Extended Opportunity Students		Vocational Students		Teachers		All	
	Male (n = 842)	Female (n = 1,044)	Male (n = 886)	Female (n = 1,042)	Male (n = 2,023)	Female (n = 1,984)	Male (n = 219)	Female (n = 203)	General (n = 662)	Vocational (n = 30)	Students (n=8,243)	Teachers (n=692)
Violence based on gender inequality is wrong, for example violence against a wife, husband, or partner; rape, or sexual abuse	71.8	76.6	82.8	84.9	80.5	80.6	77.1	77.3	79.0	70.0	79.8	78.6
Assistance channels for victims of violence and violence caused by gender inequality (student survey) / Methods or channels of assistance for victims of violence and violence caused by gender inequality (teacher survey)	70.6	76.2	79.3	82.2	79.9	79.5	72.6	75.0	78.5	66.7	78.3	78.0
Duties and responsibilities of persons to report or make a complaint about sexual abuse and violence caused by gender inequality	70.2	73.9	78.8	82.5	79.5	82.0	67.4	76.8	77.5	56.7	78.4	76.6
Boys can also be victims of sexual violence	67.6	70.6	73.6	76.6	71.0	77.8	59.4	58.4	81.3	63.3	72.6	80.5
Violence in online spaces, for example posting abusive posts, sending messages to sexually harass others, or secretly shooting or sharing videos of others without their consent	68.7	74.2	77.3	81.2	76.8	81.7	62.1	72.9	85.6	73.3	77.0	85.1
Bullying targeting students who are or are perceived to be <i>tut</i> , <i>kathoei</i> , <i>gay</i> , <i>tom</i> , or <i>dee</i>	59.0	57.1	70.9	74.0	65.8	70.5	44.0	49.0	75.8	60.0	65.7	75.1

Topic area 5. In the topic area of "identity and relationships" (Table 9), coverage of the different topics did not vary much. Roughly 70-80% of students reported coverage of each topic. The topics covered least often were "understanding and expressing oneself sexually" and "understanding relationships and being able to plan relationship types of the kind one wants at a given period in life."

Table 9. Percentage of students and teachers indicating coverage of topics related to “identity and relationships”

Topic	Lower Secondary Students		Upper Secondary Students		Extended Opportunity Students		Vocational Students		Teachers		All	
	Male (n = 842)	Female (n = 1,044)	Male (n = 886)	Female (n = 1,042)	Male (n = 2,023)	Female (n = 1,984)	Male (n = 219)	Female (n = 203)	General (n = 662)	Vocational (n = 30)	Students (n=8,243)	Teachers (n=692)
Expressing friendship, love and sexual attraction (student survey) / Ways of expressing friendship, love and sexual attraction (teacher survey)	77.5	81.4	80.7	85.0	84.0	83.8	89.0	85.6	83.7	86.7	82.9	83.8
Relationships can be good or bad	78.5	82.2	81.1	85.3	85.0	88.7	85.3	87.2	89.9	73.3	84.6	89.2
Friends influence us in both good and bad ways	73.6	81.2	81.6	86.7	80.3	85.4	85.8	82.3	93.4	80.0	82.1	92.8
Understanding and expressing oneself sexually	75.2	77.9	80.0	82.6	81.1	82.2	75.7	79.3	85.0	80.0	80.2	84.8
Things that influence our sexual decision-making, such as friends, family, and various media	78.6	81.4	82.4	87.2	81.3	88.3	77.1	87.7	87.6	76.7	83.6	87.1
Understanding relationships and being able to plan relationships of the kind one wants at a given period in life	69.6	73.8	76.8	80.6	77.1	80.3	69.7	77.8	75.8	70.0	76.9	75.6

Topic area 6. Among CSE topics to be taught to students over the age of 15 (Table 10), 70-80% of students indicated coverage of most topics. However, “sexual positions do not affect the risk of pregnancy or STI transmission” was reported as being covered by fewer students and teachers. Interviews with teachers indicated that they avoided talking about sexual positions altogether, which results in students gaining an unclear and less than comprehensive understanding of the risk of pregnancy or STI transmission.

Two HIV-related topics, namely “discrimination against people who have HIV is not right” and “post-exposure prophylaxis (PEP): using antiviral medication in the short term to reduce the risk of getting HIV” were also reported to be covered somewhat less often than other topics for older students. This corresponds with the qualitative finding from teacher and student interviews as well as the analysis of students’ drawings which indicated that most schools focus more on pregnancy prevention than STIs. One male vocational teacher explained this focus on pregnancy prevention (whether through abstinence or contraception) by noting that sexuality education “has only a few main aims, firstly, not getting pregnant before the appropriate age, having sex when not ready for it...”

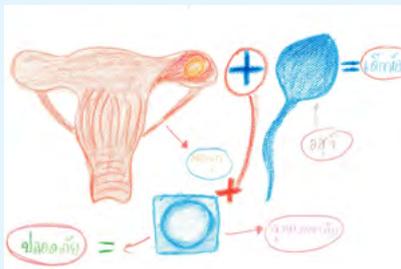
Table 10. Percentage of students and teachers indicating coverage of topics taught to over 15-year-olds

Topic	Upper Secondary Students		Vocational Students		Teachers		All	
	Male (n = 864)	Female (n = 1,023)	Male (n = 210)	Female (n = 198)	General (n = 334)	Vocational (n = 30)	Students (n=2,295)	Teachers (n=364)
Gender equality promotes men’s and women’s equal decision-making about sexual matters and family planning	79.6	83.4	80.6	77.2	85.3	66.7	81.2	83.8
Different forms of contraception have different efficacy levels, benefits and side effects	80.8	85.0	85.7	89.4	93.1	96.7	83.9	93.4
Sexual positions do not affect the risk of pregnancy or STI transmission	57.9	56.2	58.6	44.9	46.1	36.7	56.1	45.3
Characteristics, symptoms and ways of testing for pregnancy	75.5	83.1	84.8	81.3	83.5	93.3	80.2	84.3
Knowing one’s HIV status and ways of testing for HIV, for example blood tests	78.8	82.1	86.7	80.7	86.8	93.3	81.2	87.4
Post-exposure prophylaxis (PEP): Using antiviral medication in the short term to reduce the risk of getting HIV	65.1	64.3	50.5	55.1	48.5	46.7	62.5	48.4
Places and ways to receive health services, including services for HIV/STI prevention and care	72.8	74.0	67.1	62.8	74.9	80.0	71.9	75.3
National laws, rules, and regulations that affect sexual and reproductive health	74.1	76.2	67.1	69.7	58.4	43.3	74.0	57.1
Discrimination against people who have HIV is not right	68.5	72.0	66.2	61.9	81.4	86.7	69.3	81.9
Social rules and peer influence affect sexual decision-making and behavior	78.3	83.3	75.8	77.8	82.9	73.3	80.3	82.1

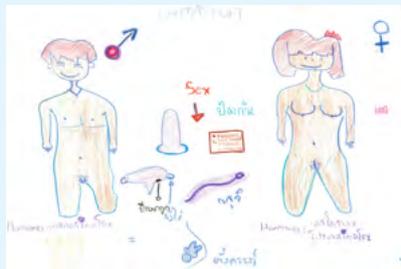
Box 1 What do students' drawings reveal about what they learn about CSE topics?

Students' drawings present a different point of view on the coverage of various CSE topics than the survey findings. The survey asked if each topic had been taught, but did not indicate which topics had been given more emphasis and which had been given less emphasis. The drawing task given to students who attended focus groups asked them to draw anything in relation to their CSE classes. In other words, the drawing task was open-ended and it was up to the students to interpret it on their own terms. However, most students chose to draw about the topics they had learned about in CSE classes (or other classes in which CSE contents were integrated, such as health education). Below is an analysis of the CSE topics contained in the drawings, with the number of drawings containing each item indicated in brackets.

Anatomy, reproduction and puberty appeared in many drawings, which probably indicates that these topics had been emphasized in the classes the students had attended. Anatomical topics included naked female bodies (30), naked male bodies (26), penises (34), ovaries and uteri (24), vaginas (20), semen (16), breasts (7) and ova (3). Bodily changes upon reaching puberty (13), menstruation (4) and wet dreams (1) were also depicted. A common picture exemplifying this theme was a classroom scene with a blackboard and a man/woman pair or reproductive body parts displayed and categorized.



Drawing 1 Female reproductive organs, semen and a condom



Drawing 2 Bodies, reproductive characteristics of male and female bodies (portrayed as a pair), contraceptives, pregnancy, etc.

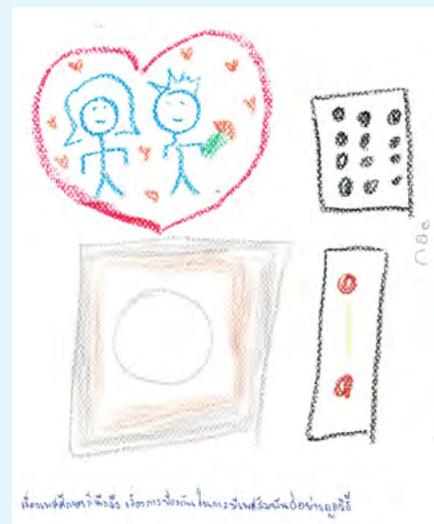


Drawing 3 A sexuality education classroom

Preventing pregnancy and infection was another common theme, represented by condoms (72), sometimes personified as heroic protectors or as smiling companions. Oral contraceptives also arose frequently, with regular contraceptive pills (30) and emergency contraceptive pills (15) both present. Other contraceptive methods were rarely drawn: three pictures included an injectable contraceptive, two pictures featured an intrauterine device (IUD) and one picture referenced sterilization (1). Maintenance of virginity (3) or school regulations prohibiting students forming intimate relationships (3) were also rarely depicted. This contradicted students' verbal accounts about heavy emphasis being placed on the former and the latter being present in many schools. These more abstract matters were absent from students' drawings.



Drawing 4 Contraceptives fighting the potential dangers of sex



Drawing 5 A couple, regular and emergency contraceptive pills, and a condom

Negative consequences of sex were commonly depicted, especially teenage pregnancy (27). Other negative consequences were less often drawn, such as abortions (6), HIV/AIDS (7), other STIs (2), perinatal transmission of HIV (2) and dropping out of school as a result of getting pregnant (1). The greater focus on pregnancy than on HIV or other STIs corresponded with students' narrative accounts about the former being perceived as a greater concern and emphasized more by their schools. The drawings also reflected that the students did learn about the negative consequences of sex but what students should do if they did get pregnant or wondered whether they had contracted an STI was left unaddressed.



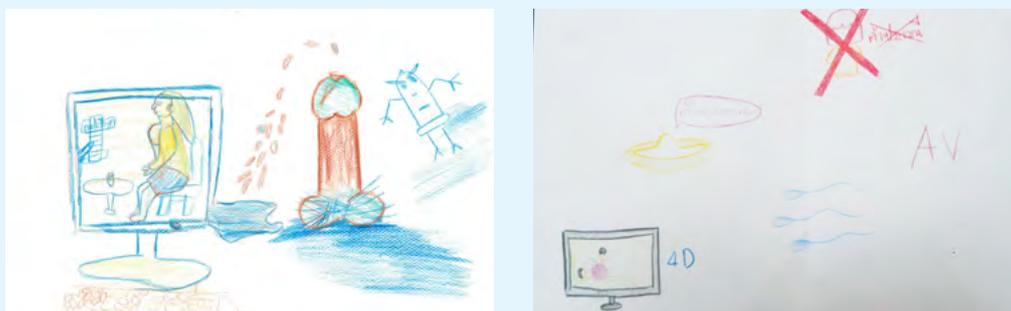
Drawings 6-7 The negative consequences of sex: Having a child or contracting HIV

Heteronormativity, in other words the assumption that sexual desire, practice and identities are universally heterosexual, was reflected in half (75) of all drawings, which featured a man/woman pair, the most frequent image to be depicted. The opposite-gender pair was represented by two students holding hands or by the "Mars" and "Venus" symbols. Eighteen drawings featured heterosexual sex acts. In contrast, only five pictures featured LGBT related items, three of them non-heterosexual sex. Students who drew about LGBT topics said that they did not draw them because they had learned about them in class but for other reasons; this reflects the heteronormative focus of current CSE teaching.



Drawings 8-9 Male/female pairs, male genitals and heterosexual sex acts

Rarely depicted topics included LGBT issues (5), sexual consent (4), mutual pleasure (3), emotions in relationships (4), drugs and alcohol (3), sexual harassment and abuse (2), the internet and sexuality (2), gender equity in sex (3) and sex work (1).



Drawings 10-11 Rarely depicted topics: Pornography and sex work

1.6 CSE instruction methods

Over half of students indicated that lecturing remains the primary method of instruction. From 26-34% of students indicated that CSE was mainly taught using a combination of lecturing and activity-based methods. Very few students felt that activity-based methods were the mainstay of CSE instruction (Graph 1), whether in general secondary schools, extended opportunity schools or vocational institutions. The analysis of students' drawings corroborated this quantitative finding (Box 2).

Graph 1 Primary method of CSE instruction (according to students)



Following more detailed analysis of CSE instruction methods based on the survey findings, over 80% of students and teachers noted that lecturing was used to teach CSE (Table 11). Less than half of students and a somewhat higher percentage of teachers indicated use of various activity-based instruction methods, such as classroom discussions or brainstorming. There were many instruction methods that were reported to be used by under 20% of students, such as role-playing, drama, games and activities requiring interactions outside the school (e.g., at clinics or stores, or with experts or parents). Notably, three out of four female vocational teachers said they gave condom demonstrations whereas less than one out of four students reported having seen one; condom demonstrations were particularly rare in extended opportunity schools.



Table 11 Methods used to teach CSE, according to students and teachers (percentage)

Method	Lower Secondary Students		Upper Secondary Students		Extended Opportunity Students		Vocational Students		Teachers		All	
	Male (n = 842)	Female (n = 1,044)	Male (n = 886)	Female (n = 1,042)	Male (n = 2,023)	Female (n = 1,984)	Male (n = 219)	Female (n = 203)	General (n = 662)	Vocational (n = 30)	Students (n=8,243)	Teachers (n=692)
Lecturing	88.7	89.9	90.3	89.8	86.6	85.3	91.3	82.3	93.5	93.3	87.7	93.5
Classroom discussions	42.8	50.3	52.3	56.1	38.9	41.4	51.1	47.5	64.4	56.7	45.5	64.0
Small group work	37.9	43.7	48.0	53.8	25.8	25.9	43.6	41.6	58.9	63.3	36.1	59.1
Brainstorming	32.9	35.4	41.0	45.4	27.7	24.8	42.0	35.1	58.9	66.7	32.7	59.2
Role plays	15.9	18.8	17.0	18.9	11.5	13.9	14.2	12.9	23.9	30.0	15.1	24.1
Video presentation	23.8	23.9	31.8	35.8	20.9	21.2	24.2	23.6	57.7	50.0	24.9	57.4
Storytelling	46.0	46.4	44.5	48.8	41.4	43.4	58.9	42.4	61.8	60.0	44.7	61.7
Drama (including short plays)	8.6	10.2	9.5	13.4	9.8	6.2	5.0	5.4	10.6	3.3	9.0	10.3
Games	12.7	11.3	16.3	15.3	10.7	7.7	8.7	12.3	16.2	26.7	11.4	16.6
Activities in which students “agree” or “disagree” with various statements and then discuss them in groups	25.4	30.6	30.1	32.6	18.6	27.9	31.1	29.2	30.5	36.7	26.7	30.8
Problem-solving activities	19.1	23.5	22.2	24.4	14.2	19.5	21.5	17.3	26.6	23.3	19.6	26.4
Worksheets	47.9	54.7	56.2	53.7	36.7	38.8	58.3	56.2	68.7	56.7	45.9	68.2
Visits to stores selling condoms	1.4	1.0	3.3	1.5	2.4	1.0	3.2	2.0	2.6	6.7	1.8	2.7
Visits to clinics (health services)	2.1	1.7	3.6	2.3	3.5	2.6	2.3	1.0	4.8	3.3	2.7	4.8
Question boxes	7.7	6.2	9.4	8.3	6.7	5.2	8.7	3.9	5.6	20.0	6.9	6.2
Hotlines or lines giving counseling on sexual issues	7.1	8.1	7.6	7.7	6.7	4.9	6.4	3.0	10.1	0.0	6.6	9.7
Condom demonstrations	15.7	20.4	26.1	29.5	11.0	13.3	23.7	16.3	38.7	76.7	17.7	40.3
Measuring students’ knowledge / exams	29.6	35.9	33.9	35.7	19.5	25.6	37.4	33.5	48.2	80.0	28.5	49.6
Meeting and talking with experts	9.3	7.1	13.8	11.3	6.1	10.4	8.2	6.9	16.6	13.3	9.1	16.5
Activities encouraging students to talk with parents about the topics studied	8.8	11.7	14.1	14.2	7.4	11.6	9.2	10.4	14.8	16.7	10.8	14.9
Self-study, independent report writing	20.9	25.5	29.7	30.9	16.6	18.2	28.8	28.1	48.3	60.0	22.4	48.8
Other methods	0.5	0.3	0.3	0.4	0.2	0.9	0.0	1.0	2.3	3.3	0.5	2.3

Note: Methods marked in were reported to be covered by over 80% of students or teachers; methods marked in were reported to be covered by 20%-80% of students or teachers; and methods marked in were reported to be covered by fewer than 20% of students or teachers.

Box 2 What do students' drawings reveal about CSE instruction methods?

Forty-five drawings (roughly 1 out of 3) referenced a **classroom** scene, which often featured a **blackboard** (35) and a **teacher lecturing** (29), usually standing at the front of a classroom with a pointer. Teachers were frequently represented as much larger than their students, which might reflect imbalances in power between the teacher and their students. Other teaching methods were less often depicted, such as various kinds of **activity-based learning** (7), students filling in **worksheets** (6) or **peer education** (1). Ten drawings depicted **demonstration materials** (e.g., condoms, model anatomy). Some drawings reflected the classroom atmosphere: twelve drawings illustrated **students as engaged and active**, whereas seven drawings showed **students as inattentive** (e.g., laughing, sleeping or chatting in class). Overall, the bulk of student drawings depicting instruction methods reflected the use of lecturing as the dominant method of instruction, while other methods were significantly less frequently depicted. This corresponded to the findings from the student survey, in which a majority of students indicated that lecturing was the primary method of instruction of sexuality education topics.



Drawing 12 Big teacher lectures by the blackboard while small students sit at their desks



Drawing 13 Teacher lectures in front of the blackboard while students are attentive, sleep, or laugh



Drawing 14 Teacher-centered sexuality education



Drawing 15 Activity-based learning outside the classroom

1.7 CSE teachers' backgrounds

The survey results indicated that health and physical education teachers play the biggest role in the delivery of CSE (Table 12). In general secondary schools, over 90% of students and teachers indicated that health education teachers were involved in teaching CSE. Among general secondary teachers, 40-56% indicated that school nurses, homeroom and science teachers, guidance counsellors and public health officials were also involved.

In vocational schools, the most common background was in physical education, reported by 87% of teachers and 61-63% of students. Just 3-13% of vocational teachers and students indicated that school nurses, homeroom and science teachers, guidance counsellors or external experts were involved. Social studies, mathematics, language and computing teachers, as well as outside experts were each mentioned by under 10% of students.

Table 12. CSE teachers' backgrounds (percentage)

CSE teacher's background	General secondary students		Extended opportunity students		Vocational students		Teachers		All	
	Male (n = 1,729)	Female (n = 1,957)	Male (n = 2,024)	Female (n = 1,984)	Male (n = 218)	Female (n = 203)	General secondary (n = 662)	Vocational (n = 30)	Students (n=8815)	Teachers (n=692)
Health education teacher	93.2	93.7	93.0	92.9	77.5	77.8	91.1	33.3	92.4	88.6
Physical education teacher	49.1	44.9	58.0	53.8	63.0	61.6	77.5	86.7	52.1	77.9
Social studies teacher	5.0	4.9	8.6	8.5	3.7	3.4	21.0	23.3	6.7	21.1
Thai language teacher	2.6	2.8	6.5	6.3	1.8	0.5	14.0	13.3	4.5	14.0
Foreign language teacher	1.3	1.3	2.1	2.2	0.9	0.5	9.7	6.7	1.7	9.5
Science teacher	14.6	17.2	17.5	22.6	5.0	6.4	43.2	13.3	17.4	41.9
Computing teacher	2.8	2.0	2.6	3.0	0.0	0.0	10.3	3.3	2.5	10.0
Mathematics teacher	1.8	1.1	3.5	3.6	1.8	3.4	10.3	10.0	2.5	10.3
Arts teacher	1.7	1.1	3.1	3.5	0.0	0.5	9.2	6.7	2.3	9.1
Homeroom teacher / advisor teacher	20.8	21.7	18.4	23.3	9.6	12.9	56.2	10.0	20.5	54.2
School nurse	26.6	27.4	18.1	20.9	10.1	6.9	40.2	13.3	22.3	39.0
An expert from the community or another organization	7.2	7.3	4.8	7.3	6.0	2.0	10.6	6.7	6.5	10.4
Public health official	24.1	25.5	15.6	21.3	12.8	8.4	41.2	3.3	20.9	39.6
Peers	12.0	13.5	6.1	6.4	7.3	8.4	5.3	6.7	9.3	5.3
Guidance counsellor*							51.1	3.3		49.0
Other	3.2	3.3	1.2	1.9	2.3	1.5	3.6	13.3	2.3	4.0

Note: *The student survey did not ask about guidance counsellors.

1.8 CSE teachers' training experiences

In general secondary schools, roughly half of both male and female teachers indicated that they had not received training for CSE. In vocational schools, only 28% of male and 36% of female teachers indicated that they had received training. Over 80% of general secondary teachers with CSE training had received it before beginning to teach CSE, and 50% had received at least sixteen hours of training. Of trained vocational teachers, only 57% had received training before beginning to teach CSE; 50% of trained vocational CSE teachers had received at least twenty-three hours of training.

1.9 Teacher training and CSE topic coverage

The teacher survey findings indicated that trained teachers reported more comprehensive coverage of CSE topics. T-test analyses indicated that teachers with training covered a significantly higher percentage of topics in four out of six topic areas than teachers without training (Table 13). However, no significant differences were found in topic area coverage between teachers who had received less training (1-17 hours) and teachers who had received more training (at least 18 hours).

Table 13. Average topic coverage (percentage of topics covered) by teachers, by level of training

Topic area	No training (n = 347)	1-17 hours of training (n = 193)	Eighteen or more hours of training (n = 152)
Men's and women's roles / Gender	79.5	83.4	84.0
Sexual development, health, and behavior	84.2	89.9*	88.5
Sexual rights and citizenship	81.3	87.7*	86.2
Violence	65.7	77.0*	72.8
Identity and relationships	83.3	88.9*	86.4
Topics taught to over 15-year-olds	69.9	75.0	80.7

Note: * Indicates a statistically significant ($p < 0.05$) difference in a t-test.

1.10 Teacher training and methods of instruction

A higher proportion of trained CSE teachers than teachers without training reported using activity-based learning methods than of teachers without training. Furthermore, a higher proportion of teachers with at least eighteen hours of training (i.e., the median number of hours of training among all trained teachers) reported usage of a number of activity-based methods than of teachers with just 1-17 hours (i.e., less than the median number of hours) of training. Chi-square analyses indicated that many of these differences were statistically significant (Table 14). Differences in the proportion of teachers giving condom demonstrations were particularly marked; only 29.1% of teachers without training gave them in contrast to 58.6% of teachers with at least eighteen hours of training.

Table 14 Percentage of teachers reporting use of CSE instruction methods, by duration of CSE training received

Teaching method	No training (n = 347)	1-17 hours of training (n = 193)	Eighteen or more hours of training (n = 152)
Lecturing	94.2	92.7	92.8
Classroom discussions	62.0	62.7	70.4
Small group work	51.9	61.7*	72.4**
Brainstorming	52.4	61.1	72.4**
Role plays	24.5	31.1	40.8
Video presentation	49.6	60.1*	71.7**
Storytelling	58.2	62.7	68.4
Drama (including short plays)	7.2	10.4	17.1
Games	11.0	17.6*	28.3**
Activities in which students “agree” or “disagree” with various statements and then discuss them in groups	25.1	32.6	41.4
Problem-solving activities	20.5	28.0*	38.2**
Worksheets	66.3	70.5	69.7
Visits to stores selling condoms	0.9	2.9	7.2**
Visits to clinics (health services)	2.6	6.2*	7.9
Question boxes	3.2	7.3*	11.8
Hotlines or lines giving counseling on sexual issues	6.6	13.0*	12.5
Condom demonstrations	29.1	46.1*	58.6**
Measuring students’ knowledge	47.0	52.8	51.3
Meeting and talking with experts	11.5	17.6*	26.3
Activities encouraging students to talk with parents	10.4	20.7*	17.8
Self-directed report writing	48.4	48.2	50.7
Other methods	2.3	2.1	2.6

Note: * Indicates a significant difference ($p < 0.05$) between teachers with no training and teachers with 1-17 hours of training. ** Indicates a significant difference ($p < 0.05$) between teachers with 1-17 hours of training and teachers with eighteen or more hours of training.

1.11 Participation in the Teenpath school-based sexuality education project, topic coverage and instruction methods

The general secondary schools (excluding extended opportunity schools and vocational institutions) that participated in this study included twelve schools that had previously participated in the Teenpath project (out of twenty-four general secondary schools where qualitative data was collected).

When the quantitative comparison is limited to students in general secondary schools only (excluding extended opportunity and vocational institutions), which were the main target group of the Teenpath project, the findings indicate that schools which had previously participated in the Teenpath project used significantly more activity-based methods of instruction but also covered significantly fewer CSE topics than schools with no involvement with the project. The differences in the main methods of instruction were particularly marked between non-participating schools and “model schools” that had fulfilled all criteria of project implementation fidelity.⁵ In

⁵ The criteria for being acknowledged as a “model school” in the Teenpath project were as follows: 1) the school had to have included sexuality education in the school’s curriculum, have designated staff for sexuality education, and the school administrators had to be involved in planning the implementation of sexuality education; 2) the school had to provide at least 16 hours of sexuality education to all students per term and have both internal and external coaching and supervision arrangements; and 3) the sexuality education teachers had to have training in human sexuality, positive youth development and arranging learner-centered learning processes.

Teenpath model schools, 6.9% of students indicated that the sexuality education was primarily delivered through participatory learning activities and 48% indicated that sexuality education was being provided through a combination of lectures and participatory activities. The proportion of students who indicated that sexuality education was mostly delivered through lectures was the lowest (41.7%; Graph 2).

Graph 2 Primary method of CSE instruction in general secondary schools according to students, by participation in the Teenpath project

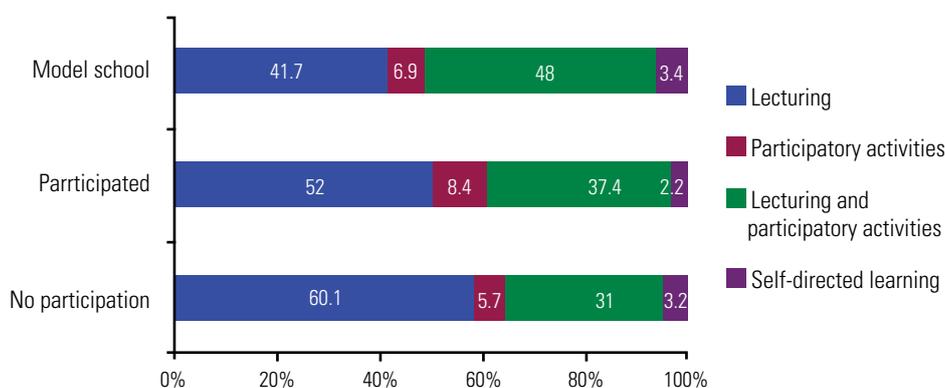


Table 15 Average topic coverage (percentage) according to students, by participation in the Teenpath project

Topic area	Participated, model school (n = 207)	Participated (n = 459)	No participation (n = 3,151)
Men's and women's roles / gender	77.3	77.7*	82.7
Sexual development, health, and behavior	82.5	81.6*	84.4
Sexual rights and citizenship	67.9	67.4*	73.6
Violence	67.6**	73.4*	79.4
Identity and relationships	83.0	82.2*	86.6
Topics taught to over 15-year-olds	79.4	74.9*	82.1

Note: * Indicates a significant difference ($p < 0.05$) between students in schools that did/did not participate in the Teenpath project. ** Indicates a significant difference ($p < 0.05$) between students in model schools and in other schools that participated in the project.

According to the student survey data, non-participating schools had the highest average topic coverage in each area. T-test analyses indicated that the difference in topic coverage was statistically significant in each topic area between schools that participated and schools that did not participate in the project (Table 15). Interviews with teachers indicated that in their view, instruction using activity-based methods requires more time per topic than teaching the same topics through lecturing. This means that given limited teaching time, when activity-based teaching methods are used, the range of topics that can be covered may be narrower. The findings indicated that teachers in schools that participated in the Teenpath project used more diverse methods and materials of instruction than teachers in other schools. Activity-based instruction methods and exchanging opinions between students through activities such as "The rocking doll," "May I buy some safety?" and "QQR"⁶ might require more time than two sessions and many of them would need to be conducted outside the classroom.

⁶ "The rocking doll" is a trust-building activity examining factors that affect discussions of sexual matters. It is used for establishing ground rules for sexuality education sessions. "May I buy some safety?" is a simulation activity in which students volunteer to go to buy contraceptives. "QQR" refers to HIV "quantity, quality and route of transmission" and analyses the HIV transmission risks of various behaviors. For more information in Thai, see <http://www.teenpath.net/content.asp?ID=1007>

1.12 Regional differences in CSE delivery

The student and teacher surveys indicated minor differences between the six regions included in the review (represented by one province each, randomly assigned except for Bangkok which was purposively selected) in both choice of primary instruction method and topic coverage. The province with the highest proportion of students reporting the use of activity-based methods was Surat Thani (in Southern Thailand) whereas the province with the highest proportion of students reporting reliance mainly on lectures was Roi Et (Northeastern Thailand), as indicated in Graph 3. However, institutions in the Northeastern Region had the highest topic coverage in all topic areas (Table 16). This again reflects the trade-off schools face between the use of activity-based methods and maximum topic coverage when they have limited time for CSE delivery.

Graph 3 Primary method of CSE instruction according to students, by region

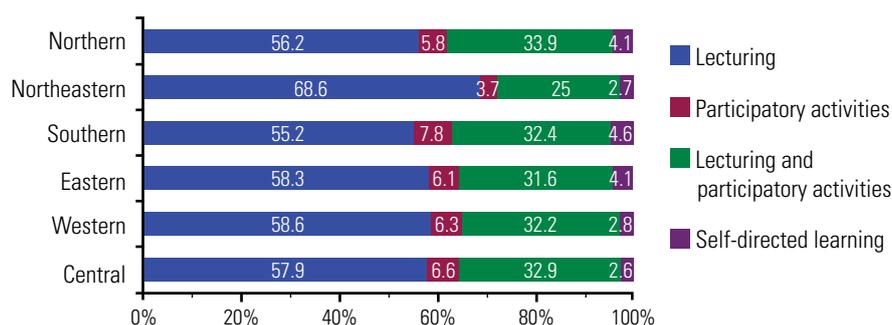


Table 16 Coverage of topics in various topic areas according to students, by region (percentage)

Topic area	North (n = 1,000)	North-east (n = 2,064)	South (n = 1,284)	East (n = 939)	West (n = 1,453)	Central (n = 1,530)
Men's and women's roles / Gender	80.4	83.1	80.9	78.2	82.6	78.8
Sexual development, health, and behavior	84.0	86.1	81.7	80.7	84.7	82.4
Sexual rights and citizenship	70.8	77.7	73.3	68.4	73.6	67.2
Violence	74.5	79.6	77.0	72.6	76.3	75.0
Identity and relationships	82.4	86.1	85.0	81.3	85.1	82.7
Topics taught to over 15 year-olds	78.2	83.4	78.7	76.1	81.9	79.4

1.13 Impact of support from school directors

The quantitative findings suggest that support from school directors has an impact on CSE delivery. Teachers who thought that the director of their schools fully supported CSE covered a higher percentage of topics in each area than teachers who thought that their director did not support CSE provision or gave limited support, or in which teachers were unsure of their director's stance (Table 17). T-tests indicated that the difference in topic coverage between teachers who perceived full director support and other teachers was statistically significant ($p < 0.05$) in each case.

Furthermore, teachers who perceived full director support also used a wider range of CSE instruction methods (Table 18). Chi-square analyses indicated that the difference in the percentage of teachers using various instruction methods was significant in most cases.

Table 17 Average topic coverage (percentage) according to teachers, by level of perceived support from the school director for CSE

Topic area	Full support (n = 521)	Limited support (n = 78)	No support (n = 10)	Unsure (n = 92)
Men's and women's roles / Gender	75.5	76.9	72.0	70.4
Sexual development, health, and behavior	88.5	84.8	85.4	78.7
Sexual rights and citizenship	87.1	82.1	60.0	72.3
Violence	74.0	65.6	62.9	55.6
Identity and relationships	88.4	82.3	63.3	74.8
Topics taught to over 15-year-olds	77.5 (n = 272)	68.1 (n = 42)	60.0 (n = 2)	59.6 (n = 48)

Table 18 CSE instruction methods according to teachers (percentage who used them), by perceived support from the school director for CSE

Method	Full support (n = 521)	Limited support (n = 78)	No support (n = 10)	Unsure (n = 92)
Lecturing	93.6	89.7	100.0	95.7
Classroom discussions	66.0	65.4	70.0	51.1
Small group work	62.1*	53.8	40.0	48.9
Brainstorming	61.9*	47.4	50.0	55.4
Role plays	32.4*	26.9	0.0	21.7
Video presentation	60.5*	51.3	50.0	45.7
Storytelling	63.7	55.1	20.0	60.9
Drama (including short plays)	11.5	10.3	0.0	4.3
Games	18.8*	10.3	0.0	12.0
Activities in which students "agree" or "disagree" with various statements and then discuss them in groups	34.0*	20.5	0.0	25.0
Problem-solving activities	29.7*	15.4	10.0	19.6
Worksheets	71.7*	55.1	40.0	63.0
Visits to stores selling condoms	3.3	1.3	0.0	1.1
Visits to clinics (health services)	6.1*	2.6	0.0	0.0
Question boxes	6.6	1.3	10.0	7.6
Hotlines or lines giving counseling on sexual issues	11.1*	6.4	0.0	5.4
Condom demonstrations	42.4	38.5	10.0	33.7
Measuring students' knowledge / exams	51.6	43.6	10.0	47.8
Meeting and talking with experts	18.9*	14.1	0.0	6.5
Activities encouraging students to talk with parents about the topics studied	16.6*	10.3	0.0	10.9
Self-study, independent report writing	52.7*	43.6	10.0	35.9
Other methods	2.3	1.1	0.0	3.3

Note: * Indicates a statistically significant difference ($p < 0.05$).

Teacher interviews indicated that support from the school director was usually felt in terms of training opportunities, receiving diverse instruction materials, budget support for visits from outside trainers to the school who would arrange additional learning activities. These factors facilitate teachers' efforts to cover a diverse range of topics and to use participatory instruction methods. Many schools where directors provided full support for CSE had been designated as "model schools" by the Teenpath project.

One male teacher in a general secondary model school was convinced that the effectiveness and characteristics of CSE greatly depended on support from the school director and commented that "If the director hadn't given the green light to teach [CSE], I would not have dared to teach [it] because you've got to propose a syllabus to the school administration. They're the ones who make all the decisions about the directions taken." He thought that he had been able to attend CSE training thanks to the school director's support and added that "These days, whatever I propose, the director will approve it, agreeing with me on all these matters. All I have to do is take the initiative – the administration will not propose anything but whatever I say I need – the administration will say

'OK.'" This teacher described using a wide range of instructional activities in combination with lectures to provide students with opportunities to exercise their analytic thinking skills.

In some institutions with unsupportive directors, CSE teaching faced obstacles. One female general secondary teacher shared her frustrations: "The director doesn't really care about it, doesn't see the importance of sexuality education. He gives more importance to academic matters...and it's not part of the [performance] evaluation either." This teacher rarely used activity-based methods, partly because she did not have sufficient equipment and instruction materials. This is a problem shared by many other CSE teachers.

1.14 Ways of evaluating CSE

According to the student survey (Table 11), only 20-37% of students considered that CSE had involved measurement of their knowledge, in contrast to 48.2% of general secondary and 80% of vocational teachers who stated that students' knowledge was being measured. Almost all teachers interviewed stated that evaluation of CSE is usually based on scores that students attain in tests of their knowledge. Interviews with teachers indicated that most teachers measured students' knowledge with mid-term and end-of-term exams. These exams were a part of health education evaluation in general secondary schools and specific to sexuality education in vocational colleges. Students would also collect points by submitting worksheets, attending their CSE classes punctually and participating in class.

Some teachers thought that besides students' active classroom participation, a measure of the success of CSE was whether students would feel comfortable consulting the teacher in private about sexual matters. A few teachers measured success by the non-occurrence of teen pregnancy or low drop-out rate among their students.

When asked how effective they thought CSE was in helping students to solve various problems, 95.2% thought that it was effective in helping students avoid HIV and other STIs, 94% stated it was effective in helping them to avoid unwanted pregnancy and 89.5% viewed it as helping to stem bullying and discrimination. Furthermore, 86.1% thought that CSE helped students build more equitable relations with their partners and 84.3% thought that it helped them to postpone having sexual intercourse (for data disaggregated for gender and education institution type, see Table 19).

Overall, the findings indicate that a clear and consistently applied CSE evaluation system is not yet in place across educational institutions.

Table 19. Percentage of teachers who thought CSE was effective in improving the lives of students in various ways

Attitude	General		Vocational		All	
	Male (n = 336)	Female (n = 320)	Male (n = 18)	Female (n = 11)	Students (n=656)	Teachers (n=29)
Avoid getting HIV and other sexually transmitted infections	94.6	94.1	100.0	100.0	94.4	100.0
Avoid unwanted pregnancy	92.0	94.4	94.4	100.0	93.1	96.6
Postpone sexual intercourse	82.1	84.4	77.8	72.7	83.2	75.9
Having equitable relations with their partner	83.0	84.4	88.9	72.7	83.7	82.8
Reducing their own and others' discrimination / reducing mockery, bullying based on personal differences such as sexual preferences or gender identity	88.4	88.1	83.3	72.7	88.3	79.3



2. Values and attitudes of students, teachers, parents and school directors regarding gender, sexuality and CSE

This review investigated the values and attitudes of students and teachers using both quantitative and qualitative methods. Parents' and school directors' values and attitudes were only studied using qualitative methods. This section presents the findings regarding these groups' attitudes on gender, sexuality, domestic violence and CSE. It has four subsections.

2.1 Students' attitudes on gender, sexuality and domestic violence

Interviews with students indicated that many of them thought domestic violence was acceptable in some situations and rejected the sexual rights of various groups (Table 20). For example, 25-57% of students agreed with the statement that "In a family, men should have more say than women over important decisions"; 28-41% thought that "A husband has the right to hit his wife if she is unfaithful"; and 13-50% thought that "Sexual relations with someone of the same sex are wrong."

These attitudes reflect the influence of a form of sexuality education that gives low priority to social issues and over-relies on lectures. As a result, students find few opportunities to develop their critical thinking skills and to reconsider their negative sexual attitudes.

Overall, support for gender equality and sexual rights as well as the rejection of domestic violence were most common among female vocational students and least common among male students in extended opportunity schools. Interviews corroborated the finding that many students disagreed with the principle of gender equality. For example, many girls thought a man should always be the party to make the first move to establish a sexual relationship; they thought that women should not express themselves sexually because this would tarnish their honor. For example, a female seventh-grader mused that "A woman who makes the first move is a slutty one."

Many students believed that abortion is wrong, sinful and undergoing one will bring serious karmic consequences to those involved. As a female second-year vocational student put it: "If you get [pregnant] you should bring up [the child], not kill it."

Findings from the student survey indicate that many students still have attitudes that compromise gender equality, affirm the use of domestic violence in some situations or reject the sexual rights of various groups (Table 20).

Table 20 Attitudes of students on gender, sexuality and domestic violence (percentage who agreed)

Attitude	Lower general secondary		Upper general secondary		Extended opportunity		Vocational		All (n=8,243)
	Male (n = 842)	Female (n =1,044)	Male (n = 886)	Female (n =1,042)	Male (n =2,023)	Female (n =1,984)	Male (n = 219)	Female (n = 203)	
In a family, men should have more say than women over important decisions	54.2	34.5	47.1	24.8	57.0	36.6	37.3	25.5	42.5
It's more important for boys than girls to pay attention to their studies	44.6	30.9	35.8	26.7	47.1	30.7	31.8	22.2	36.0
Girls should have the right to decide whom and when to marry	64.3	68.6	70.1	73.9	66.1	64.0	68.5	75.0	67.4
A woman cannot refuse to have sex with her husband because it is her duty	38.9	23.5	32.8	22.0	42.2	29.7	24.5	13.0	31.7
There is no reason that justifies a husband beating his wife	52.6	54.6	60.2	66.7	45.8	47.1	54.5	66.7	52.8
A husband has the right to hit his wife if she is unfaithful	32.3	36.1	31.9	27.9	38.7	40.8	41.2	28.2	35.9
A husband has the right to hit his wife if she burns the food	10.0	3.9	6.0	3.4	8.8	2.5	3.9	0.0	5.5
Sexual relations with someone of the same sex are wrong	42.2	26.3	35.8	21.4	49.8	33.6	28.2	12.6	35.6
There is nothing wrong with unmarried youth having sex if they love each other and use protection against pregnancy and STIs	58.8	44.9	62.8	51.4	57.8	51.4	65.7	59.5	54.7
It is acceptable for a girl or boy to get married below the age of 18 years if their parents or other family members agree	52.3	50.2	63.1	56.5	60.8	50.6	69.1	61.1	56.1
I am confident that I could insist on condom use every time I have sex	62.3	53.8	66.6	65.4	64.2	58.3	62.7	66.7	61.7

2.2 Teachers' attitudes on gender, sexuality and domestic violence

The teacher survey indicated that most teachers held attitudes supportive of gender equality (e.g., that girls should have equal rights with boys) and condemned domestic violence (Table 21). A comparison between trained and untrained CSE teachers (not tabulated) indicated that 38% of those with specific CSE training agreed with the statement that "There is nothing wrong with unmarried youth having sex if they love each other and use protection against pregnancy and STIs," compared to just 25% of teachers without CSE training. Fewer teachers (31-45%) agreed with this idea than students (45-66%). Further, 9-29% of teachers stated a belief that having sexual relations with someone of the same sex is wrong. Overall, however, teachers' attitudes were better aligned with the value base of CSE (which includes the promotion of gender equality and sexual rights as well as non-violence) than students' attitudes. This gap might reflect over-reliance on lectures as the main method of sexuality education, which may result in a lack of activities that would provide students with opportunities to change their attitudes.

Table 21 Attitudes of teachers on gender, sexuality and domestic violence (percentage who agreed)

Attitude	General secondary		Vocational		All (n=685)
	Male (n = 336)	Female (n = 320)	Male (n = 18)	Female (n = 11)	
In a family, men should have more say than women over important decisions	19.9	13.1	11.1	0.0	16.2
It's more important for boys than girls to pay attention to their studies	13.1	11.2	0.0	9.1	11.8
Girls should have the right to decide whom and when to marry	59.2	64.1	77.8	72.7	62.2
A woman cannot refuse to have sex with her husband because it is her duty	14.9	13.4	11.1	9.1	14.0
There is no reason that justifies a husband beating his wife	86.6	92.5	88.9	90.9	89.5
A husband has the right to hit his wife if she is unfaithful	0.9	0.3	0.0	0.0	0.6
A husband has the right to hit his wife if she burns the food	14.0	9.1	11.1	9.1	11.5
Sexual relations with someone of the same sex are wrong	29.2	24.1	11.1	9.1	26.0
There is nothing wrong with unmarried youth having sex if they love each other and use protection against pregnancy and STIs	32.1	30.9	44.4	45.5	32.1
It is acceptable for a girl or boy to get married below the age of 18 years if their parents or other family members agree	40.5	37.2	50.0	27.3	39.0

Note: This table does not include the seven teachers who considered themselves to be of a third gender, because this number was too low for statistical analyses.

2.3 School directors' attitudes on sexuality and CSE

Thirty-one school directors (twenty-three men and eight women) were interviewed for this study. Twenty-five (eighteen men and seven women) were directors of general secondary schools and six (five men, one woman) were directors of vocational institutions. The findings from the interviews indicated that school directors' attitudes were for the most part anchored to the Thai cultural framework and to their beliefs about what is appropriate for people of a given age. Many of the directors interviewed thought that students must behave and dress according to the gender roles determined by their birth sex. Many also thought that it was wrong and inappropriate for students to have intimate partners given their young age.

One director stated that the objective of sexuality education is to teach students how to take precautions and stay safe as well as how to steer clear of sexual lifestyles that "are not yet appropriate for them." Many directors thought that sexuality education should encourage adherence to the norms and ethical principles of Thai culture. This conceptual basis and resulting school regulations can be considered to conflict somewhat with the value base of CSE that emphasizes the right of each individual to self-determination over their sexual lifestyle and to be at odds with the sexual lifestyles and environments actually experienced by contemporary youth.

The qualitative data indicated that some directors mainly emphasized surveillance of students in order to identify students who had intimate partners and to then dissuade them from continuing the relationship, as well as exhorting students to have "appropriate" sexual behaviors and relations to alleviate the issue of teen pregnancy. This was the main focus of many directors, rather than having a clear policy about CSE implementation. As one

male general secondary teacher put it, "It's not clear how the director wants me to teach sex education and there is no special provision as to what in particular is to be taught to different groups of students and how."

Interviews indicated that most directors had a limited understanding about gender, rights and power relations. Both general secondary and vocational directors mostly understood sexuality education in a way not informed by understandings of gender, sexual rights or relationships based on power imbalances between men and women. Some directors thought that there were few problems that would need to be alleviated; the reasons they provided were that most students in their school did not have problems with teenage pregnancy and LGBT students were well-accepted, safe and happy in the school.

Many directors gave similar explanations about the importance of CSE and why students need to study it. In their view, sexuality education covers the developing body; coexisting with others; gender relations; being safe from unintended pregnancy and STIs; behavior appropriate to one's social role; and age, sexual life and life skills. One general secondary school director, for example, commented that "Sex education is an ordinary matter of life, covering everything to do with the body, relationships, having a family. It should be a matter of creating awareness about prevention, knowing what to do, and knowing what's risky."

However, some general secondary school directors stated that although sexuality education is important, directors must set teaching priorities. In many cases, they positioned sexuality education as a lower priority than other curriculum areas. As a result, some school directors reported that they chose to use resources, such as the time of students or teachers, on other academic areas they deemed more important. Most vocational school directors considered sexuality education to be of limited importance because students had already studied it in lower secondary school and that teenage pregnancy was not a major issue because their students were mature enough to take care of themselves. As a result, sexuality education remained a low-priority subject. The director of a vocational college explained that "We...give more importance to the successful teaching of vocational subjects, because enabling the students to graduate and find work is the top priority of any director. Teaching sexuality education is a minor issue so it's administered like any other. Also, at the moment I don't see that there is any particular crisis or problem to do with sexuality."

In the teacher survey, 80% of vocational and 73.7% of general secondary teachers thought that their school's director provided full support for CSE. In interviews, however, most teachers defined such full support merely in terms of the director not obstructing the provision of CSE. Another practical measure of full director support from the teachers' point of view was whether or not the director would provide opportunities for teacher training on the provision of CSE and occasional student workshops on sexual and reproductive health matters. This might be the highest level of support many teachers thought was possible; yet, these teachers indicated that they still lacked instruction materials, sufficient time for teaching CSE and sufficient CSE training to equip themselves for the task.

The research team identified an interesting case study in one Western Thai extended opportunity school, in which the director saw the importance of CSE and provided budget support as well as sent teachers to receive training to enhance their teaching.

Case Study 1 An extended opportunity school with a director fully committed to CSE

This extended opportunity school, located in Western Thailand, is a mid-sized school with 844 students. The director prioritizes sexuality education and fully promotes it within the school. His view is that all teachers should treat their students as if they were their own children when providing them with sexuality education.

The school encourages every teacher to play a role in setting policy and planning the delivery of sexuality education. Therefore, sexuality education topics are integrated into every subject (not just health education) and taught on all levels.

The director also places high importance on sending teachers to receive training, to ensure that their teaching keeps developing, their attitudes are open-minded and their teaching techniques are good. When these conditions are met, students are more likely to enjoy their studies and apply what they have learned in their everyday lives.

"Sex education teachers should have good attitudes, be open-minded, and accept diversity. Being funny at times is an advantage. Being open-minded and behaving towards students like a father or a big brother would be good. They should be able to give guidance to students when they encounter problems. Teachers must love their students and possess a sense of being a teacher."

Moreover, the school director emphasizes the rights of the students and so encourages teachers to teach sexuality education from sexual studies on the basis of sexual rights, equality and the prevention of every form of sexual abuse. Apart from the improvement of teaching techniques, this school also has a policy of accepting pregnant students who have been dismissed from other schools so that they can complete their studies. These students will be attended to with care and their secrets will be treated as confidential so that they can happily continue their studies. This school also attempts to allocate funds for purchasing instruction materials and equipment, although there is no specific budget for it.

2.4 Parents' attitudes on adolescent sexuality and the provision of CSE

Altogether thirty-one parents (seven fathers and twenty-four mothers) were interviewed for the review. Twenty-four (four fathers and twenty mothers) were parents of general secondary students and seven (three fathers and four mothers) were parents of vocational students. The parents interviewed had diverse occupations (e.g., teacher, state official, laborer, farmer, housewife or entrepreneur) and some had additional roles such as being a member of a parents' council in their child's school or serving as a community volunteer. Most parents hailed from the community where data was collected and worked in the same province. Almost all parents had at least basic education, but only a small minority had university degrees.

Interviews with parents indicated that most considered the provision of sexuality education in educational institutions important, which corresponded to the view of roughly 80% of surveyed students who thought that their parents agreed with the provision of CSE. Many thought that CSE should be given equal weight with other subjects in order to address the current teenage pregnancy crisis and teaching children how to protect themselves.

However, many parents had concerns about whether sexuality education encourages children to experiment with sex. Some disagreed with the provision of condom demonstrations using an anatomical model, and thought that it would be best to stick to lecturing, because as one mother put it, "If you've got equipment then it's like you're leading the kids." Most parents nevertheless thought that sexuality education should be provided. For example, one mother thought that sexuality education is a "double-edged sword—it could make them want to try things, but it's good that it's being taught, still, to make the kids know how to protect themselves."

Other parents rejected the notion that sexuality education could encourage children to experiment with sex. They thought that controlling the sexual lives of students was difficult in any case. Hence, in their view, the consequences of having sex and contraception should be taught to students so that they could take precautions. One mother believed that "It's better to teach it with a fake willy for making them know how to take precautions. I believe that kids these days are so modern, they know everything. If they also know how to protect themselves, then we won't need to fix such a big mess."

Overall, most parents equated sexuality education with the provision of information about pregnancy and STI prevention so that they would not "err" or "lose their future," to use the terms that most parents used in reference to students having sex or getting pregnant while still in school. This indicates that parents did not fully understand the concept of CSE. Their support for sexuality education in both general secondary and vocational education contexts might thus be limited to their concerns about their child's sexual life and prevention, not extending to other important topic areas such as gender, rights and gender equality. Most parents considered these topics less important because their view was that students did not have problems with rights issues or gender equality, and believed that Thai society already possessed a high degree of gender equality between men, women and individuals with LGBT identities. Or, as one parent put it, "There's no need to teach that because my child should know that already."



3. Success and challenges of CSE implementation in Thailand

The analysis of both qualitative and quantitative findings from the review reflected both the scalable successes and challenges of CSE provision that need to be addressed in Thai educational institutions, as presented below. Most students now receive CSE in both general secondary and vocational institutions. However, the teaching of CSE does not yet cover all important elements. The issues which remain insufficiently covered include gender, sexual rights and social power structures. Regardless of whether CSE was being provided as a standalone subject, as integrated contents, or in some combination, only a small minority of students responded that they had not received CSE. Some students who stated they had not received sexuality education may not have recognized integrated CSE contents as “sexuality education” (in general secondary schools, CSE is mostly integrated as a part of health and physical education and to a lesser extent, other subjects such as science) or it may have been during a year-level in which it was not taught (in vocational schools the standalone subject is only offered in one term of the 3-year programme).

Coverage of CSE as a standalone subject or as integrated contents has different benefits and shortcomings. The provision of CSE as a standalone subject, as it is in most vocational schools, provides opportunities for a deeper, more detailed focus on sexuality topics and more sufficient time for the use of activity-based methods of instruction during the CSE course. However, vocational students only get to study sexuality education for one term over their three-year programme. Hence, students are not receiving instruction in the subject on a continuous basis and some topics may be overlooked when other activities interfere with the provision of CSE. Moreover, the delivery of various topics cannot be timed to support age-appropriate development.

Integrated coverage as a part of health education and other subjects such as science, guidance, student development activities, social studies, Thai language or Buddhist studies enables students in general secondary schools to learn about CSE topics on a continuous basis. Student and teacher interviews indicated that roughly two to five sexuality-related topics are typically covered per term in health education, which means that students always have access to the teacher responsible for sexuality education. On the downside, teachers in health education classes tend to use lecturing more than activity-based methods due to lack of time and the need to cover a range of other health education topics each term.

Out of twenty-four general secondary schools where qualitative data was collected, three schools provided CSE as a standalone “additional subject” as a part of student development activities or guidance activities. In these schools, students learned CSE contents every term in each school year. This type of placement provides opportunities for students to learn about CSE topics to add to knowledge they have already acquired through health education. This also provides additional time for teaching through activity-based methods, which aids greatly in developing students’ critical-thinking skills.

The challenges in developing CSE identified by the findings are presented below, divided into eleven key issues.

3.1 Problems with CSE evaluation

The qualitative data indicated that most teachers mainly evaluate students’ knowledge through written and multiple-choice exams, worksheets and classroom participation. These evaluation methods are insufficient for indicating whether students have sufficient critical-thinking skills, including skills to manage the sexual risks they face in their everyday lives and to analyze various situations in a well-rounded manner.

3.2 Problems associated with lecturing and activity-based learning

In most educational institutions, CSE provided both lectures and learning activities insufficient to develop students’ critical-thinking skills. Focus group discussions with students indicated that lecturing, which is the primary method of instruction in most institutions (according to teacher and student surveys), contributes to students’ boredom and lack of classroom engagement or interactions. Teacher interviews corroborated that teachers usually deliver contents specified in the textbook through lectures and thereafter ask students to complete worksheets. This method results in limited exchange of knowledge and experiences among students in the class.

However, the student survey indicated that almost half had studied CSE through participatory activities such as brainstorming, small-group work or classroom discussions. However, these activities also appeared to provide fewer opportunities for students to develop their critical-thinking skills than they should and provided only a limited sense of active participation on the students’ part. Many general secondary teachers indicated that during brainstorming sessions, only a few students express their opinions. One male general secondary teacher explained that condom demonstrations using an anatomical model made lower secondary students feel uncomfortable. A female vocational teacher commented that the “exchanging liquids” activity (which simulates an HIV epidemic) and other activities do not result in full student participation and would take more time to implement properly than is currently available.

3.3 Insufficient teacher training and time allocated for teaching

The teacher survey indicated that half of CSE teachers have not had an opportunity to receive CSE-related training. Without training, teachers may be left with insufficient knowledge about sexuality and no opportunities to rework their values and attitudes, as well as insufficient skills to arrange learning activities that facilitate active participation by students. So, many teachers simply follow the textbook and conclude each session based on their personal attitudes rather than letting students draw their own conclusions. This particularly applies to the question of students having sex.

As an example, one female general secondary teacher who had not received CSE training explained in her interview that she would encourage female students to uphold their chastity (*rak nuan sanguan tua*) by inviting male students to express their opinions about women who have premarital sex. She said that roughly half of male students did not accept women having premarital sex, so she concluded the lesson to the class by saying that "You [girls], think for yourselves how you need to behave in the future to make men accept you." A boy in the class then asked her, "Teacher, are there really still girls who remain virgins until marriage?" She responded by blaming him, "You're looking down on women, not respecting women." This classroom situation indicates how difficult it can be for teachers who lack techniques for arranging appropriate learning activities and have not had opportunities to adjust their values to get students to exercise their critical-thinking skills.

Even when teachers do their best to arrange interactive learning activities, the availability of time (usually 30-45 minutes of active teaching time per class, which has a standard duration of fifty minutes) may impede their efforts.

Many general secondary school teachers complained in interviews that teaching time was insufficient for arranging activities, so they had to rely on lecturing as the main method of instruction, whereas some vocational teachers felt that available teaching time was already sufficient. For example, one female vocational teacher thought that "It's good, it's faster – we reduce activities, we produce materials, let them watch a video about youth love, lust and sex and then have them analyze it. I usually let them view media contents and then analyze them and answer questions. You've got to do it fast, sure enough."

Some vocational teachers who mainly relied on teaching through activities felt that the recent reduction of CSE teaching time from two hours to one hour per week posed an obstacle for activity-based learning. In a given hour, students' movement from one classroom to another and the teacher performing an attendance check can consume a significant part of the lesson. One CSE teacher in a vocational college explained that "[With] so many more activities, if you want to have kids complete them in one hour, it's just not enough time. I've had to take out some activities, because you've just got them brainstorming and the time has run out already and you've not had the time to finish the activity. If you try to continue the following week, the continuity is just not there."

Training for CSE teachers is an important safeguard for the quality of teaching. According to interviews with teachers who had received training from the Teenpath project, OBEC, OVEC, or the provincial public health office, these teachers viewed that the most beneficial aspects of the training were the acquisition of teaching techniques that made learning easy for their students, adoption of helpful attitudes, and gaining an appreciation of the range of CSE topics that need to be taught. Teachers also appreciated having gained additional knowledge about the human body, reproductive health, STIs and HIV. Only a small group of teachers felt that the training provided by the Teenpath project had not been helpful. They felt that the learning activities they had learned about could not be implemented in their classes, or they had concerns that teaching in accordance with the training they had received would encourage students to have sex, which they thought was inappropriate for secondary students.

Two case studies from Northern Thai teachers who relied on activity-based learning illustrated the connections between teacher training, activity-based learning, classroom engagement, critical thinking skills and students' ability to apply their newly-acquired knowledge in their daily lives. What enabled both teachers to teach differently from others was the continuous training they had received. The training had increased their confidence that students possessed the ability to think critically. So, these two teachers made an effort to develop their students' skills related to managing relationships, reproductive health, and examining the sexual attitudes held by themselves and others in society.

Case Study 2 Continuous CSE teaching using diverse activities in a vocational college

This case study is of a vocational college in Northern Thailand that has around 3,000 students and three sexuality education teachers (one woman, two men). Two men were interviewed: Teacher A and Teacher B.

In the past, these two teachers attended Teenpath training sessions on a continuous basis, so they mostly use activity-based teaching and various teaching materials, such as contraceptive devices, anatomical models, short films and so on. The teachers explained that the activities they arranged every semester included the “Rocking Doll” activity, QQR, “exchanging liquids,” family day, the “May I buy some safety?” activity, condom use demonstrations and so on (see footnote 6 for further information). Furthermore, they invited student leaders to communicate with their communities in order to educate them about contraception. The provincial health office provides additional training to the students at the college.

The teaching covers refusal and negotiation skills, purchasing condoms, different contraceptive methods, and activities both inside and outside of the classroom to encourage students to learn about the attitudes of people in the society towards gender and sexuality. The teachers also teach about positive aspects of sexuality, such as the erogenous zones of male and female bodies, test the students’ practical skills in putting a condom on a penis model and ask them to shoot a short video about a sexual issue of their choice. Importantly, at the end of each class, these teachers do not conclude the lesson but encourage their students to do it with reference to their opinions about the lessons learned. Sometimes, however, they present a summary of an analysis presented by students. Teacher A said: “I will not conclude a lesson at the end. The students have already expressed their opinions about what they think is right or wrong. Let them think for themselves. This way, when they encounter a situation they will know how to protect themselves.”

Both teachers expressed their confidence that sexuality education is not pointing the way for the villain. In the words of Teacher A: “It’s funny. Really, some students know more than I do. If you think it’s pointing the way for the villain, other subjects might also do that. My question is: When kids have sex, did they need to come and learn sex education before they knew how to do that? Of course not.” They both felt confident about their students’ analytical thinking skills. Teacher A said: “I believe that every student is 100% mature enough and has enough capacity to make decisions about their lives. Our duty is only to cultivate them and provide them with information...” Both teachers believed that this kind of teaching method and perspective can help to reduce teenage pregnancies. Teacher B noted that “In the past, there were a number of pregnant students each year, reaching up to 50-60 students per year. Recently there have only been ten or a bit over.” However, the two teachers encounter some problems using activity-based methods because they used to have two hours per class and now they only have one hour.

3.4 Insufficient coverage of CSE topics related to gender, rights and power

Both qualitative and quantitative data indicated that CSE topics related to gender, rights and power are covered to a low extent in Thai educational institutions. The prevention of teenage pregnancy is taught from a narrow angle that emphasizes only abstinence or contraception. Gender roles and unequal power relations between genders are not given importance, so students may not learn about the negotiation of power, which is important, for example, when a woman negotiates condom use with a male partner. Lack of learning about sexual negotiation may leave students without relevant skills and lead to unsafe sex.

The values present in Thai society and families affect the sexual behavior of Thai students. This is evident, for example, when a male student is too afraid and embarrassed to buy a condom, or has to hide evidence of having sexual relations from his family. In such cases it would be difficult for students to ask their parents about sexual matters. In fact, the findings from the student survey indicated that only 11-31% of students had asked their parents about these issues (Table 23).

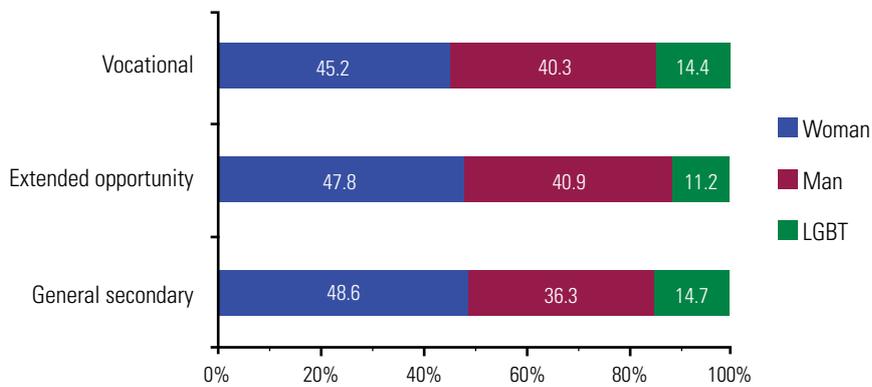
The qualitative findings indicated that although gender issues are covered in some institutions, this mostly means lecturing students about behaving in a way that is appropriate for their birth sex and matches societal expectations. Many teachers shared in interviews how they exhort boys to treat girls respectfully and demand that girls mind their decorum. This kind of teaching does not advance gender equality and sexual rights in the way that CSE is intended to do.

3.5 Neglect of sexual and gender diversity topics

Ten to 15 percent of students responded in the survey that they self-identified with one or another kind of LGBT identity (see Graph 4 and Table 1 under the “gender/sexual identity” heading). However, the teacher and student survey findings as well as qualitative findings from teachers and students indicated that sexual and gender diversity topics (such as safe sex for same-sex couples or bullying of LGBT students) are somewhat neglected in sexuality education as it is currently provided. Teachers may lack knowledge and skills about how to cover LGBT topics, often teaching them only through a negative lens in keeping with mainstream societal attitudes, which perpetuate myths and ultimately stigma, inequality and violence. One possible reason for this is that in a manual that specifies indicators for the coverage of Health and Physical Education topics according to the 2008 Basic Education Core Curriculum, sexual and gender diversity topics are covered under the rubric of “sexual deviation,” which may itself also contribute to the stigma that LGBT students face. Training given to CSE teachers or other activities aimed at supporting them may also lack LGBT sensitivity.

The framing of safe sex solely as a heterosexual practice means that same-sex attracted students may struggle to apply the contents of lessons to their own lives. The very high HIV incidence seen among young Thai men who have sex with men (van Griensven et al., 2013) suggests that many young people require a more comprehensive coverage of such safe sex material.

Graph 4 Students’ self-identification in terms of gender and sexuality



However, a case study was identified through the qualitative findings of a general secondary school that covered gender and sexual diversity as well as sexual rights both within and beyond the classroom, and through independent study. The students who provided data in this school had accepting attitudes towards gender and sexual diversity and dared to express their opinions about related matters, thanks to the comprehensive coverage of the topic in their CSE classes.



Case Study 3 Experiences of general secondary students receiving activity-based CSE

This case study focuses on a small general secondary school in Northern Thailand with 335 students. The school had participated in the Teenpath project and had been designated as a model school by the project. Sexuality education was included in the school's curriculum both as a part of health education and as an additional subject called "sex education." Teachers responsible for these subjects received training and instruction materials from the Teenpath project. The training had enabled sexuality education teachers in the school to arrange activities that urge students to express their opinions, complete work sheets, show videos and use other instruction materials such as condoms or various types of oral contraceptives.

In class, teachers at this school emphasize teaching about manners, traditions, and refusal skills like other schools do, but they also encourage their students to do other activities outside the classroom. These activities include campaign walks providing information about HIV/AIDS and other STIs. Students carry out these activities and teachers only play an advisory role. Organizations outside the school also conduct activities at the school, such as the "Stop Teen Mom" campaign which provides safe sex advice. Students who provided data to the research team at this school described various sources of information about sexual and gender diversity and sexual rights, such as teen TV series, "Y novels" (Japanese-style gay love stories) and short sexuality education videos online. Such instruction helps students to understand gender and sexual diversity and sexual rights.

Encouraging students to learn from different sources of information that promote student engagement not only helps them to gain a better understanding of diverse sexual preferences but also enables them to convey their understanding to others, as well. A student explained that "Whether it's a girl with a girl, a guy with a guy, love does not depend on gender – love is love," and that "...what kind of sex you like to have is a matter of taste; third sex people are not crazy..." These students also had a grasp of gender equality; one commented that "Both men and women have the right to care for and protect themselves. It is not wrong or strange for a woman to buy a condom or carry one."

The important precondition of enabling students to understand sexual and gender diversity and sexual rights so well that they can teach others about these matters is creating a good learning environment in the class, promoting positive attitudes, and getting students to practice voicing their opinions. Combined with learning from outside sources, these factors help students to think further and apply the knowledge gained from external sources. As a result, the students acquire good analytic thinking skills and become more sensitive to sexual and gender diversity and sexual rights.

3.6 Teaching CSE topics from a negative point of view

Interviews revealed that in the view of most school directors, teachers and parents, sexuality education is important because of its role in discouraging sexual relations between students and preventing teenage pregnancy. As a result, these topics tend to be emphasized. Teachers interviewed in both general secondary and vocational institutions considered it necessary that the potentially serious negative consequences of sexual relations be made clear to students. Students are thus encouraged to discuss these risks in addition to attending lectures about them. Only a few teachers stated they did not emphasize the dangers of sex but contextualized sex as a potential part of the lives of young people and invited students to analyze both the positive and negative possibilities of sex.

The 2008 Basic Education Core Curriculum indicators also state that the negative consequences of sex for school-age individuals must be covered. This includes analyzing behaviors that might lead to having sex (such as meeting a friend of the opposite sex after school), to the consequences of sex itself (such as teen pregnancy and STIs), and further possible consequences, such as having to drop out of education and "losing one's future." These consequences are covered together with skills for refusing sex and various methods of contraception. Teachers' attitudes, together with the way these contents are specified to be covered by the core curriculum, result in teaching that only covers the negative aspects of sex. As a result, students do not gain a comprehensive understanding of the related issues and may be left confused in situations where their sexual lifestyles do not match with the normative prescriptions they are presented with in class.

3.7 Application of CSE knowledge in students' everyday lives

Both general secondary and vocational students receive sexuality education in one form or another. The survey results indicated that students assess themselves to have good knowledge about sexuality. For example, around 90% indicated that they knew about condoms, and 70-80% thought that they could access them if needed. Around 80% of female students who had had begun menstruating thought that they had sufficient knowledge about menstruation. But when asked to respond to a multiple-choice question about menstruation ("What is menstruation?") and the menstrual cycle ("At what point in the menstrual cycle is a girl more likely to become pregnant if she has sex?"), only 19-30% gave the correct answer to each question. These findings thus indicate that significant gaps remain in students' ability to apply their CSE knowledge in their everyday lives.

3.8 CSE and the diverse sexual lifestyles of contemporary youth

The provision of CSE faces the challenge of taking into account the fact that many students already have sexual experience and that their sexual preferences are diverse. The survey findings indicated that roughly half of students had a committed partner in the past year and around 9-26% had at least one casual partner. Sexual experience was reported by 0-37% of general secondary and 21-58% of vocational students, depending on the age group (Table 22).

Table 22 Percentage of students reporting sexual experience, by age, sex and educational system

Age	General secondary		Extended opportunity		Vocational	
	Male (n = 1,876)	Female (n = 2,207)	Male (n = 2,158)	Female (n = 2,147)	Male (n = 232)	Female (n = 217)
13	5.4	0.0	4.0	0.7	--	--
14	3.6	2.3	2.2	6.3	--	--
15	8.2	4.5	8.4	5.3	--	--
16	12.6	8.5	17.1	14.5	25.0	23.5
17	20.7	12.7	37.1	6.9	21.4	33.8
18	26.4	14.3	--	--	48.6	26.4
19	31.7	20.0	--	--	57.7	45.3

Note: Data from students over the age of 17 years in extended opportunity schools are not shown in the table due to the very low number of participants in this age bracket.

In interviews, students related to both their own and their friends' experiences about intimate and sexual relationships. Most thought that having a partner or having sex were ordinary matters for youth, but they also thought that contraception should be used. As a female ninth-grade student said, "you can be slutty, but don't get pregnant." Vocational students, in particular, thought that getting pregnant before graduating was a normal experience. One male student on his second year of a vocational diploma course explained that "Having sex is normal. Some people [in the college] are married and have kids already, there are lots of them." Students also noted that same-sex sexual relations were common. Another male, a second-year student in a vocational college commented that there are "those that are gay – lots of them, as well. Some have a partner and live together in a dormitory."

In order to meet the needs of all students, sexuality education faces the challenge of being relevant to youth who have not yet had sexual experiences or have little interest in the topic, and to sexually active students, while also taking into account the diversity of sexual preferences among youth. However, the findings indicated that in many schools, emphasis is placed on discouraging students from having sex and teaching skills for the refusal of sex, and is further limited to only heterosexual relations.

3.9 Insufficient coverage of contraceptive methods

Student interviews revealed potentially unhealthy or risky sexual practices, such as the use of emergency contraceptive pills on a nearly regular basis, or relying on the pull-out method as the sole method of pregnancy prevention. The students who reported these practices did not appear to know about the associated risks, perhaps because they relied on sources of information other than their CSE classes. This is suggested by the finding that around 90% of students indicated that they accessed information online, whereas 38-55% of students said they learned about sexuality from their friends (Table 23). The information gained from these sources might not be correct.

Table 23 Percentage of students accessing information on sexual matters from various sources

Source	General secondary		Extended opportunity		Vocational		All (n=8,837)
	Male (n = 1,876)	Female (n = 2,207)	Male (n = 2,158)	Female (n = 2,147)	Male (n = 232)	Female (n = 217)	
Internet	90.8	91.8	90.6	90.5	89.3	94.4	91.0
Films	51.9	46.3	48.9	37.6	60.1	44.4	46.3
Television	56.7	59.7	57.1	56.1	47.6	54.6	57.1
Radio	9.1	7.8	10.6	9.8	6.4	5.6	9.2
Books	53.1	57.7	52.2	60.3	59.2	53.7	55.9
Cartoons	22.5	23.4	19.9	14.5	21.9	22.2	20.1
Novels	13.3	21.2	11.4	13.8	12.9	21.8	15.1
Friends	45.3	48.5	37.9	38.6	54.5	54.6	43.1
Siblings	15.2	21.0	10.4	17.5	18.5	26.4	16.4
Parents	17.4	30.9	10.8	26.6	18.0	28.7	21.7
Other sources	1.0	0.7	0.9	1.8	0.4	1.8	1.1

Note: ■ indicates sources used by over 80% of students, ■ indicates sources used by 20-80% of students, and ■ indicates sources used by less than 20% of students.

The qualitative data corresponded to the quantitative data in indicating that many students still have insufficient knowledge about contraception. Likewise, as the survey data presented in Table 11 indicates, only 11-30% of student had seen condom demonstrations in their CSE classes, which contributed to their lack of skills and confidence in using condoms.

For example, a tenth-grader who frequently used emergency contraceptive pills explained she had “learned about them from an outside friend ... [she told me to] take 1 pill 5 minutes before having sex and another pill five minutes after sex, but I take both pills at the same time after sex, because sometimes I forget to take the first one.” Many sexually active male students also indicated they did not consistently use condoms. For example, a student in his second year of vocational college said that “If I have them, I’ll use them; if I don’t have them, I won’t use them. Sometimes I just come outside.”

Given these gaps, many students indicated they wanted teaching of CSE topics that matched their interests and provided practical solutions to their issues. One female tenth-grader said that, “I’d like the teacher to give detailed answers when there’s something I really want to know. Sometimes the teacher teaches and I’m confused, but if I don’t dare to ask, I’ll just search about it on the internet myself.” Another tenth-grader said: “I’d like them to teach in-depth, with explanations and examples for us to see, and letting us try things out.” A seventh-grader agreed and commented that “We shouldn’t keep on studying in the same old way – writing and memorizing things. It won’t enter your head. There should be practice.” Some students, for example a male student in the eighth grade, also called for teaching about safe sex for same-sex couples.

3.10 Attitudes towards pregnant students and the opportunities they have

Students who experience unwanted pregnancy still face obstacles in continuing their studies. Interviews indicated that many directors, teachers and parents in general secondary schools think that students should not go to school while visibly pregnant. Interviewees indicated that they believe such exclusion is necessary to protect the reputation of the school, and are concerned that the visible presence of one pregnant student could encourage other students to imitate her. They may also have concerns about whether continuing to come to school poses risks for the health of the mother-to-be and of the baby, and whether the student will be bullied by other students. Directors, teachers and parents thus tend to think that it is better for pregnant young women to take time off during pregnancy and the delivery of the child and then return to school, or to switch to non-formal education altogether. However, some general secondary teachers disagreed with these views and advocated for pregnant students to continue studying in the same school by completing the assigned work at home.

In contrast, in vocational schools, directors, teachers and parents were more likely to allow pregnant students to continue studying at the same school. They typically feel that pregnancy is acceptable for vocational students and so the chances of the student being bullied are not particularly high.

Focus groups and interviews with students indicated that the majority of male and female students in both vocational and general secondary schools thought that their friends who were pregnant should be able to attend school and to graduate like other students. Some students, however, disagreed and believed that pregnant students would be teased and gossiped about and so it would be very difficult for them to continue studying in the same institution. Only a handful of students believed that allowing pregnant students to continue their studies would damage the school's reputation.

3.11 The challenge of providing a safe and trusting learning environment for CSE

The student survey indicated that roughly half of male and female students did not feel safe enough to talk about sexual matters in class at least on some occasions. Female students in extended opportunity schools and vocational institutions expressed a particularly low level of confidence in the safety of their learning environments (Graph 5).

Graph 5 Students' experiences while studying CSE



The findings suggest that some Thai CSE teachers lack skills in arranging classroom activities in a way that makes the students feel safe or creates a conducive atmosphere for learning about sexuality. Student interviews indicated that teachers often do not cultivate an informal, friendly atmosphere, which makes many students afraid to ask or answer questions in class or to consult their teacher on sexual matters outside of the classroom setting. Both male and female students indicated that when teachers primarily follow the textbook, students may be afraid to ask questions that go beyond the textbook contents. Both male and female students reported that the textbook-centered teaching style of some teachers makes them afraid to ask questions based on their lived experience rather than the textbook. Many teachers rely on their personal views in their teaching. In these cases, students may be blamed by the teacher as being obsessed with sexual matters, or the teacher may make a rushed judgement that a student with sexual experience belongs to a "risk group," and so on.

Focus group discussions indicated that some students felt embarrassed or shy to talk about the sexual matters of "the opposite sex" when members of that sex were present (CSE is typically provided in coeducational classes). Furthermore, the qualitative and student survey data both indicated that teasing is common in sexuality education classrooms, and teachers require skills to manage it and to help students understand that teasing may constitute verbal violence. The survey findings indicated that 73.2% of students noted the presence of teasing or mockery present in their CSE learning sessions. Of these students, 55.2% responded that the teacher sometimes intervened, whereas 40% indicated that the teacher intervened on every occasion. Only 4.8% of students indicated that their CSE teacher never intervened. The qualitative findings likewise indicated that teasing does take place in CSE learning sessions. However, many teachers view it as ordinary student behavior and the behavior is thus normalized.

When the classroom has an unfriendly atmosphere, especially towards same-sex attracted students who are vulnerable to teasing and bullying, students become too afraid to interact in class because they are afraid that they will be mocked by their peers. From the fact that up to half of all students do not feel comfortable in their CSE classes, it can also be concluded that the provision of student-centered learning activities still leaves room for improvement.

4. National and local policies and mechanisms relevant to CSE implementation

The findings of this review indicate that various policies and mechanisms at the ministry level, as well as the support of various other organizations, play an important role in promoting the development of more effective sexuality education, as discussed below.

4.1 Support for CSE by various policies, laws and development plans

There are various policies, laws and development plans that support the provision of CSE in educational institutions at the national level. Various national policies clearly indicate the role of educational institutions in providing CSE. For example, the third National Health Forum (2011) adopted a position in 2010 that called for the Ministry of Education, other bodies that manage schools, and other related organizations to provide sexuality education and to put in place systems to address the problems being faced by students who become pregnant. The National Child and Youth Development Plan of 2012-2016 (Office of Promotion and Protection of Children, Youth, the Elderly and Vulnerable Groups, 2011) identifies key strategies for ensuring that all youth receive information and skill development related to sexuality education, reproductive health and family life. The 2014-2016 National AIDS Prevention and Control Policy and Strategy (National AIDS Prevention and Alleviation Committee, 2014), as well as the 2015-2026 Teenage Pregnancy Prevention and Alleviation Strategy (draft dated 31 July 2016), overseen by the Ministry of Public Health, also both support the role of educational institutions' in arranging learning activities related to CSE to ensure that young people have an adequate understanding of safe sex. Most recently, the Teenage Pregnancy Prevention and Alleviation Act of 2016 mandated educational institutions to play a role in the prevention of teenage pregnancies by providing age-appropriate sexuality education.

4.2 CSE development by the Ministry of Education

The Ministry of Education has put in place policies related to the development of provision of CSE by mandating that sexuality education be provided as a standalone subject in vocational colleges and as integrated contents within various general secondary school subjects such as health education, physical education and social studies. Such contents have been integrated in curricula since 1978 to provide students with additional learning experiences, and the teaching of sexuality education has been developed continuously since then. Together with partner organizations, OBEC has recently produced a manual for CSE development, which clearly defines contents that need to be covered in each age group. It also provides guidance for the management and evaluation of provision of CSE.

4.3 Advocacy for CSE from various partners and implementing agencies

Advocacy for school-based CSE from various partner organizations and implementing agencies has contributed towards the development of sexuality educators and a more comprehensive curriculum in pilot schools across the country. There have also been campaign mechanisms to garner support for CSE by education administrators at the school, community, educational service area/provincial vocational education administration, and ministry levels. For example, sub-district, district or provincial hospitals and public health offices have arranged training on the prevention of unwanted pregnancy and STIs. Police stations and local authorities have also arranged sexuality education-related training, sometimes under the rubric of everyday safety. The collaboration of these various network partners has provided additional clarity and effectiveness to sexuality education. However, the findings also indicated certain weaknesses in ministerial mechanisms that affect the provision of CSE. These are discussed below.

4.4 Limitations of current ministerial and education service area mechanisms

Although policies related to the provision of CSE have been developed and revised and there are supportive partner organizations, there are still some limitations in the ministry and education service area level mechanisms for implementing policy:

1. Mechanisms for monitoring and supporting educational institutions' implementation of CSE are still limited as a result of lower importance being assigned to sexuality education than other subjects. At OBEC, the Bureau of Academic Affairs and Educational Standards has policies and a role in providing academic support to the teaching of various core subjects. Greater emphasis is given to purely academic subjects than to subjects aimed at supplementing students' life experience, including sexuality education.

One high-ranking official at the Ministry of Education indicated when interviewed that the Bureau of Academic Affairs and Educational Standards had hardly any policies that directly address sexuality education. Current policies mostly measure the success of education on the basis of students' O-Net (graduating exam) scores, so the policy focus is on subjects that are measured by these exams. For example, students' low mathematics performance or problems with Thai language literacy would be afforded higher priority.

The above reflects an imbalance in the importance given to various subjects in the curricula of various educational systems. This limitation at the ministerial level has the following impacts:

- 1.1 Educational supervisors from the Secondary Education Service Area Offices and the Primary Education Service Area Offices, who are tasked with monitoring and evaluating the implementation of CSE, are not fully able to perform their duties. This is because they focus more on observing how other subjects are being taught. Their current role in CSE is limited to providing training to teachers and normally only covers the contents to be taught, not the pedagogy to be used. Covering instruction methods would be crucial. In the past, there has been cooperation in arranging teacher training among educational supervisors, staff from Path2Health Foundation and public health agencies through the Teenpath project. This has included, for example, cooperation in terms of clarifying the learning standards and indicators related to sexuality education contents in health education, physical education, and other related subjects. Educational institutions have also received guidance about the inclusion of sexuality education contents in their formal curricula and monitoring of teacher performance after training has been given. As one Primary Education Service Area official interviewed indicated, educational supervisors are tasked with observing instruction in all schools twice each term, but they have mostly focused on observing how major subjects are being taught, not sexuality education.
- 1.2 The fact that the importance of sexuality education has not been recognized has resulted in the lack of clear coordination between organizations at the ministry level, the education service area level and the provincial level. Key mechanisms at the ministry level, such as the Student Protection Centre, tasked with producing and disseminating various manuals and arranging related meetings with school directors and teachers, or the Bureau of Academic Affairs and Educational Standards, have not been able to promote CSE provision in a systematic, formal and continuous way, whether in terms of devising instruction methods or ensuring inclusion of the six key dimensions of CSE in the formal curriculum. They have also not emphasized the importance of considering gender issues, rights and power relations. One high-ranking official interviewed at the Ministry of Education noted that the Student Protection Centre and the Bureau of Academic Affairs and Educational Standards have not arranged consultation meetings related to sexuality education because they do not have any task groups dedicated to it.
2. There is still no direct budget allocation for sexuality education. In *Action Plan Report System, Financial Year 2016* (Administration System Development Group, 2016) there is no clear indication how sexuality education should be evaluated either in terms of what teachers do or in terms of student performance. Other subjects are given greater emphasis, such as mathematics, science, social studies, Thai language, and English language. Although the manual emphasizes activities for promoting the well-being of students, these activities are focused on nutrition and exercise, not on sexual health (Administration System Development Group, 2016). Hence, the only input that Education Service Area Offices have received is the book titled *Guidelines for Arranging Sex Education Learning Activities in Schools* (Student Protection Centre, 2015b), issued by OBEC. Educational supervisors are responsible for distributing the book. Promotion of Educational Provision Groups are responsible for coordinating and arranging meetings among teachers and school directors regarding matters pertaining to the core curriculum in order to support curriculum development at each institution, based on the indicators and explanations provided for each core subject. However, without budget allocation and clear evaluation criteria, the promotion of CSE implementation by these bodies has had few clear results. One interviewed Ministry of Education official described budgeting as follows: "100% of the budget goes to basic literacy, or when the kids can't count, it goes to mathematics. How long we have to wait until it reaches subjects related to sexuality education, I can't tell."
3. OVEC recognizes the significance of sexuality education to students' everyday lives. However, the emphasis given to Sexuality Education as a subject lags behind other subjects. An interviewed OVEC official believed that supporting students to complete their studies and to choose an occupation are the main goals of vocational institutions. An interview with the director of a provincial vocational education office revealed that issues related to sexuality education have not been discussed in provincial-level meetings. The official explained that, "Problems related to sexuality education have never been addressed in the meetings. The instruction proceeds according to the curriculum, there has been no particular discussion about it." Sexuality education is considered to be a general subject, which may be why OVEC gives it lower priority than vocational subjects. School directors lack awareness about the importance of critical problems related to students' contemporary sexualities and therefore tend to view sexuality education as a matter of secondary importance.

When sexuality education is not considered as important as other subjects, it receives less than comprehensive supervision. The findings of this review indicate that only some vocational institutions undertake formal evaluation of sexuality education in particular, because the evaluation of vocational subjects is given top priority. Evaluation of sexuality education has previously been provided by the Teenpath project in collaboration with educational supervisors, but only for participating teachers.

4. Both OBEC and OVEC have insufficient mechanisms for providing continuous teacher development to develop their knowledge and capacity to provide efficient sexuality education. There is also insufficient provision of instruction materials and few opportunities for sexuality educators to discuss the development of sexuality education with each other and with school directors or with related bodies at the Education Service Area or provincial and ministry levels. The director of a Secondary Education Service Area Office who was interviewed for this review thought that the current sexuality education curriculum does not facilitate learning about the subject as much as it should, and the number of teachers trained specifically in the delivery of health education remains low. The director felt that sexuality education teachers need further training because the number of trained teachers is still low and the kind of training that has been provided has not been continuous. The director also noted that gaps likewise remain in the provision of instruction materials.

Conclusions and discussion

The findings of this review of implementation of CSE in general secondary and vocational institutions in six provinces of Thailand indicate that students generally do receive CSE, but not all topics that should be covered are in fact taught. There are important gaps in the coverage of topics related to gender, power, sexual rights, equality and sexual or gender diversity, all of which are considered key CSE topics. Positive aspects of sexuality are usually not discussed. Some institutions try to supplement lectures with more activity-based instruction methods, but student classroom engagement is in practice quite limited. The resulting learning atmosphere in many institutions is not conducive for students to feel comfortable and ask questions in their CSE classes. This lack of engagement, in some cases, impedes students' ability to apply the lessons in their everyday lives. These problems have diverse causes. For example, many teachers do not have adequate skills in arranging CSE learning activities because they have not received sufficient training. The time allocated for teaching CSE topics is limited and not conducive for covering the full range of topics using activity-based instruction methods. Teachers lack instruction materials and tangible support from school directors.

1. Gender, rights and power: Crucial topics that are not adequately taught

The qualitative and quantitative findings indicated that topics related to gender, rights and power are emphasized less than biological topics or the prevention of unwanted pregnancy. Schools consider the prevention of pregnancy a top priority.

However, a review of sexuality education programmes in various countries (Haberland, 2015) has found that when gender and power related topics are taught, it improves the effectiveness of the programme, especially in terms of preventing unwanted pregnancies. Specifically, 80% of programmes that incorporated teaching about gender and power were effective in reducing unwanted pregnancies or STI transmission, while only 17% of programmes that did not include them were effective in bringing about these outcomes. Teaching about gender and power helps to cultivate students' critical thinking skills, which in turn improves their ability to analyze their own life situation, recognize their value and empower them. These elements help students to apply what they learn in class to their own lives and to have greater negotiation power in their sexual lives (Haberland, 2015).

Thus, insufficient coverage of topics related to gender, rights and power is an important gap in Thai CSE provision and might help to explain why Thai students still face significant challenges in applying what they learn to their own lives as well as why the rates of teenage pregnancy and STI/HIV incidence have remained high among Thai youth.

2. Empowerment of students for sexual self-determination

The findings of this study indicate that Thai students can access information about contraceptive methods from various sources, whether from school, textbooks, websites, or friends. However, while students are able to access information conveniently and without delay, the question is whether the students understand these methods correctly and are able to apply their learnings in their everyday lives and whether the information provided is sufficient for understanding the benefits and shortcomings of various contraceptive methods. It is also important that an awareness of rights and power issues is brought about among students to enable them to negotiate contraceptive use with their partners. The qualitative findings of this review indicate that these topics are often neglected and that exhortations for students to abstain from sex before graduating from school remain the main approach that schools use in trying to prevent teenage pregnancies and STI transmission.

This type of teaching is common worldwide (Kirby, Laris & Rolleri, 2007), with various societies expecting that students will be able to gain a correct understanding and to apply it in their private lives when it is time (assumed not to be the case while the student is still enrolled in school). This perspective corresponds with the view that students should not be seen expressing romantic or sexual affection in public, which adults consider inappropriate. Schools in Thailand have the power to punish students for it (Ministerial Regulations for Pupil and Student Behavior, 2005). The lack of teaching about sex from a perspective informed by sexual rights and gender derives from the idea that students are still dependent on their families and therefore do not have the power to make decisions (Songwit Kaewsri, 1985).

Interviews with students indicate that students who have sex (whether with friends or with a romantic partner) tend to be viewed as belonging to a risk group that has evaded societal control and must be punished through various means; these means of punishment include, for example, having their behavior points cut, being excluded from opportunities for further education or having their daily allowance money withheld by their parents. Students therefore face pressure to conceal their sexual lives. The finding that 90% of students access information about sexual matters online corresponds to this need to conceal their sexuality. Some of the information that they find might not be correct.

Discussions about sexual experiences with friends also have an influence on students' sexualities. An experimental study (Gardner & Steinberg, 2005) has found that friends are the most important influence on students' decision-making and engagement in risky behavior. Friends have the power to coax teenagers to join groups and to engage in risky behavior such as unprotected sex. Mutual imitation of risky behavior and the exchange of incorrect information are also issues. Such behavior shapes a problematic environment for teenagers and may result in sexual health problems. Interviews and focus group discussions with students indicated that many rely on emergency contraceptives or the pull-out method rather than on condoms. Some students used emergency contraceptives without knowing how they should be used and knowledge of their potential dangers to health did not dissuade many students from using them on a regular basis. Students might not dare to buy condoms because they feel embarrassed to do so under the gaze of community members. Some girls interviewed lacked negotiation power to insist on condom use with their partners, but they nevertheless had to use some method to prevent unwanted pregnancy.

When students' sexualities are beset with various risks, it is imperative that these risks be reduced by ensuring that sexuality education equips students with critical-thinking skills and an ability to apply their lessons in their everyday lives. Understanding needs to be built among adults towards students who have sexual relations, societal attitudes towards condoms must change and youth must be provided with more convenient access to condoms.

3. Teacher training: Continuity and sustainability after the Teenpath project

In addition to reviewing the provision of CSE in various regions of Thailand in general, this review had the additional aim of assessing the continuity and sustainability of sexuality education in Thailand after the conclusion of the Teenpath project.

The Teenpath school-based sexuality education project was implemented from 2003 to 2014. Its main goal was to increase the sustainability of sexuality education in Thai educational institutions. Several studies focusing on the Teenpath project (Monrueedee Laphimon et al., 2008; Chanuantong Tanasugarn et al., 2012; and UNESCO, 2014) have indicated that the Teenpath project has greatly increased the capacity of educational institutions in Thailand to provide CSE more effectively. The project covered forty-three provinces nationwide and involved personnel from civil society organizations, the Ministry of Education, school teachers and academics (UNESCO, 2014). It also formed a network and provided continuous monitoring for CSE implementation.

The present review found that what the Teenpath project was not able to achieve was the creation of mechanisms of educational management at the national (OBEC, OVEC), provincial (provincial vocational commissions) or implementation (educational institution) levels that would ensure the continuity of provision of CSE in educational institutions on various levels. The project also could not ensure that teachers have adequate knowledge of the CSE topics that need to be covered or appropriate attitudes for teaching CSE after the project ended.

The present review indicated that many teachers who received training under the Teenpath project continued to harbor bias about several issues such as abortion or chastity and thought that sexual and gender diversity were products of a physical or mental disorder or family upbringing rather than a matter of personal preference. This finding matches the findings of Monrueedee Laphimon et al. (2008), who found that some teachers who were trained under the project retained their old values based on personal experience, such as viewing sex in a negative way or harboring sexually-biased views based on certain interpretations of Buddhist teachings.

These issues pose a challenge to the provision of CSE, especially as regards teaching about gender, rights, and equality; trying to cultivate attitudes that view sex as natural or adopt a positive view on it; and as regards teachers' confidence in children's ability to think critically. Some teachers who received training from the Teenpath project did not emphasize these issues, but instead exhorted their students not to have sex and taught skills for refusing sex and for preventing unwanted pregnancy as their main focus. Monrueedee Laphimon et al. (2008) analyzed that although the Teenpath training sessions emphasized topics such as rights, gender and equality, they did not pose questions about the origins of teachers' attitudes.

The present review made it possible to compare schools that participated in the Teenpath project with non-participating schools. The findings indicated that general secondary schools which had participated in the project still used more activity-based methods of instruction than non-participating schools. In this sense, the project seems to have had a lasting impact and succeeded in training a number of teachers. These teachers were then able to teach about sexuality in a comprehensive manner, understand the related contents and received a teaching manual that covers the six dimensions of CSE and student-centered instruction methods, which help students to develop their analytic thinking skills.

The Teenpath project also encouraged schools to train parents about sexuality education to promote their and other community members' participation in CSE (UNESCO, 2014). However, the present review found that such activities were now very rare in schools that had participated in the Teenpath project. Various problems to do with continuity are now present. For example, when teachers trained under the project move to another school or retire, there is rarely any transfer of the principles and teaching techniques to teachers who replace them. This issue has also been noted by Chanuantong Tanasugarn et al. (2012).

4. Clear curriculum, insufficient monitoring and evaluation

The *Basic Education Core Curriculum* (Ministry of Education, 2008) provides clear guidelines for teaching sexuality education. It indicates the sexuality education topics to be integrated in various core subjects: health and physical education, social studies, religion and culture, and science and also provides learning indicators and standards (Student Protection Centre, 2015a). It emphasizes the learning areas of health and physical education and mandates the teaching of CSE at all levels, in keeping with the guidelines of the Sexuality Information and Education Council of the United States (SIECUS, 2004), which divide CSE contents into six dimensions, namely 1) sexual development; 2) sexual health; 3) sexual behavior; 4) relationships; 5) personal skills; and 6) society and culture. The curriculum also states that sexual development is to be taught about in a modern, age-appropriate manner in order to delay sexual debut among adolescents without prior sexual experience.

The Ministry of Education has paid attention to previous problems in the implementation of sexuality education and set measures to address these problems (Chanuantong Tanasugarn et al., 2012). To some extent, this has brought about clarity in the coverage of sexuality education topics in the basic education core curriculum. Vocational colleges, on the other hand, have been mandated to provide sexuality education since 2004 as a compulsory subject (UNESCO, 2014). These curricula have increased clarity in the provision of sexuality education in Thailand and made it mandatory for all secondary education institutions to implement it as a matter of policy.

However, the present review's findings indicate that sexuality education monitoring, evaluation and supervision systems remain insufficient in Thailand. Due to this limitation, some teachers are still unable to teach CSE in accordance with the curriculum because they lack the required knowledge and skills to do so. Arranging teacher training that makes teachers recognize the importance of activity-based methods of instruction, and establishing a monitoring and evaluation system based on clear standards and indicators would alleviate the current problems of CSE implementation in Thailand to a certain degree. Therefore, mechanisms and a focal point unit need to be established within the Ministry of Education for facilitating the implementation of policy and ensuring the quality of CSE provision in all educational systems. This unit should systematically collect data as part of its mandate to monitor, evaluate and support the provision of more effective sexuality education (Department of Children and Youth, 2015).

5. Goals of sexuality education

The present review found that sexuality education in Thai educational institutions is very focused on reducing the incidence of unwanted pregnancy among youth, and neglects the importance of teaching about gender, rights and power. This state of affairs is rooted in the origins of sexuality education development in Thai educational institutions that has mostly been driven by the goals of reducing HIV/STI transmission and unwanted pregnancies. The Teenage Pregnancy Prevention and Alleviation Act of 2016 reaffirms these aims of sexuality education and emphasizes the prevention of teenage pregnancies. As a result, sexuality education curricula are centered on prevention but cover the root causes of related problems less fully and therefore pay little attention to teaching about respecting sexual rights and gender equality. Sexuality education in Thailand is aimed at solving specific problems. This does not correspond to the principles of CSE, namely that it must be a "right-based and gender-focused approach to sexuality education ... which goes beyond a focus on prevention of pregnancy and sexually transmitted infections" (UNFPA, 2011, page 6).

The findings of the present review indicate that policies at the ministry level do not place sufficient importance on instruction about gender, rights and power, especially in light of the indicators of the *Basic Education Core Curriculum* (Ministry of Education, 2008), set by the Bureau of Academic Affairs and Educational Standards. The various indicators set in this curriculum only cover human sexual development, sexual health, sexual behavior, relationships, personal skills and life skills, and do not refer to social, cultural or rights issues.

Therefore, to ensure that sexuality education in Thailand becomes truly comprehensive, policy makers at the ministry level need to pose questions about the general framework of sexuality education. In particular, teaching sexuality education based solely on solving specific problems may not be sufficient to equip students with analytic skills to make informed decisions about their relationships and sexual lives. Educational institutions need to place more emphasis on teaching about equality, sexual rights and gender to cultivate attitudes that help to solve sexual problems at their roots. However, this aim cannot be realized unless there is a clear and continuous policy from the Ministry mandating teachers and school directors to ensure that such topics are properly covered.

6. Parents: Communication and cooperation with schools to maximize effectiveness of sexuality education

The findings of this review indicated that students usually choose not to seek advice from their parents when they have questions about sex and prefer to search for this information online or from their friends instead. Parents with teenage children tend to be concerned about their children's sexual behaviors because they and their children do not engage in open communication about the matter. Parents nevertheless have much influence on the sexual behavior of their children (Kinsman et al., 2000) by transmitting the social and cultural norms they hold to their children (UNESCO, 2009). Though the review findings indicate that most parents are supportive of sexuality education, the lack of communication with their children's schools about how related topics should be taught leads some parents to worry about whether sexuality education is in fact encouraging their children to have sex earlier than the children otherwise would. Communication between schools and parents, provision of information to parents and helping them to adjust their attitudes will not only help parents to communicate with their children more openly about sexual matters, but will also generate two further benefits.

First, communication between schools and parents informs schools about how parents want sexuality education to be taught to their children. There might be misunderstandings regarding attitudes between parents and teachers. The qualitative findings of this review indicated that some teachers worry about whether parents will oppose teaching about contraception and so they give less emphasis to the topic than they otherwise would. However, many parents do agree with teaching about contraception and also want their child to be involved in related classroom activities. This finding corresponds to the findings of Eisenberg, Bernat, Bearinger and Resnick (2008), who conducted a survey on parents' attitudes towards sexuality education in the state of Minnesota in the United States. They found that most parents do not advocate an abstinence-based approach of instruction but prefer a more comprehensive approach that covers sex, personal responsibility for childcare, STI prevention and contraception, in combination with exhortations for students not to have sex. Even highly-religious or politically-conservative parents supported providing instruction about these topics. The present review corresponded with the findings of Eisenberg et al. (2008) in demonstrating that very few parents wanted an abstinence-only approach to be used and disagreed with comprehensive coverage of sexuality topics such as contraception. The findings of the present study also indicated that many parents suspected that an abstinence-based approach would not be appropriate to today's youth with changing sexualities.

Second, school-parent communications will not only allay parents' anxieties about the provision of sexuality education but will also secure the parents' collaboration in teaching about the subject. Getting parents involved in learning activities will facilitate communication between parents and children about sexual matters; there are effective activities to ensure this communication, such as assigning students to discuss a given topic with their parents (UNESCO, 2009). However, both the qualitative and quantitative findings of this review indicated that such activities were very rare in all regions.

Development of sexuality education may be difficult when teachers and parents do not have shared understandings about it. When there are gaps in communication between teachers and parents, it can dissuade teachers from fully covering some topics. If this happens, it is the students who are negatively affected. Conversely, formal and continuous communication between parents and schools can make comprehensive sexuality education a reality and improve relations between family members, which in turn can help to address the reproductive health problems encountered by youth.



Recommendations

Given that this review identified some policy-related challenges, recommendations are provided below. These recommendations are based on the findings of the review and the views of the review's participants who are policy stakeholders, policy makers or sexuality education advocates. The recommendations are also informed by points of view expressed in six meetings of the technical advisory board comprised of UNICEF, UNESCO, UNFPA, OBEC and OVEC. The recommendations are divided into two sections.



1. Recommendations at the national level

1.1 Educational reform

1. Educational reform in Thailand, currently focused on academic or vocational excellence, needs to emphasize the development of students' critical thinking skills and their ability to ask questions and express opinions in all subject areas, including sexuality education.
2. Given that the review findings indicated that sexuality education currently emphasizes contraception, sexual anatomy and STI/HIV prevention, mostly in order to address the issue of teenage pregnancy, the Ministry of Education should revise relevant policies to broaden the goals of sexuality education and solve and prevent problems at their source. Emphasis should be placed on teaching about gender, sexual rights, societal power structures, respect for the rights of others and having attitudes that support gender equality and gender/sexual diversity. Various agencies of other ministries that have a role in supporting sexuality education, including adolescent sexual health topics, in both formal and non-formal education, should also be aware of gender and sexual rights issues. In order to educate students to be more sensitive and support gender equality, these agencies should adopt the ideas of gender and sexual rights issues as the conceptual framework in developing, designing and pushing forward the programmes and activities for which they are responsible.
3. Improvements are needed in the OBEC Basic Education Core Curriculum to ensure that students learn (and are able to apply the contents in their lives) about gender, power, sexual rights, sexual and gender diversity, gender equality, violence, sexual abuse and bullying within educational institutions and online spaces, including positive perspectives on sexuality.
4. Curriculum-based teaching needs to be provided in tandem with learner development activities that increase the self-confidence and communication skills of learners. These are required in order to change values and social norms about sexual and gender issues, especially forms of sexual and gender inequality that impede the ability of learners to take care of their sexual health and well-being.
5. Sexuality education is expected to solve major problems in Thai society, including issues related to both education and sexuality. Therefore, sexuality education needs to be given a more prominent position in the basic education core curriculum and allocated more time so that its diverse topics can be covered comprehensively using activity-based methods that maximize student engagement and the development of their analytic skills.
6. The Ministry of Education should establish an expert committee on gender, sexuality, sexual rights and reproductive health to inspect various documents and textbooks related to the provision of CSE and provide advice on how they should be modified.
7. The indicators and evaluation criteria of sexuality education need to be improved so that more emphasis is placed on students' analytic thinking skills and application of the contents, including gender, sexual rights and reproductive health. Teaching needs to encourage students to ask questions and practice their analytic thinking skills. Teachers can provide case studies in class and award points to students based on their active participation in terms of asking questions and analyzing various issues. Behavior points, which previously have been awarded on the basis of attendance and classroom behavior, should be awarded with greater consideration for the development of learning skills, including the ability to ask questions and analyze various problems.

1.2 Support mechanisms

1. The Ministry of Education needs to consider sexuality education one of its main goals that must be addressed with a clear mission statement and policies. Support mechanisms need to be established that enable educational institutions to teach all six dimensions of CSE to students at all levels and to monitor its implementation on an ongoing basis.

2. The Ministry of Education should designate a focal-point unit within the ministry to oversee sexuality education in particular, as well as coordinate with other related agencies and allocate a specific budget for sexuality education.
3. Mechanisms are needed for coordinating CSE-related work among the Ministry of Education, the Ministry of Public Health and the Ministry of Social Development and Human Security, and among the various bodies in the Ministry of Education, to improve the efficiency of sexuality education in educational institutions and in other contexts. The various ministries might divide their responsibilities as follows:
 - 3.1 The Ministry of Education should coordinate the collaboration of the provision of instruction between educational institutions, parents and communities.
 - 3.2 The Ministry of Information and Communication Technology, the Ministry of Social Development and Human Security, the Ministry of Public Health and the Ministry of Culture should all have a role in communicating about sexuality education, for example by creating online learning materials such as games to provide alternative channels for learning about sexuality education topics to students and for teacher training. Such online contents should not only provide correct and up-to-date factual information about sexuality but should also help students to change their attitudes to reduce sexual prejudice and stigma.
4. Universities with teacher training programmes should cover CSE as well as provide continuing education for in-service teachers, covering the topics of gender, sexuality, sexual rights, various power structures and power issues related to gender, as well as teaching techniques.

2. Recommendations at the local and school levels

Recommendations at the local and school levels are divided to three subsections.

2.1 School policies and curricula

1. Provincial and local bodies, such as provincial offices of the Ministry of Public Health or the Ministry of Social Development and Human Security, need to be supported to play a role in training and developing sexuality educators, raising awareness among school directors about the importance of sexuality education, helping schools with monitoring and evaluation and providing educational materials to all schools on a continuous basis.
2. Support, assistance and coaching systems are needed for schools and teachers in order to improve teachers' CSE teaching skills and motivation and to provide recognition and rewards to well-performing schools and teachers.
3. Linkages need to be created among educational institutions, public health facilities, relevant state bodies, local government, civil society organizations and private companies to ensure continuous support for the teaching of CSE in schools, as well as opportunities for learning outside of educational institutions.

2.2 Teachers

1. To train sexuality educators, training should be provided to teachers that gives them opportunities to revise their sexual attitudes and prejudices, emphasizes gender and sexual rights and promotes instruction that makes use of learners' critical thinking skills. A training course of at least 18-hours, or more ideally, a 3-day training course, should be provided to teachers before they start teaching sexuality education. This is supported by the finding that teachers with at least eighteen hours of training were found to cover more topics and use more activity-based methods of instruction than teachers with less training. Continuing support and monitoring of teachers should also be provided to encourage continuous development of increasingly effective teaching.
2. The findings indicated that most sexuality education teachers have a background in health education or physical education and mostly teach through lectures rather than activities. Given that classrooms are large and students need both information and counselling on diverse and various topics, teachers of other backgrounds besides health and physical education who have received sexuality education training might join the former in teaching sexuality education as a team for each grade, or to provide walk-rally type learning activities to students at all levels on a continuous basis.

3. Teachers should adopt a rights-based approach in teaching CSE to ensure that students do not violate the rights of others. They should also strive to cover all six dimensions of CSE, provide students with opportunities to develop their critical thinking skills and trust students' capacity to make decisions about their sexual lives.
4. Sexual matters should be taught from an open-minded perspective. Teachers should teach students to ascertain the option of having or not having various kinds of sexual relations and their consequences in order to help students practice their analytic skills in a comprehensive and considered manner.
5. Teachers should evaluate students' knowledge of sexual matters and reproductive health and correct their various misunderstandings, for example regarding the notion that condoms reduce sexual pleasure, incorrect use of emergency contraceptives, sex during menstruation, the belief that using the pull-out method helps to prevent pregnancy, beliefs about harmful effects of masturbation, and so on. Teachers' misunderstandings on these matters also need to be addressed.
6. Teachers should always intervene when students tease each other during sexuality education classes as well as provide the reason for intervening by referencing the conceptual basis of sexual rights and gender equality. Teachers should receive training in classroom management, including the various situations that can arise, as well as arranging activities for students about rights and respecting the rights of others.
7. Teachers should strive to reduce their prejudice towards students with sexual experience, including pregnant students, including the use of non-stigmatizing and non-judgmental language. This includes avoiding terms such as "students who have made a mistake" or "students who are not chaste," and by abstaining from using the stigmatizing and outdated terms "homosexual" (*rak ruam phet*) or "sexual deviant" (*biang-ben thang phet*) about same-sex attracted students.

2.3 School directors

1. Policies are needed that encourage school directors to ascertain the importance of sexuality education. The Ministry of Education might emphasize supporting school directors and teachers to teach more effectively, as well as encourage teaching about gender, sexual rights, societal power structures, respecting the rights of others and to cultivate attitudes that support gender equality and gender/sexual diversity.
2. School directors should arrange training on relevant topics for school staff and parents' networks to increase their understanding about CSE and contribute to creating a conducive learning environment.
3. Networks are needed between educational institutions for providing each other with support for CSE implementation by arranging study visits and meetings that enable teachers to learn from each other.
4. School directors should be supported to collaborate with school board members to make decisions on school CSE policy, create annual and longer-term plans, and to report on the school's progress in providing CSE to provincial administrators, network partners and surrounding communities.
5. School directors should offer training opportunities to teachers to improve their understanding and skills on teaching CSE and to integrate sexuality education topics within subjects and activities resulting from other policies. For example ASEAN education which can link sexuality education topics to sociocultural ones, respect for rights and diversity, or the "World-Class Standard School" project,⁷ which can be linked to sexuality education in terms of learning processes that provide students with opportunities to experiment, practice, analyze various problems and have the confidence to express their views. Life skills training activities can also help to equip students to understand and accept themselves as well as to understand and respect differences. Such activities can do so by fostering students' critical thinking skills so that they will have the ability to learn about and solve various sexual problems, develop attitudes that support gender equality, develop and sustain relationships with others and will be able to work as part of a team.

⁷ The World-Class Standard School project has been implemented by the Ministry of Education since 2010, with the objectives of developing youth into world citizens, using instruction methods following global standards and improving the quality of educational management. The project has been implemented in 500 pilot schools nationwide. For more information, see the *Guidelines on Instruction in World-Class Standard Schools* issued by the Upper Secondary Education Bureau (2012).

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Appendices

1) Sexuality education survey: Students

Name of school: School code: Respondent code: Date Month Year

Sexuality education means learning processes about sexual matters, covering bodily and mental development, anatomy, its functions and personal hygiene, attitudes, values, relationships, sexual behavior, sexually transmitted infections, HIV/AIDS, pregnancy prevention, social and cultural dimensions that affect sexual lifestyle, gender equality, and other similar topics. These topics may be taught in a specific sexuality education class or as part of other subjects, such as health education, physical education, science, etc., or through student development activities arranged outside of the classroom.

Part 1 Experiences and views about sexuality education

1. Is sexuality education taught at your school?
 - It is taught in my year-level.
 - It is not taught. (Please skip to question 33).
 - It is not taught in my year-level but I have studied it in an earlier year-level.
 - I don't know. (Please skip to question 33).
2. Have you studied sexuality education in your current year-level?
 - Yes (Please answer question 2.1)
- 2.1 How often do you study sexuality education?
 - Every day
 - Once a week
 - 2-3 times per week
 - Once a month
 - 2-3 times per month
 - 1-3 times per term
 - No (Please answer questions 2.2 and 2.3)
- 2.2 The last time you studied sexuality education was in year-level _____.
- 2.3 How often did you study?
 - Every day
 - Once a week
 - 2-3 times per week
 - Once a month
 - 2-3 times per month
 - 1-3 times per term
3. How many minutes does/did each class take? _____minutes.
4. Do/did you attend the sexuality education classes?
 - Always
 - Sometimes
 - Never
5. Who teaches/taught sexuality education? (You can choose more than one answer).
 - Health education teacher
 - Physical education teacher
 - Social studies teacher
 - Thai language teacher
 - Foreign language teacher
 - Science teacher
 - Computing teacher
 - Mathematics teacher
 - Arts teacher
 - Homeroom teacher / Teacher adviser
 - School nurse
 - Special teacher from the community or other organization
 - Public health official
 - Peers
 - Other (specify) _____
6. How are/were the sexuality education classes arranged?
 - Males and females separately (Please skip to question 8)
 - Males and females together
 - Some topics separately, some together
 - Other (specify)
7. Do you think boys or girls participate/d more in sexuality education classes?
 - Boys
 - Girls
 - Equally
8. Do/did you feel a sense of trust and not embarrassed to talk about sexual matters in your sexuality education classes?
 - Yes
 - No
 - Sometimes I don't/didn't feel a sense of trust and felt/feel embarrassed
9. Do/did some students tease or mock other students during class?
 - Yes
 - No (Please skip to question 11)

10. When students are/were teasing or mocking others during a sexuality education class, does/did the teacher tell them to stop?
 - Yes, every time
 - Sometimes
 - No, never
11. In sexuality education classes, do/did students exchange opinions more than in other classes?
 - More than in other classes
 - Less than in other classes
 - Just the same as in other classes
12. How do you think the sexuality education teacher felt about teaching?
 - Confident
 - Not quite confident
 - Not confident; too shy/embarrassed to teach
13. How did the sexuality education teacher feel about teaching the following topics?

Topic	Confident to teach	Not quite confident	Not confident; too shy/embarrassed to teach	This topic was not taught
The growing bodies of teenagers, sexual organs, the reproductive system, and pregnancy				
Contraception and use of condoms				
Sexual relationships (flirting, being partners, love and couple life)				
Social rules about being a man or a woman, gender equality (opportunities, roles and expectations for men and women).				
Sexual/gender diversity (tut, kathoei, gay, tom, dee).				
Violence, for example forced sex, rape, sex not wanted by the other party.				

14. Does/did the teacher appear to avoid talking about sexual matters that students want/ed to know about?
 - No
 - Yes (indicate topic).....
15. What is the primary method of teaching sexuality education?
 - Lectures
 - Participatory activities, such as games
 - Lectures and participatory activities
 - Self-study and independent report writing
16. In your sexuality education classes, were the following topics about men's and women's roles covered?

Topic	Yes	No	Unsure
Roles, opportunities and expectations that differ for men and women			
Inequality, unequal opportunities and violence caused by following gender roles			
Everyone's responsibility to bring an end to gender inequality			
The influence of radio, television, newspapers and online media on opinions about sexual matters			
Acceptance and understanding of people diverse in terms of gender and sexuality (khon thi mi khwam lak lai thang phet) such as tut, kathoei, gay, tom, or dee			

17. In your sexuality education classes, were the following topics about sexual development, health and behaviors covered?

Topic	Yes	No	Unsure
Reproductive organs			
Boys entering puberty, including wet dreams			
Girls entering puberty, including menstruation			
How pregnancy occurs			
Sexually transmitted infections (transmission, prevention and treatment)			
Use of condoms prevents pregnancy and transmission of sexually transmitted infections			
Correct use of condoms			
Other contraceptive methods besides condoms			
Safe abortion			
HIV (transmission, prevention and treatment)			
Sexually transmitted infections and HIV cannot be observed from a person's appearance			
Not having sex is a way to prevent pregnancy and sexually transmitted infections			
Safe sex between same-sex partners			

18. In your sexuality education classes, were the following topics about sexual rights and citizenship covered?

Topic	Yes	No	Unsure
Ways of refusing unwanted sex, the right of people to have sex			
Child marriage and teen pregnancy have negative consequences			
How disdain and despising other people occurs and the negative consequences			
Bullying or teasing others, especially individuals who are tut, gay, kathoei, tom, or dee, is a violation of human rights			
Good touching (hugging, kissing) for showing care, love and good feelings toward each other			
Inappropriate touching, such as coerced sex, constitutes sexual abuse			

19. In your sexuality education classes, were the following topics about violence covered?

Topic	Yes	No	Unsure
Violence based on gender inequality is wrong, for example, violence against a wife, husband, or partner; rape; or sexual abuse			
Assistance channels for victims of violence and violence caused by gender inequality			
Duties and responsibilities of persons to report or make a complaint about sexual abuse and violence caused by gender inequality			
Boys can also be victims of sexual violence			
Violence in online spaces, such as posting abusive posts, sending messages to sexually harass someone, or secretly shooting or sharing videos of others without their consent			
Bullying among students, such as berating, mocking, pushing, punching or shoving others			
Bullying students who are or are perceived to be tut, kathoei, gay, tom, or dee			

20. In your sexuality education classes, were the following topics about the self and relationships covered?

Topic	Yes	No	Unsure
Expressing friendship, love and sexual attraction			
Interpersonal relationships can be good or bad			
Friends influence us in both good and bad ways			
Understanding and expressing oneself sexually			
Things that influence our sexual decision-making, such as friends, family and various media			
Understanding interpersonal relationships and being able to plan relationships of the kind one wants at a given period in life			

21. How old are you?

- 12 years (Please skip to question 23)
- 13 years (Please skip to question 23)
- 14 years (Please skip to question 23)
- 15 years
- 16 years
- 17 years
- 18 years
- 19 years

22. In your sexuality education classes, were the following topics about sexual rights and citizenship covered? (only for students who indicated in question 21 that they are 15-19 years-old)

Topic	Yes	No	Unsure
Gender equality promotes men's and women's equal decision-making about sexual matters and family planning			
Different forms of contraception have different efficacy levels, benefits and side effects			
Sexual positions do not affect the risk of pregnancy or STI transmission			
The period in a woman's menstrual cycle when she can get pregnant			
Characteristics and symptoms of pregnancy; ways of testing for pregnancy			
Knowing one's HIV status and ways of testing for HIV, for example blood tests			
Post-exposure prophylaxis (PEP): Using antiviral medication in the short term to reduce the risk of getting HIV			
Places and ways to receive health services, including services for HIV/STI prevention and care			
National laws, rules and regulations that affect sexual and reproductive health			
Discrimination against people who have HIV is not right			
Social rules and peer influence affect sexual decision-making and behavior			

23. Do you have or did you previously have a sexuality education textbook?

- Yes
- No (Please skip to question 25)

24. What is/was the book called?

Type name of the book

25. Teaching methods that your teacher has used (or is using) when teaching sexuality education (you can choose more than 1 answer).

- Lectures
- Class discussions
- Small group work
- Brainstorming
- Role plays
- Video presentation
- Storytelling
- Dramas (including short plays)
- Games
- Activities where students "agree" or "disagree" with various statements and then discuss them in groups
- Problem-solving activities
- Worksheets
- Visits to stores that sell condoms
- Visits to clinics (health services)
- Question boxes
- Hotlines or lines giving counselling on sexual issues
- Condom use demonstrations
- Measuring students' knowledge / exams
- Meeting and talking with experts
- Activities encouraging students to talk with parents about the topics studied
- Self-study, independent report-writing
- Others, specify.....

26. In your sexuality education classes teaching skills on the following issues, did you get to role play or do some participatory activities?

Topic	Yes, did role play/ participate	No, did not role play/ participate
Refusing unwanted sex		
Insisting on and negotiating condom use or use of other contraceptive methods		

27. Do you think that your parents or guardians agree with you studying sexuality education?

- Yes, they do
- No, they don't
- Don't know

28. Has your father or mother ever talked about the following matters with you? (you can choose more than one answer)

- Menstruation (for girls)-when it happens, why it happens, and what you need to do when menstruating
- Wet dreams (for boys)-what are they and why they happen
- Sex-what it is and why it happens
- Condoms and other contraceptives
- Other, specify.....
- Never talked about any sexual issues

29. (For girls) Have you had your period yet, and do you have enough knowledge about menstruation (when it happens and what you need to do)?

- My periods started and I knew enough
- My periods started but I didn't know enough
- I haven't had a period yet but I know enough
- I haven't had a period yet and I don't know enough
- I'm male

30. Have you spoken with any family members about any of the topics you have studied in your sexuality education classes? (you can choose more than one answer)
- With mother
 - With father
 - With younger or older sister
 - With younger or older brother
 - Other family members
 - Never talked with family members

31. In your sexuality education classes, did you learn about something you didn't know before?
- Most of the information was new to me
 - Some of the information was new to me
 - There was nothing I didn't know before

32. Besides your sexuality education classes, what other sources of sexuality education information do you have? (you can choose more than one answer)
- Internet
 - Films
 - Television
 - Radio
 - Books
 - Cartoon books
 - Friends
 - Older brother or sister / younger brother or sister
 - Parents / guardians
 - Others, specify.....

Section 2 Relationships, love and sexual behavior

33. Do you currently have a steady partner?
- Yes
 - No
 - Not sure
 - Had before but not now
 - Currently looking for one

34. In the past one year, did you have steady partners?

No

Yes How many? _____

Indicate their gender (you can choose more than one answer)

- kathoei / sao praphet song / phu ying kham phet [trans woman]
- gay [gay male] / chai rak chai [man who loves men]
- tom [masculine lesbian]
- phu chai kham phet / trans man
- dee [feminine lesbian]
- les / ying rak ying [woman who loves women]
- Male bi [a man who is attracted to people of more than one gender]
- Female bi [a woman who is attracted to people of more than one gender]
- Woman
- Man

35. In the past 1 year, did you have any casual partners?

No

Yes How many? _____

Indicate their gender (you can choose more than one answer)

- kathoei / sao praphet song / phu ying kham phet [trans woman]
- gay [gay male] / chai rak chai [man who loves men]
- tom [masculine lesbian]
- trans man
- dee [feminine lesbian]
- les [feminine lesbian] / ying rak ying [woman who loves women]
- Male bi [a man who is attracted to people of more than one gender]
- Female bi [a woman who is attracted to people of more than one gender]
- Woman
- Man

36. Have you ever had sex?

Yes

No (Skip to 46)

37. How old were you when you first had sex?

Age years

38. When you had sex for the first time, what was your partner's gender?

kathoei [trans woman]

sao praphet song [trans woman]

phu ying kham phet [trans woman]

gay [gay male]

chai rak chai [man who loves men]

tom [masculine lesbian]

phu chai kham phet / trans man

dee [feminine lesbian]

les [feminine lesbian]

ying rak ying [woman who loves women]

bi [bisexual]

woman

man

39. How old was your partner when you first had sex?

Age.....years

40. When you had sex for the first time, did you consent to it?

Yes

No

41. When you had sex for the first time, did you use a condom?

Yes

No

42. The last time you had sex, did you use a condom?

Yes

No

43. In the past 3 months, have you and your partner used condoms?

Never (because _____)

Sometimes (because _____)

Always (because _____)

Didn't have sex in the past 3 months

44. Have you ever given or received things or opportunities (for example, a mobile phone, money, clothes, a bag, grades or educational opportunities) in exchange for sex?

No

Yes, I was the one giving money, things, opportunities and so on

Yes, I was the one receiving money, things, opportunities and so on

Yes, I have both given and received money, things, opportunities and so on

45. Have you ever agreed to meet someone for sex online or through an application?

Yes, more than once

Yes, rarely

No

Section 3 Sexuality education knowledge

46. What is menstruation?

Release of semen

When the egg is released from the ovary

The periodic shedding of blood and tissue from the uterus

Dirty blood coming out of the body

47. Can a woman get pregnant the first time she has sex if she does not use contraception?

Yes

No

Don't know

48. At what point in the menstrual cycle is a woman more likely to become pregnant if she has sex?

During her period

In the middle of her cycle

Right after her period ends

Just before her period begins

Chance of getting pregnant throughout

Don't know

49. What contraceptive methods do you know? (you can choose more than one answer)

Condom

Contraceptive coil

Contraceptive pill

Contraceptive injection

Contraceptive implant

Diaphragm

Female condom

Counting days [rhythm method]

Ejaculating outside [withdrawal]

Emergency contraceptive pill

Traditional methods

Sterilization

Other, specify.....

50. If you need condoms, where can you get them (you can choose more than one answer)

Hospital

Health center / Sub-district health promotion hospital

Private clinic

School

Community outreach worker

Pharmacy

Church (Christian) or temple

General store

Friends

Other, specify.....

Don't know where I can get them

51. If you need condoms, can you get them?

Yes

No

Don't know

52. Where can you get information about sexual matters? (you can choose more than one answer)

Internet

Films

Television

Radio

Books

Cartoon books

Novels

Friends

Older brother or sister / younger brother or sister

Parents / guardians

Other, specify.....

Section 4 Values and attitudes

The following questions have no right or wrong answers so answer based on your own opinion

53. Do you agree, disagree or feel unsure about the following?

Topic	Agree	Unsure	Disagree
In a family, men should have more say than women in important decisions			
It is more important for boys than girls to do well in school			
Girls should have the right to decide by themselves whom to marry and when			
Sexual relations with the same sex are wrong			
Unmarried youth having sex with each other is not wrong if they love each other and use protection against pregnancy and sexually transmitted infections			
A girl or a boy can get married below the age of 18 years if the parents or guardians of both parties agree			
A woman cannot refuse to have sex with her husband because it is her duty			
I am confident that I can insist on and negotiate condom use with my partner every time I have sex			

54. Do you think a husband has the right to beat his wife in the following situations? (You can choose more than one answer)

- The wife burns the food
- The wife argues with her husband
- The wife goes out without telling the husband
- The wife neglects the children
- The wife refuses to have sex with the husband
- The wife dresses provocatively
- The wife is unfaithful to the husband
- The husband does not have the right to beat the wife in any situation

55. Which of the following statements about menstruation do you agree with? (You can choose more than one answer)

- It is a normal process for adolescent girls
- A girl cannot play sports normally during menstruation
- While menstruating, a girl should have the right to visit sacred places
- During menstruation a girl should not be isolated

Section 5 Basic information

56. Which Buddhist Era year were you born?

- 2539
- 2540
- 2541
- 2542
- 2543
- 2544
- 2545
- 2546

57. Which year-level are you in?

- M1
- M2
- M3
- M4
- M5
- M6
- Po. Wo. Cho. 1
- Po. Wo. Cho. 2
- Po. Wo. Cho. 3

58. What is your personal title?

- Boy / Mr.
- Girl / Miss

59. Which word do you think best describes you?

- Kathoei [trans woman]
- Sao praphet song [trans woman]
- Phu ying kham phet [trans woman]
- gay [gay male]
- chai rak chai [man who loves men]
- tom [masculine lesbian]
- phu chai kham phet / trans man
- dee [feminine lesbian]
- les [feminine lesbian]
- ying rak ying [woman who loves women]
- bi [bisexual]
- woman
- man
- other, specify _____

60. If you were to have a steady partner, what gender would you want them to be? (You can choose more than one answer)

- kathoei / sao praphet song / phu ying kham phet [trans woman]
- gay [gay male] / chai rak chai [man who loves men]
- tom [masculine lesbian]
- phu chai kham phet / trans man
- dee [feminine lesbian]
- les / ying rak ying [woman who loves women]
- Male bi [a man who is attracted to people of more than one gender]
- Female bi [a woman who is attracted to people of more than one gender]
- Woman
- Man

61. Have you had your periods yet (only for those who indicated in 58 their personal title is girl / Miss)

- Yes, from the age of _____ years
- No

62. Height _____ cm.

63. Weight _____ kg.

64. Last term's grade point average (GPA)

- Less than 1.00
- 1.01-1.50
- 1.51-2.00
- 2.01-2.50
- 2.51-3.00
- 3.01-3.50
- 3.51-4.00

65. Who do you live with currently?

- With parents
- With grandparents
- With friends in a dormitory
- With steady partner in a dormitory
- Alone in a dormitory
- Other, specify _____

66. How much money do you spend per day?

- Less than 30 baht
- 30-60 baht
- 61-100 baht
- 101-200 baht
- 201-300 baht
- 301-500 baht
- Over 500 baht

67. What is your guardians' highest educational qualification?

- They have no formal qualifications
- Primary school
- Lower secondary
- Upper secondary
- Po. Wo. Cho. [lower vocational diploma]
- Diploma / Po. Wo. So. [upper vocational diploma]
- Bachelor's degree
- Master's degree
- Doctorate
- Don't know

2) Survey on the provision of sexuality education: Teachers

Name of school : _____ School code : _____

Date _____ Month _____ Year _____

Sexuality education means learning processes about sexual matters, covering bodily and mental development, anatomy, its functions and personal hygiene, attitudes, values, relationships, sexual behavior, sexually transmitted infections, HIV/AIDS, pregnancy prevention, social and cultural dimensions that affect sexual lifestyle, gender equality, and other similar topics. These topics may be taught in a specific sexuality education class or as part of other subjects, such as health education, physical education, science, etc., or through student development activities arranged outside of the classroom.

Assessment of sexuality education

1. Which subject areas do you teach (select all that apply)

- Thai language
- Mathematics
- Science
- Social studies, religion and culture
- Health and physical education
- Arts
- Occupations and technology
- Foreign languages
- Other (specify) : _____

2. In the last school year, has sexuality education been taught in your school?

- Yes
- No
- Not in last year, but it has been given in earlier school years
- Don't know

3. In your school, who teaches sexuality education topics (select all that apply)

- Health education teacher
- Physical education teacher
- Social studies teacher
- Thai language teacher
- Foreign language teacher
- Science teacher
- Computing teacher
- Mathematics teacher
- Arts teacher
- Homeroom teacher / advisor teacher
- Guidance counsellor
- School nurse
- An expert from the community or another organization
- Public health official
- Peers
- Other (specify) : _____

4. Have you taught any sexuality education topics?
- Yes, in the past school year
 - Yes
 - No (If not, the survey will terminate)
5. How are/were the sexuality education classes arranged?
- Boys and girls separately
 - Boys and girls together
 - Some topics separately, some topics together
 - Other (specify): _____
6. In the sexuality education classes, do/did some students disrupt the class or tease others?
- Yes
 - No (If you chose "No" please skip to question 8)
7. What do/did you do when students disrupt the class or tease others during your sexuality education classes?
- Tell them to stop, every time
 - Tell them to stop, sometimes
 - Never told them to stop
 - Other (specify): _____

8. How are sexuality education related topics taught?
- As a separate subject
 - (If you chose this option, please answer questions about sexuality education as a separate subject in questions 9-21)
 - As a separate subject and as a part of other subjects
 - (If you chose this option, please answer questions about sexuality education as a separate subject in questions 9-21)
 - Sexuality education topics are taught as a part of other subjects
 - (If you chose this option, please skip to question 22)

Sexuality education as a separate subject (questions 9 to 21)

9. b
10. How often do/did you teach sexuality education?
- Less than once a month
 - Once a month
 - 2-3 times per month
 - Once a week
 - More than once a week, but not every day
 - Every day
11. How long does/did each sexuality education session last?
_____minutes
12. How many sexuality education sessions do/did you teach per school year?
- 1-2
 - 3-4
 - 5-10
 - 11-15
 - 16-20
 - 21-25
 - More than 26
 - Other, specify _____
13. Is/was sexuality education a mandatory subject?
- Yes
 - No
14. Are/were sexuality education contents examinable subject matter?
- Yes, students should receive annual exams in the subject matter, national tests or other kinds of academic tests during the school year
 - No, there is no need for students to be tested on the material in a way that affects their academic records
15. Do/did students have a textbook for their sexuality education class?
- Yes
 - No (If you chose "no," please skip to question 18)
16. What is/was the name of the book?
Enter book title _____
17. What proportion of students had this textbook?
- Less than half
 - Half
 - More than half, but not all
 - All students have/had this textbook
18. Do/did you have a written syllabus or description of the sexuality education class?
- Yes
 - No
19. Do/did you have a manual for teaching sexuality education?
- Yes
 - No
20. Do/did you have other instruction materials for teaching sexuality education?
- Yes (specify type and name of the material/contents)
: _____
 - No (If you chose "no," please skip to question 34)

21. Where did you get these sexuality education materials? (Select all that apply).
- The school provided them
 - Ministry of Education
 - A private organization operating for the public good
 - I as the teacher provided them
 - Other (specify) : _____

**After question 21, please skip to question 34.
Sexuality education as contents integrated to other subjects (questions 22-33)**

22. Which of the following subjects that you teach/taught has/had sexuality education-related contents? (select all that apply)
- Thai language
 - Mathematics
 - Science
 - Social studies, religion and culture
 - Health and physical education
 - Arts
 - Occupations and technology
 - Foreign language
 - Other (specify) : _____
23. In which grades do/did you teach sexuality education (select all that apply)
- P1 [grade 1]
 - P2 [grade 2]
 - P3 [grade 3]
 - P4 [grade 4]
 - P5 [grade 5]
 - P6 [grade 6]
 - M1 [grade 7]
 - M2 [grade 8]
 - M3 [grade 9]
 - M4 [grade 10]
 - M5 [grade 11]
 - M6 [grade 12]
 - Po. Wo. Cho. 1 [lower vocational diploma program year 1]
 - Po. Wo. Cho. 2 [lower vocational diploma program year 2]
 - Po. Wo. Cho. 3 [lower vocational diploma program year 3]
24. Roughly how many minutes do/did you spend teaching integrated sexuality education contents per session?
_____minutes per session
25. How many sessions with sexuality education contents do/did you teach per school year?
- 1-2 b
 - 3-4
 - 5-10
 - 11-15
 - 16-20
 - 21-25
 - More than 26
 - Other, specify _____
26. Are/were sexuality education contents examinable subject matter?
- Yes, students should receive annual exams in the subject matter, national tests or other kinds of academic tests during the school year
 - No, there is no need for students to be tested on the material in a way that affects their academic records
27. Do/did students have a textbook for their sexuality education related classes?
- Yes, for some topics
 - Yes, for all topics
 - No (If you chose "no," please skip to question 30)
28. What is/was the name of the book?
Enter book title _____
29. What proportion of students had this textbook?
- Less than half
 - Half
 - More than half, but not all
 - All students have/had this textbook
30. Do/did you have a written syllabus or description of the sexuality education-related classes?
- Yes
 - No
31. Do/did you have a manual for teaching sexuality education related topics?
- Yes
 - No
32. Do/did you have other instruction materials for teaching sexuality education?
- Yes (specify type and name of the material/contents)
: _____
 - No (If you chose "no," please skip to question 34)
33. Where did you get these sexuality education materials? (Select all that apply).
- The school provided them
 - Ministry of Education
 - A private organization operating for the public good
 - I as the teacher provided them
 - Other (specify) : _____

After question 33, please continue with question 34.

34. Which of the following topics related to gender have you taught? If unsure, please select "unsure."

Topic	Taught	Not taught	Unsure
Roles, opportunities and expectations that differ for men and women			
Inequality, unequal opportunities and violence caused by following gender roles			
Gender roles and rules depend on the region, age and era			
Everyone has a responsibility to overcome gender inequality			
Radio, television, newspapers and online media influence opinions about relationships and sexuality			
Sexual preferences and gender identity (for example, same-sex relationships, same-sex sexual behaviors, transgender people)			

35. Which of the following topics related to sexual development, health and behavior have you taught? If unsure, please select "unsure."

Topic	Taught	Not taught	Unsure
Sexual organs and the reproductive system			
Boys entering puberty, including wet dreams			
Girls entering puberty, including menstruation			
How pregnancy occurs			
Sexually transmitted infections (transmission, prevention and treatment)			
Correct and consistent use of condoms prevents pregnancy and transmission of sexually transmitted infections			
Correct use of condoms			
Correct and consistent use of contraceptive methods other than condoms in the prevention of pregnancy			
Safe abortion			
HIV (transmission, prevention and treatment)			
Sexually transmitted infections and HIV cannot be observed from a person's appearance			
Not having sex is a way to prevent pregnancy and sexually transmitted infections			
Safe sex between same-sex partners			

36. Which of the following topics related to sexual rights and citizenship you taught? If unsure, please select "unsure."

Topic	Taught	Not taught	Unsure
Human rights, especially sexual and reproductive rights			
Skills for refusing sex and the right to have sex when ready and consenting only			
Understanding that sexuality refers to more than just penetrative sex			
Child marriage and teen pregnancy have negative social and health consequences			
What disdain for and despising other people mean, what forms they come in and their negative consequences			
Bullying or teasing others, especially those who are tut, gay, kathoei, tom, or dee, is a human rights violation			
Good touching (hugging, kissing) for showing care, love or good feelings toward each other			
Inappropriate touching, such as coerced sex, constitutes sexual abuse			

37. Which of the following topics related to violence have you taught? If unsure, please select "unsure."

Topic	Taught	Not taught	Unsure
Violence based on gender inequality is wrong, for example violence against a wife, husband, or partner; rape; or sexual abuse			
Ways of reducing violence, including violence caused by gender inequality			
Duty and responsibility of individuals to report or make a complaint about sexual abuse and violence caused by gender inequality			
Methods or channels of assistance for victims of violence and violence caused by gender inequality			
Boys can also be victims of sexual violence			
Violence in online spaces, such as posting abusive posts, sending messages to sexually harass others, or secretly shooting or sharing videos of others without their consent			
Bullying among students, such as berating, mocking, pushing, punching or shoving others			
Bullying students who are or are perceived to be tut, kathoei, gay, tom, or dee			

38. Which of the following topics related to the self and relationships have you taught? If unsure, please select "unsure."

Topic	Taught	Not taught	Unsure
Ways of expressing friendship, love and sexual attraction			
Relationships can be good or bad			
Friends influence us in both good and bad ways			
Understanding and expressing oneself sexually			
Things that influence our sexual decision-making, such as friends, family and various media			
Understanding interpersonal relationships and being able to plan the kinds of relationships one wants at a given period in life			

Extra questions only for teachers who teach students over the age of 15. (If you do not teach students who are at least 15 years-old, please skip to question 40.)

39. Which of the following topics have you taught? If unsure, please select "unsure."

Topic	Taught	Not taught	Unsure
Gender equality promotes men's and women's equal decision-making about sexual matters and family planning			
Different forms of contraception have different efficacy levels, benefits and side effects			
A girl or a woman might get pregnant the first time she has sex			
Sexual positions do not affect the risk of pregnancy or STI transmission			
Characteristics, symptoms and ways of testing for pregnancy			
Knowing one's HIV status and ways of testing for HIV, for example blood tests			
Post-exposure prophylaxis (PEP): Using antiviral medication in the short term to reduce the risk of getting HIV			
Places and ways to receive health services, including services for HIV/STI prevention and care			
National laws, rules and regulations that affect sexual and reproductive health			
Discrimination against people who have HIV is not right			
Social rules and peer influence affect sexual decision-making and behavior			

40. In your sexuality education classes, which methods have you used? (Select all that apply).
- Lectures
 - Class discussions
 - Small group work
 - Brainstorming
 - Role plays
 - Video presentation
 - Storytelling
 - Dramas (including short plays)
 - Games
 - Activities where students “agree” or “disagree” with various statements and then discuss them in groups
 - Problem-solving activities
 - Worksheets
 - Visits to stores that sell condoms
 - Visits to clinics (health services)
 - Question boxes
 - Hotlines or lines giving counselling on sexual issues
 - Condom use demonstrations
 - Measuring students’ knowledge / exams
 - Meeting and talking with experts
 - Activities encouraging students to talk with parents about the topics studied
 - Self-study, independent report-writing
 - Other methods, specify.....

41. In teaching the following skills related to sexuality education topics, are role play or any other participatory methods used:

Topic	Yes, students did role play/ actively participate	No, students did not role play/ actively participate
Refusing unwanted sex		
Insisting on and negotiating condom use or use of other contraceptive methods		

42. Has teaching of sexuality education provided opportunities for students to do activities (for example, receiving work sheets or homework) that encourage them to communicate with their guardians or other trusted adults about sexuality education?

- Yes
- No

43. Have you received training for teaching sexuality education?

- Yes
- No (If you chose “No” please skip to question 47)

44. Did this training take place before you started teaching or while you were already teaching sexuality education?

- Before teaching
- While teaching
- Both

45. How many hours of training have you received for teaching sexuality education?

- Training before starting teaching _____hours
- Training while already teaching _____hours

46. Do you feel that the training you received was sufficient to prepare you to teach sexuality education?

- Yes, it was sufficient
- No, it was insufficient
- Unsure

47. Does the director of your school support teaching of sexuality education in the school?

- Fully supports
- Supports but not quite fully
- Does not support
- Unsure

48. How do parents or caregivers participate in the delivery of sexuality education in the school?

- Meetings are held with guardians or caregivers both before and during the school year
- Guardians or caregivers give permission for students to join the sexuality education classes
- Parents and guardians are not involved
- Other (specify)_____

49. Does your school have policies about taking care of and protecting students from mockery, harassment, and (sexual) abuse?

- Only anti-bullying policies
- Only anti-sexual abuse policies
- Both anti-bullying and anti-sexual abuse policies
- None exist
- Unsure

50. Do you think sexuality education should be a compulsory or an elective subject?

- Compulsory
- Elective
- Unsure

51. How effective do you think sexuality education can be in helping young people to manage the following problems?

Topic	Very effective	Effective	No difference	Not effective	Very ineffective	Unsure
Avoid getting HIV and other sexually transmitted infections						
Avoid unwanted pregnancy						
Postpone sexual intercourse						
Having equitable relations with their partner						
Reducing their own and others’ discrimination / reducing mockery, bullying based on personal differences such as sexual preferences or gender identity						

52. As you know, teaching about sex and sexual intercourse within schools can be done using various approaches. Which of the following statements best matches your views?

- When talking about sex, limits must be set for young people; young people must learn that premarital sex is unacceptable
- Ultimately, young people must make their own decisions, so their education must be able to give them information and guidance on how to protect themselves if they choose to have sex

Values and attitudes

53. Do you agree, disagree, or are not sure about the following statements?

Topic	Agree	Disagree	Unsure
In a family, men should have more say than women in important decisions			
It is more important for boys than girls to do well in school			
Girls should have the right to decide by themselves whom to marry and when			
Sexual relations with the same sex are wrong			
Unmarried youth having sex with each other is not wrong if they love each other and use protection against pregnancy and sexually transmitted infections			
A girl or a boy can get married below the age of 18 years if the parents or guardians of both parties agree			
A woman cannot refuse to have sex with her husband because it is her duty			
A condom can be used more than once			
I am confident that I can insist on and negotiate condom use with my partner every time I have sex			

54. Do you think a husband has the right to beat his wife in the following situations? (Choose all you agree with)

- The wife burns the food
- The wife argues with her husband
- The wife goes out without telling the husband
- The wife neglects the children
- The wife refuses to have sex with the husband
- The wife dresses provocatively
- The wife is unfaithful to the husband
- The husband does not have the right to beat the wife in any situation

55. Do you think that giving young people information about how to obtain and use condoms and other contraception has an impact on when they will have sex?

- Yes, it will encourage them to have sexual intercourse earlier
- No, it will not encourage them to have sexual intercourse earlier
- Not sure/don’t know

Basic demographics

56. How old are you? _____years

57. What is your sex?

- male
- female
- third sex

58. How many years have you been teaching?

_____years

59. How many years have you been teaching sexuality education and/or sexuality related contents?
_____ years

60. Marital status

- Single
- Married
- Separated
- Divorced
- Widowed

3) Weighting

The quantitative analyses involving student data in this study use weighting for region to ensure the participant sample for each educational system takes into account the student population size in each region. To compute the weighting values for each educational system, the research team divided the proportion of students in the student population of each region (of the total student population in Thailand in the given educational system) with the proportion of participants sampled from that region (of the total number of participants in the same educational system sampled for the study). The values are shown in the below table.

Table Weighting calculations

Region	Population size	Proportion of total student population	Sample size	Proportion of total student sample	Weighting value
General secondary¹					
Central	774,530	34.0%	1,418	34.7%	0.98
West	111,520	4.9%	530	13.0%	0.38
East	143,377	6.3%	413	10.1%	0.62
South	286,720	12.6%	614	15.0%	0.84
Northeast	794,404	34.9%	669	16.4%	2.13
North	164,734	7.2%	439	10.8%	0.67
Total	2,275,285	100.0%	4083	100.0%	
Extended opportunity²					
Central	108,635	20.6%	58	1.3%	15.27
West	32,665	6.2%	958	22.3%	0.28
East	41,802	7.9%	502	11.7%	0.68
South	54,532	10.3%	726	16.9%	0.61
Northeast	234,434	44.4%	1,501	34.9%	1.27
North	56,055	10.6%	560	13.0%	0.82
Total	528,123	100.0%	4,305	100.0%	
Vocational³					
Central	116,825	17.3%	161	35.9%	0.48
West	41,779	6.2%	54	12.0%	0.52
East	67,583	10.0%	72	16.0%	0.63
South	86,100	12.8%	54	12.0%	1.06
Northeast	234,264	34.8%	54	12.0%	2.89
North	127,562	18.9%	54	12.0%	1.57
Total	674,113	100.0%	449	100.0%	

4) Focus group discussion guidelines: Students Process

1. Introduce yourself, the process and research ethics.
2. Hand out small pieces of paper for participants to write down their nickname, age, year-level and grade point average.
3. Ask participants to draw a picture about their experiences with studying sexuality education (e.g., what happened, who was there, what was learned, how they felt).
4. Ask participants if they are willing to permit use of their drawings for the research report and if they have any questions before beginning to draw.
5. Wait for participants to draw for roughly 10 minutes.
6. Invite participants to describe their drawings and narrate any stories related to the picture. Ask about details of each drawing. Other participants are also welcome to ask questions about their peers' drawings.

Conversational questions

- What is sexuality education in your view? When it is mentioned, how do you feel?
- When sexuality education in your school is mentioned, what do you think about? Who teaches it? What is taught?
- What would ideal sexuality education be like?
- What kind of a public image do sexuality education teachers have?
- Why do schools need to teach sexuality education?
- In this school, is sexuality education provided as a basic subject or taught as a part of other subjects? Is it an elective subject? Are there exams? Please describe more about it.
- What topics are taught in sexuality education? How many sessions or hours are taught per 1 week and how many minutes long is each session?
- When did you first study sexuality education?
- When a teacher is teaching sexuality education, how do they feel? How do your peers feel? And how do you feel? (E.g., awkward, embarrassed, amused, bored)

- What topics do you like the most/least and why?
- Have you ever used the knowledge you've gained? What kinds?
- What things would you like to learn but haven't been taught?
- Where have you gained most of your knowledge on sexual matters?
- What kind of a sexuality education would you prefer? (age, sex, teaching style)
- What kind of sexuality education teaching would you like?
- How would you like your school to support the provision of sexuality education?
- Do parents or guardians know that sexuality education is being given in your school? What do they think about it?
- What do you think about having a steady partner or sex while still being a student?
- What do you think about teen pregnancy?
- Have you ever known fellow students who got pregnant? Tell me more about it. How did other students treat the one who got pregnant? What did the school do to manage the issue or help the pregnant student?
- Suppose you get pregnant while still being a student – would you return to complete your studies? Why?
- What do you think about gay, kathoei, tom or dee [LGBT] people?
- What do you think about abortion? Do you accept it? Why or why not? Please explain.
- Are condoms provided by your school? Do you agree with condoms being handed out?
- Do you think schools should have condom vending machines providing fair-priced condoms? Why?

5) Semi-structured interview guidelines: Parents

Basic demographics

Name, age, occupation, educational attainment, gender & year-level of child

Context of the school, province and country

- What do you think about the situation of young Thai students having sexual experiences? (at the school, provincial and national levels)
- Do you think your child and Thai youth in general are mature enough and able to analyze and make decisions about their sexual lives? What matters should kids be allowed to decide by themselves and on what matters should parents participate in the decision-making and advise or caution their children?

Discussion about sexual matters in the family

- What concerns/fears related to sexual matters do/did you have when your child is/was entering puberty/teenage years?
- Do you talk about sexual matters with your child? How would you talk about them with your child? If your child is not the same sex as you, how do you approach the subject? (expectations for the child's sexual behavior)
- How should sexuality education be taught? (What should not be taught?) When and how should it be taught to kids of various ages?
- Whose responsibility is the teaching of sexuality education? When should it be introduced?
- Has your child ever asked you about sexual matters? What did they ask and how did you respond?
- From your experience, has talking with your child about sexual matters been successful? How? (What would "success" mean?)
-
- Sexual attitudes
- What do you think about people who are in school having sex?
- What do you think contributes to girls experiencing unwanted pregnancy? How do you think parents/the school should take care of or support a pregnant girl?
- What are your thoughts on abortion?
- What do you think about students who are diverse in terms of sexuality and gender? Should there be teaching about topics related to students who are kathoei, gay, tom, dee and so on? What kinds?
- What do you think gender equality means? (Considering gay, kathoei, tom, dee, women, men...)
- (From the survey: Specific probing questions might be added on attitudes about condoms. For example, do parents agree about schools handing out condoms to students?).

Provision of sexuality education in schools

- Did you know about the sexuality education your child has been receiving? What do they teach? Do you support this or not?
- Are there topics you expect the school to emphasize in particular? Should girls, boys and kids of other genders be taught differently? How?

6) Semi-structured interview guidelines: Teachers

Basic demographics

Name, age, subjects taught, area of specialization while studying, teaching history

Values and attitudes on sexual matters

- When you hear the word "sexuality education," what does it make you think of and how does it make you feel?
- What would ideal sexuality education be like in your view?
- How would you like to see sexuality education taught?
- What is the public image of a sexuality education teacher?
- Why do schools need to teach sexuality education?
- Society is changing but the teaching of sexuality education is lagging behind. What factors do you think are causing this?
- What kinds of problems are encountered when teaching sexuality education?
- What kind of support would you like to receive?
- What do you think of youth having sex while they are still students? What kinds of methods do you think should be used in teaching about this and do you think boys and girls should be taught differently? How should boys, girls, and gay, tom, dee kids be taught? Any differences? What kinds?
- What do you think of teenage pregnancies?
- Have there ever been cases of girls who got pregnant in your class or school? Please describe. How did other students react? What did the school do to manage the issue or help the girl who got pregnant?
- Do you think a girl who gets pregnant should come back to complete her studies or take a break from them? Why? Please explain.

- What do you think about abortion? Do you accept it? Why? Please explain.
- Are condoms distributed by your school? Do you agree with the practice? Do you think schools should have condom vending machines providing fair-priced condoms? Why?
- In your view, are sexual matters something that can be talked about in everyday life? When and with whom can they be talked about? What can and what cannot be talked about?
- What do you think of students who are gay, kathoei, tom or dee?
- What do you think about gender equality? (men, women, other genders) In your view, what is gender equality?
- In your view, in what year-level should sexuality education first be taught?
- In your view, what should kids learn about sexuality education topics?

Provision of sexuality education

- What is the sexuality education syllabus like?
- What methods of teaching sexuality education are there? Please explain.
- What is the atmosphere like in a sexuality education class? Please explain.
- Is any evaluation of your teaching conducted? If yes, how?
- What kinds of school-level, provincial and national policies are there? What are their limitations and what kinds of positive and negative impacts do they have on the provision of sexuality education?
- What are the social and cultural conditions that affect the provision of sexuality education?
- Are parents being informed about the importance of sexuality education? If yes, what kind of communication is used? Why/why not is there communication with the parents?
- Is there support for sexuality education from the school director or from the provincial level? What kinds? Is it sufficient? What kind of support would you like to receive?

7) Semi-structured interview guidelines: Students

Basic information

- Demographics already covered by the note made during the focus group discussion
- Life context (family, community)
- Which subject do you like to study the most? Why? Is your preference influenced by who teaches the subject? What kind of characteristics do you like in a teacher? What kind of teaching style do you like?

Information about sexuality education in the school

- What is sexuality education in your view? When sexuality education is mentioned, how do you feel?
- When did you start studying sexuality education? Tell me how it was.
- Have there been differences in the sexuality education provided in different year-levels? What kinds?
- How is sexuality education being taught? Which topics and teaching styles do you like? (materials, role play etc.) How does a teacher need to teach to be really impressive? What has the classroom atmosphere been like? Please describe it.
- Why do schools need to teach sexuality education?
- What would ideal sexuality education be like in your view?
- How would you like to have sexuality education taught?
- What is the public image of the sexuality education teacher?
- Have you ever used any of the knowledge you've gained? What kinds? For example?
- Are sexual matters outside the textbook topic discussed in class? What kinds, for example?
- If you would like to know about some sexual matter that is not in the textbook, where would you and your peers find the information?
- Gender segregated vs. coeducational teaching
- Is the teaching of sexuality education different for students of different sexual characteristics (men, women, tom, dee, feminine boys)? How?
- Do you think there are any problems in sexuality education? What kinds?

Sexual attitudes and sexuality education

- If you had some sexual problems, whom would you ask? Why?
- What sexual matters have your parents ever talked about? (relationships with friends, sex, etc.)
- What do your parents think about you studying sexuality education? Do they know about it? If yes, what do they think about it?
- Do you think it is normal for school-age youth to have sex? How?
- What is safe sex in your view? What makes it safe? (Are age, use of protection or readiness related to it? How?)
- What are your thoughts about some people being gay, tom, tut, or dee?
- What are your thoughts about teenage pregnancy?
- Have any of your fellow students ever become pregnant? Tell me more about it. How did other students treat them and what did the school do to manage the problem or help the pregnant student?
- Suppose you got pregnant before finishing your studies. Would you come back to complete your studies? Why?
- What are your thoughts on abortion? Please explain.
- Does your school distribute condoms? Do you agree with it?
- Do you think schools should have vending machines providing condoms at a fair price? Why?
- Do you think it is necessary to study sexuality education? Why?
- What are your recommendations on the teaching of sexuality education? (teaching materials, methods, duration, contents)

8) Semi-structured interview guideline: School directors

Basic demographics

Name, age, years served as a civil servant, years worked in the same school

Provision of sexuality education in the school

- When sexuality education is mentioned, what does it make you think of?
- What is the policy on sexuality education? Where does it originate? Can it be implemented? What kinds of obstacles exist?
- How do you promote or support the provision of sexuality education?

- How is policy implemented in terms of activities? (creating a website, counseling, providing condoms)
- How do you implement the policy from the ministry at the school level? To what extent is it possible? What problems are there? How do you solve them?
- What is the key to successful implementation of policy? To what extent is it possible? What problems are there? How do you solve them?
- Do other educational policies from the ministry (e.g., "teach less, learn more") have a negative or positive impact on the teaching of sexuality education? How?
- What kind of systems are there to monitor and evaluate sexuality education? To what extent can they be used? What problems are there? How do you solve them?
- How does the school give importance to sexuality education?
- What kinds of support have you received in the past? What kinds of support do you need to develop sexuality education in this school?

Director's attitudes on sexuality and sexuality education

- What are your thoughts on school-age youth having sex, or on kids who are gay, tom, tut or dee? Should teachers teach about these issues? How?
- In your view, can sexual matters be talked about in everyday life? When and with whom? Which issues can and which issues cannot be talked about?
- What are your thoughts on gender and sexual diversity and on students who are gay, tom, tut or dee?
- What are your thoughts on gender equality? (men, women, other genders)? What does it mean in your view?
- What are your thoughts on teenage pregnancy?
- Have there been cases of students who got pregnant in this school? Please tell me about it. What kinds of reactions did other students have toward the one who was pregnant? What did the school do to manage the problem or assist the pregnant student?
- Do you think pregnant students should return to their studies or take a break from them? Why? Please explain.
- What are your thoughts on abortion? Do you accept it or not? Why? Please explain.
- Does this school provide condoms? Do you agree with it?
- Do you think schools should have vending machines providing condoms at a fair price? Why?
- In your view, at which year-level should sexuality education be first introduced?
- In your view, which sexuality education-related issues should kids know about?

9) Semi-structured interview guidelines: Provincial educational administrators

- Name, age, years served as a civil servant and years served in current position
- In your view, what would ideal CSE be like? To what direction should policy guide it?
- - contents
- - various stakeholders (and their roles)
- - those responsible for teaching it or the overall project - who would they be and what would they do?
- Does the provision of CSE follow current policies? When policies change, can the changes in the curriculum be implemented? What can/cannot be done? Due to which problems?
- - Provincial/national/ministerial policies
- - Support, e.g., teacher training, curriculum development
- - Society, culture
- How is the curriculum evaluated? Indicators, satisfaction in the teaching (on the level of society and various schools)
- How is the curriculum administered? Is there something that should be changed?
- Does your organization have some regulations for teachers responsible for sexuality education? What kinds?
- Are you familiar with the Teenpath project? If yes, please describe the history of the project in your area.
- Did all schools in your area participate in the project? How? If not, who chose which schools would participate and what criteria were used to select participating schools?
- How did your organization support the Teenpath project?
- Who developed the current sexuality education curriculum? Was it adapted from the Teenpath project or is it from the Ministry of Education?
- Attitudes about sexuality and sexuality education
- What do you think of school-age youth having sex? How should children be taught about the issue and should boys and girls be taught differently? How should students who are girls, boys, gay, tom, tut, dee be taught – any differences? What kinds?
- What are your thoughts on teenage pregnancy?
- What do you think schools should do to manage the issue or to assist pregnant students?
- Do you think pregnant students should return to their studies or take a break from them? Why? Please explain.
- What are your thoughts on abortion? Do you accept it or not? Why? Please explain.
- Do you think schools should distribute condoms? Why? Please explain.
- Do you think schools should have vending machines providing condoms at a fair price? Why?
- In your view, can sexual matters be talked about in everyday life? When and with whom? Which issues can and which issues cannot be talked about?
- What are your thoughts on gender and sexual diversity and on students who are gay, tom, tut or dee?
- What are your thoughts on gender equality? (men, women, other genders)? What does it mean in your view?
- In your view, in what year-level should sexuality education first be implemented?
- In your view, what sexuality education-related issues should students be taught?

10) Semi-structured interview guidelines: National educational administrators

1. Basic information

- Name, age, years served as a civil servant and years served in current position
- What work responsibilities do you have that are related to sexuality education (curriculum, others)?

2. Information on national policies regarding school-based CSE

2.1 Policy and sexuality education provision on the national level

- What kinds of policies related to sexuality education does the organization that you work for have?
- Which indicators can tell us what efficient sexuality education must be like? How can it be measured?
- What kinds of sexuality education are provided by your organization? Do different schools have specific characteristics in terms of how they teach sexuality education, or are there differences based on the context of each school?
- How efficient do you think sexuality education is at present?
- Does your organization have some regulations for sexuality education teachers? What kinds?
- What has the role of the Teenpath project been in the provision of sexuality education in Thailand?
- How did your organization support the Teenpath project?
- Who developed the current sexuality education curriculum? Was it adapted from the Teenpath project or is it from the Ministry of Education?
- How do you think the sexuality education provided through the Teenpath project differed from that provided under the regular curriculum?
- What indicators do you think can tell us whether sexuality education being provided in a school is successful?
- Do you think the sexuality education provided by your organization is effective? What indicators of success do you use?
- In order to teach sexuality education at present, what kind of training does a teacher need to receive?
- What components must effective sexuality education have?
- Has your organization arranged exams in sexuality education? What are these exams like? (Do they involve practical skills demonstration, are they oral exams, or item-by-item tests on students' memory arranged during midterm and final exams)?

- What problems do you think exist in sexuality education and what kinds of teachers' practices at present might make it uninteresting? (Lack of updated contents, uninteresting teaching materials)
- In your view, how should sexuality education ideally be taught? To what direction should policy guide it? (contents, participation of various stakeholders and their roles, who should be responsible for teaching it or the overall project and what should they do?)
- Does CSE provision follow current policies? When policies change, can the changes in the curriculum be implemented? What can/cannot be done? Due to which problems (provincial/national/ministerial policies, syllabus preparation support, teacher training, society, culture)?

2.2 Attitudes about sexuality and sexuality education

- Do you think teaching sexuality education in schools is necessary? Do you think sexuality education should be a standalone subject or integrated in other related subjects?
- What are your thoughts on the issue of teenage pregnancy? What kinds of policies do you think could help to alleviate the problem?
- What do you think of students who are gay, kathoei, tom or dee? Should sexuality education have contents specifically for these groups? What kinds?
- What do you think of youth having sex while they are still students?
- What do you think schools should do to manage the issue of teen pregnancy or help students who get pregnant?
- Do you think a girl who gets pregnant should come back to complete her studies or take a break from them? Why? Please explain.
- What are your thoughts on abortion? Do you accept it? Please explain.
- Do you think schools should distribute condoms? Why? Please explain.
- Do you think schools should have vending machines providing condoms at a fair price? Why?
- What are your thoughts on gender equality? (men, women, other genders)? What does it mean in your view?
- Do you think sexual matters should be talked about? What do you think constitutes good sexual practices?
- In your view, in what year-level should sexuality education first be implemented?
- In your view, what sexuality education related issues should students be taught?
- In your view, how should schools manage the various sexual issues of students?

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