

THAI ADOLESCENTS' SEXUAL BEHAVIORS
AND SCHOOL-BASED SEX EDUCATION: PERSPECTIVES OF STAKEHOLDERS
IN CHANTHABURI PROVINCE, THAILAND

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ABSTRACT

PORNUEDEE NITIRAT: Thai Adolescents' Sexual Behaviors and School-Based Sex Education: Perspectives of Stakeholders in Chanthaburi Province, Thailand
(Under the direction of Allan Steckler)

Background: At present, high-risk sexual practices and reproductive health problems are increasingly evident among Thai adolescents. School-based sex education is one strategy to address these problems. Despite rapid westernization in Thailand, sexual matters are still culturally taboo. Thus, perspectives of Thais toward adolescents' sexual behaviors and school-based sex education are not well understood.

Objectives: 1) To explore the perspective of stakeholders toward adolescents' sexual behaviors and an existing school-based sex education curriculum; and

2) To recommend an appropriate school-based sex education curriculum that takes into account viewpoints at the intrapersonal, interpersonal, organizational, community and policy levels.

Methodology: This study is based on the descriptive approach to qualitative research. Data were collected from middle and high school students, parents, teachers, school administrators, community leaders, and provincial government authorities from January 4 to July 28, 2006. A total of 90 individuals participated in 28 in-depth interviews, 12 focus group interviews, and 3 classroom observations. Content analysis was used to analyze study data.

Results: Thai adolescents engage in various kinds of sexual behaviors. Media and technology are considered by study participants as the greatest influence on these sexual behaviors. Most Thai adults in this study were accepting of adolescents' sexual behaviors

such as having a boyfriend or girlfriend and accessing sexually explicit media but not premarital sex. They were also aware of reproductive health problems among adolescents. However, they perceived these problems as family-level problems.

All participants supported school-based sex education yet articulated both benefits and costs. Based on stakeholders' recommendations, the appropriate curriculum should emphasize abstinence-only and also provide education about safe sex practices. Morality and Thai culture should also be taught simultaneously. Current school-based sex education is perceived to need improvement in: curriculum, teachers, and the school environment.

Conclusion: School-based sex education is recognized as an appropriate strategy to reduce unhealthy sexual behaviors and to promote reproductive health among Thai adolescents.

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CHAPTER 1

INTRODUCTION

Background

Globally, many adolescents suffer from health problems as they transition from childhood to adulthood due to the rapid changes in physical growth, sexual development, and social development they experience. These rapid changes cause significant physical, biological, emotional, and social transformations that contribute to risks which can negatively influence the health of adolescents.(Caissy G.A., 1994) During this period, adolescents change remarkably in body size, physical shape, and sexual characteristics which in turn contribute to an increase in sexual feelings and arousal. Experience in sexual intercourse generally follows sexual development during puberty. Compared to past generations, today many more adolescents worldwide who are involved in romantic relationships engage in sexual behaviors.(Rogol A.D., Roemmich J.N., & Clark P.M., 2002)

Each year around the world, approximately 8 million women suffer from illnesses caused by pregnancy complications, childbirth, and abortion induced by untrained providers. Of this number, 99% are women from poor countries. Worldwide, at least 20 million unsafe abortions occur each year. Almost all of these unsafe abortions occur in developing countries. Recent evidence from sub-Saharan Africa revealed that many pregnant students decide to terminate their pregnancies because they want to continue in school.(Zabin L. & Kiragu K., 1998) despite the fact that unsafe abortions are one of the most significant causes of maternal

mortality.(Rai N.K. & Dali S.M., 2002)The health status of modern day adolescents is also threatened by sexually transmitted diseases (STDs). More than 300 million cases of curable STD infections occur each year among adolescents. In developing countries, approximately 30% of STD cases are among adolescents ages 13-20. Moreover, adolescents are also at risk for life threatening HIV/AIDS. During the last decade, more than 40% of HIV cases were among young people ages 15-24.(PATH, 1998) Not surprisingly, it is reported that adolescents are more likely to have unplanned intercourse and lack knowledge to use condoms correctly, contributing to the high rates of STD and HIV infection in this population.(International Center for Research on Women (ICRW). 1996; Richters J. & et al., 1995)

It is commonly believed among Thais that the spread of Western culture has induced acceptance of premarital sexual relationships.(Suan Dusit Poll Center, 2004) Compared to previous generations, Thai adolescents today are less likely to value female virginity and more likely to accept premarital sex.(Chaipak S., 1987; Guruge G.R., 2003; Keotsawang S., 1987; Nuchanart J., 1988; Petchum S., 2002; Rudpao S., 1995; Soonthorndhada A., 1992; Thevaditthep K. et al, 1992; Wibulpolprasert S., 2002, 2005) Approximately 20% of high school students have had intercourse prior to completing high school. Furthermore, there is evidence that Thai adolescents engage in high-risk sexual practices such as having multiple sexual partners, using condoms irregularly, and having intercourse with strangers met through bars or on the Internet.(Nakorntap A., June 16, 2004) These high-risk sexual behaviors have led to reproductive health problems among Thai adolescents. HIV/AIDS is currently the leading cause of death among Thai female adolescents and the second leading cause of death among male adolescents (the first being accidents).(Wibulpolprasert S., 2005)

HIV transmission from mother to child is also a serious problem among Thai adolescents. However, the only data publicly reported on HIV status among pregnant adolescents are hospital statistics from adolescents who have attended Ramathibodi Hospital, Bangkok. These statistics revealed that the rate of pregnant adolescents with HIV-1 infection increased during 1991-1995. However, there was no report of the actual increased rate. (Thevaditthep K. et al, 1992) The teenage pregnancy rate of Thai adolescents increased gradually from 11.66% in 2000 to 12.99% in 2003. (Institution for Population and Social Research Mahidol University., 2005) Moreover, although induced abortion is illegal in Thailand (it is legal only if the pregnancy is considered a risk to the mother's life or if the pregnancy is a result of rape (Warakamin S., Boonthai N., & Tangcharoensathien V., 2004)), a study in 1999 in 787 public hospitals throughout Thailand found that during a 12-month period there were 45,990 abortion cases (28.5% were induced abortion and 71.5% were spontaneous abortion). Among induced abortion cases (13,090 women), around 60% were induced due to economic and social problems. Nearly 77% of all induced abortion cases were performed by untrained providers and mothers themselves (the remainder were performed in hospitals). These induced abortion cases performed by untrained providers often resulted in visits to the hospital due to complications from the abortion. Additionally, 20% of these induced abortion cases were among women under 20 years old. (Boonthai N. & Warakamin S., 2001; Family Planning and Population Division., 1998; Warakamin S. et al., 2004) Because induced abortion is illegal, data are not available for those who never access hospitals.

Periodically in Thailand, unhealthy sexual behaviors and reproductive health problems among Thai teenagers are presented in various types of media. Nevertheless, Thai's awareness of these problems is not well understood. To improve adolescent reproductive

health via school-based sex education, it is necessary to understand the extent to which Thais are concerned about adolescent reproductive health since greater concern can imply greater support for health interventions including school-based sex education.

To enhance the health of adolescents, many countries including Thailand have used school-based sex education as a major strategy to prevent high-risk sexual behaviors and ultimately to reduce morbidity and mortality caused by these behaviors. Sex education has played a key role in educating adolescents about all aspects of sexual health including reproduction, sexual intercourse, and sexual behaviors.(Campos D., 2002; Law Office of Mario Ramos., 2005) In Thailand, school-based sex education is primarily the responsibility of health education teachers. The majority of these teachers have a degree in a major of physical education. However, there has been no study conducted on school-based sex education in regards to how it has been delivered and the strengths and weaknesses of delivery. There is only one study that examined health education teachers' attitudes toward sex and AIDS education in public high schools in Bangkok.(Sato M., 1998)

In Thailand, there are different points of view regarding sex education. At one end of the spectrum, sex education is viewed as appropriate knowledge for youth to have and is included as a part of a comprehensive health education curriculum taught at the middle and high school levels.(Department of Educational Technique., 2001) Occasionally, sex education handbooks produced by outside organizations are distributed to Thai adolescents to reinforce the curriculum taught in schools.(Bangkok Post Reporter., Nov 31, 2004; Dailynews Reporter, Sep 27, 2004; The Nation Reporter., Aug 4, 2003) At the other end of the spectrum, many Thai people still believe that talking about sex is shameful, taboo, and inappropriate for adolescents. In this case, sex education is viewed as one of the factors

stimulating adolescents to engage in early intercourse.(The Nation Reporter., Aug 4, 2003)

Adolescent reproductive health has prominently appeared as a significant health issue for a substantial period of time. However, there are no recent studies that disclose Thai adults' perspectives toward the benefits and costs of school-based sex education and whether and how it should be delivered to adolescents.

Some studies have shown that adolescents are likely to turn to their parents and friends when they need information about sexual health.(Srilumputong S., 2004; Thongrong S., 2003) Yet, whether parents can be a potential source of sex education for their children depends in part upon their own attitudes.(Timrod O., 2003) Nonetheless, attitudes toward sex education among Thai parents have not been well explored.

At the macro level in Thailand, community leaders' and policy makers' attitudes about sex education have never been formally examined. Yet, at the national level, despite the lack of a systematic study of policy-makers' attitudes toward school-based sex education, it can be assumed they possess a positive enough attitude to implement policies that allow sex education lessons to be a part of a broad based health education curriculum for both middle and high school students. Even so, perspectives of provincial authorities who must directly apply these sex education policies to practice have never been explored.

The Socio-Ecological Framework posits that health is influenced by the reciprocal interaction between person, behavior, and environment.(Sallis J.F. & Owen N., 1997) Hence, an adolescent's health status is influenced by not only individual factors of the adolescents themselves but also by factors within their social and physical environment. To properly educate Thai adolescents about sex in order to improve health, it is important to understand how parents, teachers, community leaders, and authorities regard adolescents' sexual

behaviors and school-based sex education. With this understanding, an appropriate school-based sex education curriculum can be provided in the future that will positively influence adolescent sexual behavior and practices.

The study reported here was a qualitative study conducted in Umper Muang (an urban district), Chanthaburi Province, Thailand that explored the perspectives of adolescents, parents, teachers, community leaders, and provincial authorities toward adolescents' sexual behaviors and existing school-based sex education. Results from this study can be further used to design a sex education curriculum for both middle and high school students that will take into account the intrapersonal, interpersonal, organizational, community and policy level viewpoints. With in-depth information from these perspectives, a sex education curriculum is likely to be adapted to better fit with Thai society and hence positively influence adolescents' sexual behaviors. The long-term outcome of this curriculum will in turn help to reduce morbidity and mortality rates associated with sex-related behaviors among Thai adolescents.

Definition of Terms

School-based sex education: Lessons provided in middle and high schools to promote physical and mental health and protect against diseases during the adolescent period that are aimed at increasing knowledge and skills about sexuality in correlation with physical growth and development.

Stakeholders: Groups of individuals who have a vested interest in school-based sex education. In this study, stakeholders include:

Adolescents: Middle and high school students ages 11-18 years old in Sriyanuson School, Benchamarachuthit School, and Benjamasorn School;

Parents: Fathers and mothers of middle and high school students in Sriyanuson School, Benchamarachuthit School, and Benjamanusorn School;

Sex education teachers: Teachers who teach sex education lessons in Sriyanuson School, Benchamarachuthit School, and Benjamanusorn School;

School principals and administrators: Principals and other administrators in Sriyanuson School, Benchamarachuthit School, and Benjamanusorn School;

Community leaders: Leaders of two communities where Sriyanuson School, Benchamarachuthit School, and Benjamanusorn School are located; and

Provincial authorities: Authorities whose positions involve the implementation of sex education services in Chanthaburi Province, Thailand.

Fan: A boyfriend or girlfriend, depending on the gender of the aforementioned person.

Gra tauy: Effeminate males or ‘tomboy’ females. This term is used in the Thai language to describe gender confusing characteristics regardless of whether these individuals actually engage in sex with same-sex partners.

Rak nuan sa-nguan tua: Preserving oneself from sexual behaviors especially premarital sex.

Research Questions

Research question 1: What are the perspectives toward adolescents’ sexual behaviors from the viewpoint of adolescents, their parents, teachers, community leaders, and provincial authorities?

Specific areas of investigation:

1.1 What are the perspectives of stakeholders toward adolescents’ sexual behaviors and health?

1.2 What are the perspectives of stakeholders regarding influences on adolescents' sexual behaviors?

1.3 What support do provincial authorities and community leaders provide to promote adolescent sexual health?

Research question 2: What are the perspectives toward school-based sex education from the viewpoint of adolescents, their parents, teachers, community leaders, and provincial authorities?

Specific areas of investigation:

2.1 How do the perspectives of parents, teachers, and community leaders differ in the definition of sex education for adolescents?

2.2 What is the status of sex education provided in families?

2.3 What are the perspectives of stakeholders toward existing school-based sex education for adolescents?

2.4 What are the perspectives of stakeholders regarding key individuals to provide sex education for adolescents?

2.5 What are the perspectives of stakeholders regarding the appropriate age for adolescents to receive sex education?

2.6 What are overall suggestions to develop an appropriate school-based sex education curriculum?

Study Objectives

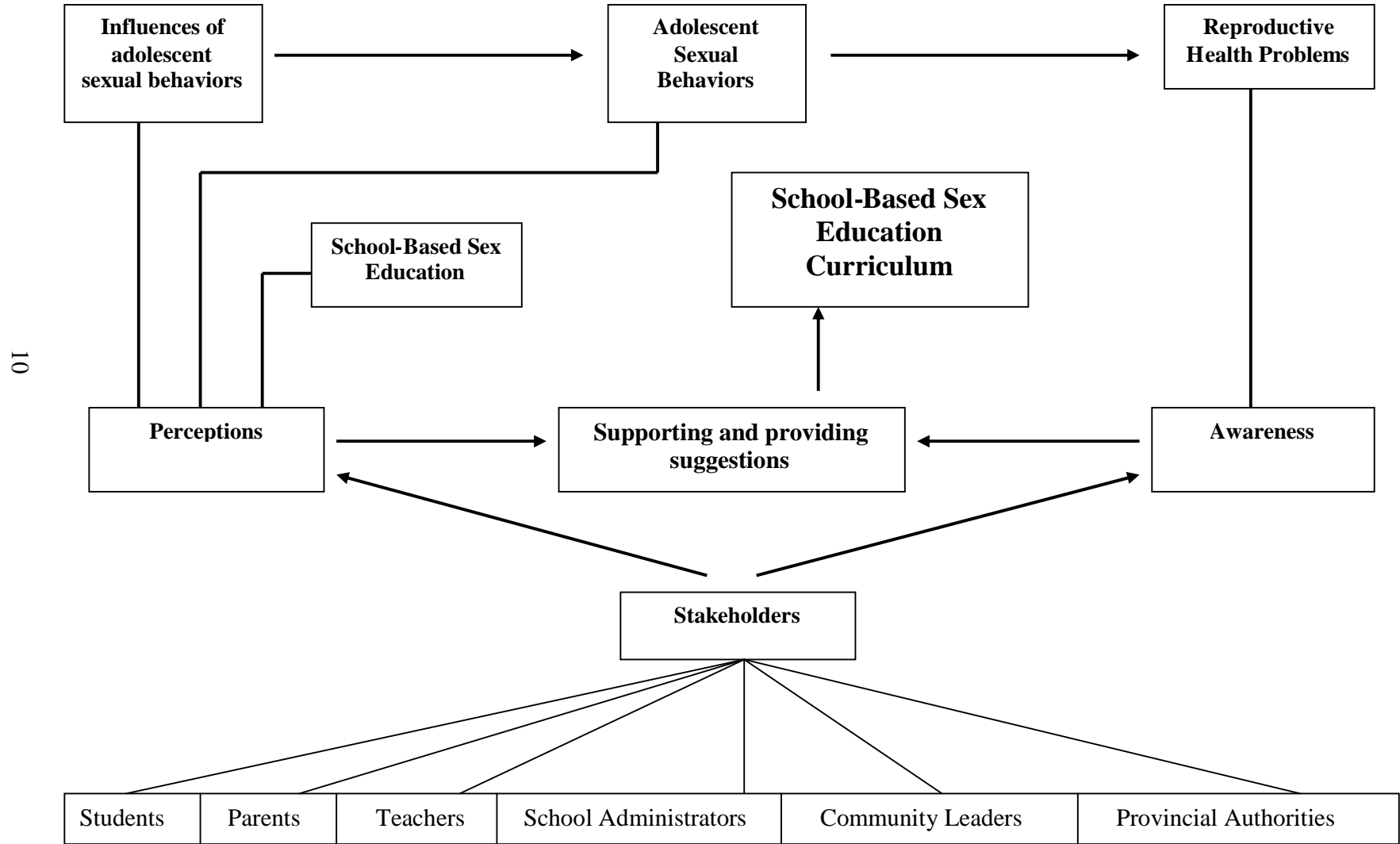
1. To understand the perspective of stakeholders toward adolescents' sexual behaviors.
2. To understand the perspective of stakeholders toward school-based sex education for Thai adolescents.

3. To recommend an appropriate school-based sex education curriculum to promote the reproductive health of Thai adolescents.

Conceptual Framework

A conceptual framework for this study developed based on the specific areas of investigation and the literature review in Chapter 2 is illustrated in Figure 1.

Figure 1: Conceptual Framework



CHAPTER 2

LITERATURE REVIEW

Definition of Adolescence

Adolescence is defined as the period of time between childhood and adulthood when puberty occurs. During puberty, children have “technically” ended their childhood but have not yet begun adulthood.(Burton L.M., Allison K.W., & Obeidallah D., 1996) With this broad definition of adolescence, the duration of the adolescent period varies from place to place and culture to culture.(Caissy G.A., 1994; Hotvedt M.E., 1990; Rogol A.D. et al., 2002) Yet regardless of the specific time frame of the adolescent period, most people judge adolescence by considering physical growth, and emotional and social development.(Caissy G.A., 1994) The adolescent period is a time of remarkable physical growth and sexual maturation for both males and females and is influenced by nutrition, genetics, and growth hormones. Girls, however, transition to adolescence and change in body size, shape and composition approximately 2 years earlier than boys (11 and 13 years in girls and boys, respectively).(Rogol A.D. et al., 2002) Emotional development is also significant during this period of life. Adolescents’ emotional state is associated with their physical growth and development and the challenges they encounter in becoming physically and sexually mature. The increase in various hormones during puberty can cause a temporary chemical imbalance which can account for unstable emotions such as irritability, anger, and moodiness.

The end of the adolescent period is when adolescents transition to adulthood. The length of the adolescent period depends on how complete adulthood is defined in a particular culture. Consequently, the definition of an adolescent is ambiguous and varies across cultures.

In some cultures, like America, complete adulthood is defined as when the individual is socially responsible for oneself and one's actions and has the rights and privileges of adulthood. With this definition, adolescence can last for a decade or can be as short as 3 to 4 years. (Hotvedt M.E., 1990) One study among African American adolescents found that they were no longer considered adolescents when they had to take on adult roles and responsibilities such as earning money to support their family, taking care of their siblings when their parents were not home, being responsible for all household jobs, or even facing bill collectors when their parents did not have the money to pay. (Burton L.M. et al., 1996) In other cultures, full adulthood is marked by marriage status and childbearing. Hence adulthood in these cultures can begin only a few years after the onset of puberty. (Hotvedt M.E., 1990)

In Thailand, the definition of the adolescent period is defined slightly differently from place to place but generally includes the age range of 10-24 years. The Thai words for adolescents and youth are often used interchangeably. When talking about adolescents with Thai people, the picture of young people with student status invariably comes to mind. Consequently, numerous studies of Thai adolescents focus on the student populations of middle school, high school, college, and university as representative of the adolescent period. (Fengxue Y., 2003; Guruge G.R., 2003; Petchum S., 2002; Soonthorndhada A., 1992; Thevaditthep K. et al, 1992) For other studies of Thai adolescents out of school, young people with the same age as those enrolled in school are considered.

By law, Thai children must attend school for 9 years from 1st to 9th grades. This implies that the majority of early adolescents are enrolled in school in Thailand. Adolescents in school receive formal sex education as a part of a broad standard national health education curriculum. They may or may not receive sex education from other sources. In this study, the perspective of sex education for adolescents provided by teachers in 3 middle and high schools was examined.

Adolescent Sexual Development

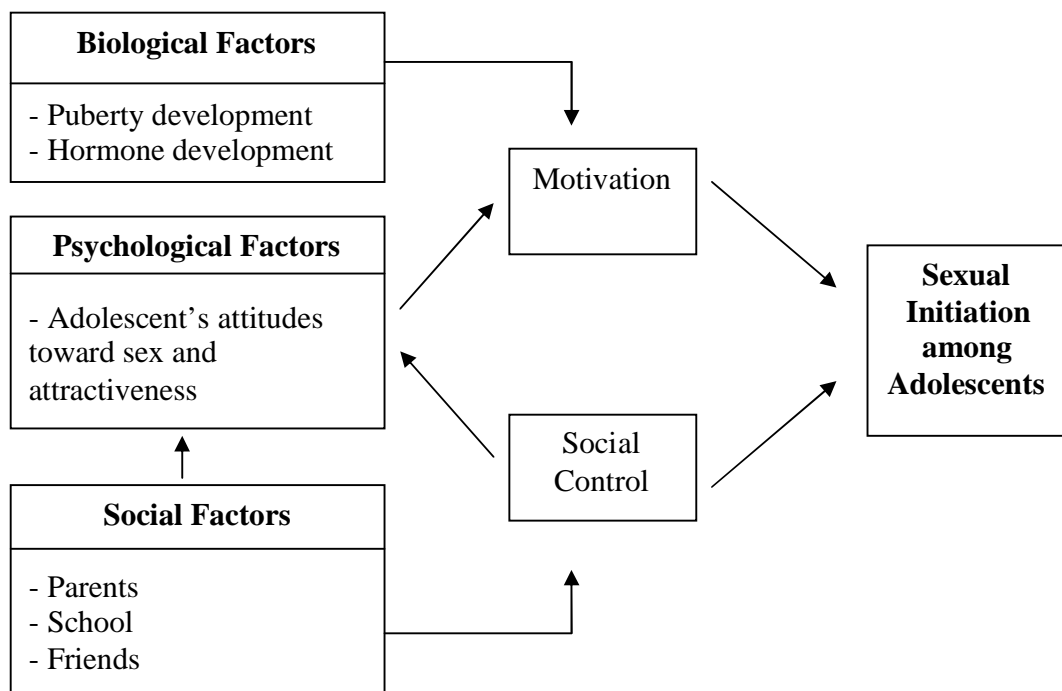
Two main processes responsible for human sexual development involve many hormones, generated by the body's pituitary gland. The first process involves the maturation of adrenal androgen secretion. Adrenal androgen secretion increases gradually from age 6 to 8 years continuing through puberty and reaching asymptote during the late adolescent period. Adrenal androgen secretion accounts only for the growth of pubic hair. The second process called gonadotropin-releasing hormone (GnRH) stimulates the pituitary gland to release two more puberty hormones including luteinizing hormone (LH) and follicle-stimulating hormone (FSH). These two sex hormones are secreted in both male and female bodies and account for changes in secondary sexual characteristics. For boys, these hormones stimulate the testes to produce the testosterone hormone which is responsible for physical changes in the male's body including sperm production. For girls, FSH and LH stimulate the ovaries to produce the hormone estrogen which accounts for reproductive changes and readiness for pregnancy. (Nottelmann E.D., Inoff-Germain G., Susman D.J., & Chrousos G.P., 1990) The secondary sexual characteristics developed in male and female adolescents are presented in Table 1. (Chanaim S., 1993)

Table 1: Secondary Sexual Characteristics in Male and Female Adolescents

Female Adolescents	Male Adolescents
<ul style="list-style-type: none"> - Growth of pubic hair and underarm hair - Enlargement of breasts - Expansion of hips - Development of acne (in some people) - Development of body odor - Beginning of menstrual period 	<ul style="list-style-type: none"> - Growth of public hair, underarm and facial hair - Enlargement of penis and testes - Development of a low voice - Development of acne (in some people) - Development of body odor - Ejaculation (wet dream)

Changes during puberty also contribute to sexual feelings and arousal. Many adolescents are involved in romantic relationships and experiment with sexual behaviors. The interaction among biological, psychological, and social factors contributes to the adolescents' sexual initiation as presented in Figure 2.(Udry J.R., 1990)

Figure 2: An Interaction of Factors Contributing to Adolescent Sexual Initiation



Many adolescents erroneously believe that sexual activities are symbols of initiating adulthood; they believe they should become sexually active because they are now sexually mature. According to adolescents with this belief, becoming sexually active at a young age shows their magnetism to attract people of the opposite sex. As a result, it is expected that when these adolescents are dating sexual intercourse will occur. This perception results in early onset of sexual intercourse among many adolescents.(Caissy G.A., 1994) Various studies have shown that engaging in sexual behaviors including intercourse can bring about a range of problems for adolescents such as unwanted pregnancy, sexually transmitted diseases (STDs), sexual abuse, and decreasing academic achievement.(Furman W. & Shaffer L., 2003)

Sexual Behaviors of Thai Adolescents

The pattern of sexual behaviors among Thai adolescents is problematic. The most common sexual behavior found in this population is accessing sexually explicit media such as pornographic movies, magazines, and cartoons. Many adolescents use the Internet to access pornography And most adolescents living in urban areas in Thailand said that pornographic media is very accessible and easy to purchase.(ABAC Poll Research Center, 2006; ABAC Poll Research Center., 2004; Nakorntap A., June 16, 2004; Suan Dusit Poll Center., 2005) Studies on accessibility to sexually explicit media among Thai adolescents are summarized and presented in Appendix I (A1-1).

Many of today's adolescents are also likely to accept premarital sex. The evidence also shows that some adolescents (both male and female) become involved in premature sex at a young age,, have multiple sexual partners, and have intercourse with unacquainted partners.(Bangkok Post Reporter., Nov 31, 2004; Guruge G.R., 2003; Nakorntap A., June 16, 2004; Petchum S., 2002; Suan Dusit Poll Center., 2004a; Wibulpolprasert S., 2005) Studies

pertinent to premarital sex behavior among Thai adolescents are summarized and presented in Appendix I (A1-2).

Moreover, information from many studies showed that sexually active Thai adolescents ignore safe sex practices. Social disapproval of promiscuous women also contributes to stigma about using condoms and in turn discourages Thai women to practice safe sex. (ABAC Poll Research Center, 2005; Shevajumroen U., Feb 7, 2003; Wibulpolprasert S., 2002, 2005) Studies in regards to unsafe sex practices among Thai adolescents are summarized and presented in Appendix I (A1-3).

The other problematic sexual behavior among Thai adolescents is commercial sex. Some male and female adolescents are involved in sex for money. Many of these adolescent sex workers use the Internet to contact their clients. They think that commercial sex is an easy source of income that can be used partly to satisfy their expensive lifestyle.(E-Lib: Health Library for Thai., 2001; The Nation Reporter., Feb 2, 2003, Jan 3, 2003) Studies about commercial sex behavior among Thai adolescents are summarized and presented in Appendix I (A1-4).

According to numerous sources, Thai adolescents' sexual behaviors are problematic. Many Thai adolescents get involved in risky sexual behaviors such as having intercourse at a young age, disregarding safe sex practices, and engaging in commercial sex; all of which can lead to poor health outcomes. In addition, evidence shows that exposure to pornographic media plays an important role in influencing these high risk behaviors.

Reproductive Health of Thai Adolescents

As a result of the increase in high risk sexual behaviors among Thai adolescents, poor reproductive health outcomes among this population have increased over time. (HIV & AIDS

in Thailand, 2004; The Nation Reporter., Feb11, 2005) This dissertation study focused on examining 3 reproductive health outcomes: sexually transmitted diseases, teenage pregnancy, and induced abortion.

- **Sexually Transmitted Diseases (STDs)**

Among Thai adolescents, Human Immunodeficiency Virus (HIV)/Acquired Immunodeficiency Syndrome (AIDS) is the most serious form of STD. The Thai Government's 2002 National Health report revealed that approximately 90,000 of 635,000 total HIV/AIDS patients were youth ages 15-24 (14.17%).(Siraprasiri T., 2003) The record from 2001-2004 indicates that HIV infection is the second leading cause of death among male youth and young adults (15-24 years old); whereas, it is the leading cause of death among females of the same age group.(Wibulprasert S., 2005) Even though Thailand has reduced the HIV infection rate by 80% over the past decade, new HIV cases are increasing among young adults.(Somchuvieng S. & Rattanadang P., June 25, 2005) Statistics recorded by the Ministry of Public Health show that the rate of HIV infection among Thai adolescents rose during 2002 by 11-17%.(HIV & AIDS in Thailand, 2004)

HIV/AIDS also remains a serious health problem for young pregnant Thai women. A Public Health Ministry deputy secretary-general revealed in November 2006 that of all HIV-infected pregnant women, almost 50% are pregnant teens ages 15-19.(The Nation Reporter., Nov 24, 2006)

In 1995, the incidence of other STDs in Thailand was reported as follows: gonorrhea 3:10,000 (0.03%); non-specific urethritis 3:10,000 (0.03%); and syphilis 1.1:10,000 (0.01%).(Warakamin S. & Mukda Takrudtong., 1998) One study of 1,725 students ages 15-21 in northern Thailand revealed that 0.5% had HIV; 0.4% had gonorrhea; and 5% had

chlamydia trachomatis.(Griensven F.V. et al., 2001) In 2004, STD cases among youths increased 30% from the year 2003.(The Nation Reporter., Feb11, 2005) The survey during 2000-2004 among 11th graders found that less than 20% regularly used condoms when having intercourse with non-strangers. This resulted in almost 5,000 new STD-infected adolescents a year.(Wibulpolprasert S., 2005)

- **Teenage Pregnancy**

With reported low condom use and lack of family planning information for the adolescent population in Thailand, it is not surprising that 13% of all births between 1989-1992, occurred to teenager mothers.(Department of Public Health Statistics., 1993) Furthermore, in 1995, a reproductive health report by the Ministry of Public Health stated that of all pregnancies among married women ages 15-49, 27.2% were teenage pregnancies.(Family Planning and Population Division., 1998) One study among female students ages 15-21 from three vocational colleges in Chiang Rai province in the northern region of Thailand revealed that 43.1% of students were sexually active and 27.3% of these young women reported having ever been pregnant. Almost 83% of those who got pregnant had an illegally induced abortion.(Allan D.J. et al., 2003) Another report from the 'Child Watch' project disclosed that during 2005-2006, more than 70,000 Thai female adolescents under age 19 gave birth and among these teen moms, more than 2,000 were under 14 years old.(Komchadluek Reporter., Dec 28, 2006) During 2004-2005 in Chanthaburi Province, the site for this study, the rate of teenage pregnancy (15-19 years old) was 3,325/100,000 population ,almost 2.5 times higher than that of the whole country (1351/100,000 population).(Child Watch Thai. & Ramajitti Institute., 2006) Teenage pregnancy is considered high risk since it is associated with various health complications including low

birth weight.(Gillham B., 1997) Many teenage pregnancies are unintentional; thus, the abortion rate among this subpopulation is relatively high.(Warakamin S. et al., 2004)

- **Abortion**

Induced abortion is illegal in Thailand except in two cases: 1) when the pregnancy can cause harm to the mother (e.g., mothers with HIV infection or severe heart disease); and 2) when the pregnancy is the result of a sexual assault.(Warakamin S. et al., 2004) Generally, abortion statistics are only a crude estimate of the actual abortion rate. Each year, approximately 300,000 unwanted pregnancies occur among Thai women. Of these, one-fourth are aborted. It is estimated that nearly 80% of abortions in Thailand are either performed by untrained providers or are self-induced.(Institution for Population and Social Research Mahidol University., 2006; Warakamin S. & Boonthai N., 2000; Warakamin S. et al., 2004) The most common complication found among women who receive abortions out of hospital include infection and uterine perforation.(Warakamin S. & Boonthai N., 2000)

National statistics of both legal and illegal induced abortion recorded by 787 governmental hospitals throughout Thailand in 1999 revealed that 20% of all induced abortion cases were women below the age of 20. Additionally, the average gestational age at the time of the abortion was 13 weeks, a dangerous period to induce abortion.(Warakamin S. et al., 2004) Despite the illegality and perceived immorality of induced abortion, the practice is considered quite acceptable by today's adolescents in Thailand. While at least two studies revealed that although the younger generation believes that having an induced abortion reflects poor behavior, they still consider abortions an acceptable practice if an individual chooses to have one—in the other words, it is a freedom of choice.(Fengxue Y., 2003; Intarakumhang A., 2003; Sitthai P., 2004)

Religion plays a significant role among Thai women in preventing abortions. One of the five precepts of Thai Buddhism is avoiding a life-destroying act. Destroying human life is considered an extremely serious offense which can lead to karmic consequences where the mother will encounter a less auspicious life and the aborted fetus's spirit will suffer. This strong religious belief encourages many women to continue unwanted pregnancies.

(Whittaker A., 2002) A nationwide study regarding participation in religious activities of 2,177 Thai Buddhists ages 15-20 years found that almost 40% went to a Buddhist monastery only once or twice a year and more than three-fourths of respondents never prayed before sleeping at night (night prayer is a common practice for Buddhists). (Wibulpolprasert S., 2005) This finding suggests that many Thai adolescents are not strongly religious and may have fewer religious constraints against abortion than earlier generations.

Reports about the reproductive health problems of adolescents are presented in various kinds of media. However, the extent to which Thais are concerned about and prioritize these problems has never been formally examined. To accomplish the first objective of this dissertation study, in-depth interviews and focus group interviews were conducted to obtain the perspectives of stakeholders toward adolescents' sexual behaviors and reproductive health as well as their awareness of these problems. The results are used to clarify stakeholders' support or lack of support for school-based sex education.

Sex Education

- **Sex Education and Adolescent Health**

Although sex education for adolescents is typically understood as structured education to increase knowledge and skills related to sexual conduct that will ultimately enhance reproductive health, the goals and content of sex education vary from place to place. Globally,

the most common goals included in the majority of sex education programs can be classified into three groups: (Bruess C.E. & Greenberg J.S., 2004)

1. Increase in Knowledge and Skills Related to Sexuality

- To provide accurate information about sexuality
- To reduce fear and anxiety about personal sexual and emotional development during puberty
- To integrate the notion of sex as a natural occurrence in a balanced and purposeful life

2. Improvement of Behavioral Control and Problem Solving

- To facilitate insight into personal sexual behaviors
- To promote more responsible and successful decision-making
- To develop skills to manage and resolve sexual problems
- To promote appropriate sexual expression

3. Enhancement of Interpersonal Relationships

- To enhance communication about sexual issues with partners and others
- To increase meaningful interpersonal relationships

To achieve the aforementioned goals, the content of sex education programs usually includes sexual growth and development, reproductive health, interpersonal relationships and intimacy, attitudes toward sex and body image, and gender roles.(Bruess C.E. & Greenberg J.S., 2004)

The ultimate goal of providing sex education for adolescents is to enhance reproductive health among this subpopulation by reducing STDs, unwanted pregnancies, and abortions. However, sex education programs have shown to be both successful and unsuccessful. On

the one hand, sex education is viewed as a likely strategy to enhance reproductive health. Numerous studies in Thailand and other countries suggest that sex education-related programs developed by either health practitioners or by a community play an important role in increasing an adolescent's knowledge and positive attitudes about sex, and reducing risky sexual behaviors such as premarital sex and unsafe sex. In fact some studies have shown that sex education programs accounted for a decrease in STDs.(Aramkotchako C., 2001; Pechmanee S., 2002; Simtaraj P., 2001; Technical Briefing Document., 2003)

On the other hand, sex education has not been proved to show any long term positive impact on health. Actually, knowledge about sex gained from these programs is likely to decrease over time. One sex education program was found to be more effective in males than females but did not reduce STDs even though participants increased their knowledge and positive attitudes toward sex.(Technical Briefing Document., 2003) Additionally, two sex education programs provided in Africa were not found to be effective in postponing the initiation of sexual intercourse.(Harvey B., Stuart J., & Swan T., 2000; Klepp K., Ndeki S.S., Leshabari M.T., & Hannan P.J., 1997)

Attitudes toward the value and merit of sex education influences whether the stakeholders will support school-based sex education. This study examined the perspectives of stakeholders regarding the benefits and negative consequences of school-based sex education and whether it should be delivered in middle and high school.

- **School-Based Sex Education for Middle and High School in Thailand**

The school curriculum currently used in Thailand was developed by the Ministry of Education in 2001. Health education is considered one of eight academic domains given to Thai students from 1st to 12th grades. The goal of health education in schools is to increase

knowledge, understanding, attitude, and value toward the nature of human growth and development, family life, physical exercise, health promotion, disease prevention, and life protection. The objectives of health education for middle and high school include the following: (Department of Educational Technique., 2001)

For Middle School Students in Thailand (7th-9th grades)

1. Understand the factors affecting growth and development during each period of life;
2. Understand, accept, and adapt to biological and psychological change, sexual desires, and sexual equity as well as properly solve resultant problems;
3. Choose proper food for growth and development during adolescence;
4. Increase the ability to evaluate the influence of gender, friends, family, community, and culture on attitudes and values about health and life;
5. Understand how to avoid risk factors and risk-related health behaviors, sexually transmitted diseases, unintended injuries, substance abuse, and violence as well as how to promote a healthy lifestyle;
6. Be regularly involved in physical activity and recreation to enhance health;
7. Be aware of the interaction between health behaviors, stress and coping mechanisms, physical activity, disease prevention and health maintenance;
8. Increase awareness of self esteem and dignity; and
9. Obey common rules and regulations pertinent to sports and physical activity

For High School Students in Thailand (10th-12th grades)

1. Effectively increase self-care, health promotion, and disease prevention; and decrease risk factors, risk behaviors, substance abuse, and violence;

2. Appropriately express love and concern and understand the influence of family, friends, society, and culture on sexual behaviors, life style, and health;
3. Engage in regular physical exercise and recreation for health;
4. Obey common rules, regulations, and rights pertinent to sports and physical activity;
5. Analyze and evaluate personal health to develop proper strategies to decrease risk, promote and maintain health, prevent disease, and cope with stress and hostile emotions; and
6. Use social processes to promote a safe and healthy community and quality of life.

Sex education has been provided to students in Thailand's middle and high schools for more than two decades. The subject is not a separate curriculum in Thai schools. It is, rather, formal lessons included as a part of a broad health education curriculum. Sex education lessons are pertinent to human growth and development, sexual behaviors, reproductive health, and social pressure in regards to sexual health and behaviors. Noticeably, objectives of health education curriculum for middle school students are quite similar to those for high school students. It is because health education is considered a continuous process whereby the same topic areas can be taught to different age groups with varying breadth and depth of detail. Table 2 presents the content of sex education in Thai middle and high schools that is provided by the Ministry of Education.

Table 2: Content of Sex Education in Thai Middle and High School (Department of Educational Technique., 2001)

Content	Middle School Grade 7th-9th	High School Grade 10th- 12th	Content
<u>Human Growth and Development</u> - Anatomy and physiology of the human body - Human development - Factors related to human growth and development	Yes Yes Yes	No Yes Yes	- Factors affecting growth and development for each period of life - Guidance for proper self- development
<u>Life and Family Education</u> - Sexual Development - Relationships - Sexual behaviors - Reproductive health - Essential skills for life - Social and cultural dimensions	Yes Yes Yes Yes Yes	No Yes Yes Yes Yes	- Personality development - Human relations - Romantic relationships - Male and female roles - Marriage partner selection - Family life - Sexuality - Unwanted pregnancy and family planning - Proper sexual behaviors - Communication
<u>Health Maintenance</u> - Disease prevention pertinent to physical and mental health including substance use and AIDS	Yes	Yes	- Sexual risk behaviors - Sexually transmitted diseases - HIV/AIDS

Importantly, the health education curriculum provided by the Ministry of Education is flexible allowing each school to decide what content should be provided within the context and learning objectives stated by the Ministry of Education. This implies that each school might provide different sex education topic areas. The course books widely used in health education classes are published by four publishers. However, the content is quite similar because these course books are all produced to serve the learning objectives stated by the Ministry of Education. Also, all of these course books are approved by the Ministry of Education.

Due to the current problems of adolescent sexual behaviors contributing to a rise in morbidity from sexual transmitted diseases, unwanted pregnancy, and unsafe abortion, some adults (and even some students) perceive that sex education currently provided in Thai schools does not cover all the important dimensions necessary to protect adolescents' health.

“Hardly taboo now, sex among youth is a fact of life as Thai attitudes about sex have become more open, especially among young people. In principle, sex education should come with important love lessons. Students are often taught about the use of condoms, but when it comes to elusive and more important subjects of love and how to maintain a meaningful relationship, they are often left in the dark.” (The perspective of a newspaper editor)(The Nation Editor., Feb 14, 2004)

“I learned basically everything from magazines, Hollywood movies, and friends. My friends are comfortable talking about sex and relationships. The classes don't reveal anything about real sex, but just the function of certain body parts and representations of internal organs.” (A 21-year old student)(LaMar C., Feb 2, 2003)

This study examined the perceptions of stakeholders toward the existing sex education curriculum taught in middle and high schools in Thailand. Moreover, there was further exploration of what content teachers really teach in sex education class; how comfortable teachers are in teaching sex education; and what areas of improvement schools should take

into consideration to develop an appropriate school-based sex education curriculum. For this study, in-depth interviews, focus group interviews, and classroom observations were used.

Methods are discussed in detail in Chapter 3.

- **Attitudes of Thai People toward Sex Education**

Sex education for adolescents has been formally taught in both middle and high schools in Thailand for more than two decades. The content of sex education in schools reflects the main objectives to promote both abstinence and safe sex (in the event that a decision to engage in sexual intercourse has been made).(Department of Educational Technique., 2001)

Additionally, sex education programs have been provided outside the school system at the national and regional levels to reinforce school-based sex education lessons. Some of these programs encourage abstinence-only (e.g., ‘Female Youth's Value of Virginitly against Promiscuity’ program); whereas, some provide information to strengthen adolescents’ safe-sex knowledge and skills (e.g., ‘Wai Sai’, a sex education booklet developed by the US-based non-governmental organization, Program for Appropriate Technology in Health (PATH)).(Bangkok Post Reporter., Nov 31, 2004; Dailynews Reporter, Sep 27, 2004; Sitthineew K., 2002; The Nation Reporter., Aug 4, 2003)

The attitudes of Thai people toward sex education for adolescents can be classified into 3 groups by levels of agreement. First, there are those Thai people who agree that sex education is beneficial for Thai adolescents. They are aware of the sexual health problems of Thai youth and perceive sex education as a potential strategy to resolve these problems and promote adolescents’ reproductive health. In addition, these people object to the idea that sex is culturally taboo. They support parents and teachers communicating openly about sex to their adolescent sons and daughters.

“Accurate and straightforward information is essential. Problems will exist as long as our health classes explain only body parts and internal organs in technical terms, but skip information that teenagers are curious about and fail to tell them how they can take care of themselves when they do have sex.” (A Thammasat University Associate Professor of Journalism)(The Nation Reporter, Feb 2, 2003)

“It is impossible to tell them [teenagers] to entirely avoid sex until the time of marriage. Telling the young to delay sex until they are physically and mentally mature would be preferable. Yet, our youth still need to be guided towards safe sexual behavior, including the correct and consistent use of condoms.” (The Nation newspaper editor) (The Nation Reporter., Jan 13, 2003)

In July 2004, after the 15th World AIDS Conference was held in Bangkok, Thailand, a poll was conducted to investigate whether Thai society should be more open to sex education. The respondents were 1,052 college students (55.12%) and other adults (44.88%) living in Bangkok and the surrounding metropolitan area. Roughly 72% of respondents indicated that they agree with the provision of school-based sex education and other sex education programs in Thailand. The main reason for this belief was due to the spread of Western culture in Thai society and its influence on changes in traditional sexual attitudes and behaviors.(Suan Dusit Poll Center, 2004) However, because of the urban make-up of this survey sample, the attitudes and beliefs of this respondent group cannot be claimed as representative of the whole country.

Following the outbreak of HIV/AIDS in Thailand, there were policy efforts by a certain Thai government representative of the Ministry of Education to provide sex education programs in schools beginning at the kindergarten level through the high school level on topics such as how to promote safe sex, reduce STD infections, and resolve unwanted pregnancies. This government representative did not foresee a problem providing sex education at an early age although this is something many Thais worry about. In contrast, she

believed that appropriate sex education is the basis for good reproductive health.(Agence France-Presse., July 18, 2000; Bangkok Post Reporter., Nov 31, 2004)

Second, another group of Thai people agree with abstinence-only sex education and oppose comprehensive sex education and its focus on safe sex. These people see sex as something that is private, too embarrassing to mention, and even dirty. Thus, they do not want to openly discuss about sex implying that they might not support sex education.

“[In Thailand], conversations about sex between adults [parents and teachers] and teenagers hardly happens in a useful way. Most poo yais [adults] think kids will learn by themselves when they grow up.” (PATH officer) (Buraphatanin K., Jan 1, 2003)

“Some poo yais [adults] may even scold us if we ask for information about sex. They think if we try to ask, we’re going to have sex prematurely or may think we’re obsessed with the issue.” (A 15-year-old boy who participated in a PATH program) (Buraphatanin K., Jan 1, 2003)

There is significant evidence that most Thai people cannot accept sex education that communicates about sex in a very open and explicit manner.(Sitthineew K., 2003) During 2000-2001, the Thai Prime Minister's office supported the publication of 150,000 booklets on sex education called 'Kumue Wai Sai' (adolescents' handbook), for teenagers. The main purpose of these booklets was to educate adolescents ages 10 and above about sexual matters that could help them successfully transition from childhood to adulthood. 'Kumue Wai Sai' booklets were considered an innovation in Thai society where sexual issues are still quite taboo. Straightforward and non-academic words were utilized as a key strategy to communicate about sex with the understanding from the producers of the booklets that scientific language would not be appealing to adolescents. Shortly after these booklets were distributed to schools and organizations involved in providing sex-education to adolescents, serious criticism about the appropriateness of these booklets spread throughout Thailand.

Some people thought 'Kumue Wai Sai' was a good innovation to help Thai adolescents understand sexual matters that have been concealed for a long time while many other people thought 'Kumue Wai Sai' was too sexually explicit and basically pornographic. Many people pointed out that 'Kumue Wai Sai' contradicted important Thai cultural values and traditions where talking explicitly about sex is rude and women who talk/learn about sex are considered promiscuous. Also, it was perceived by many that 'Kumue Wai Sai' would encourage adolescents to engage in sex-related behaviors at an earlier age.(Sitthineew K., 2003)

Because of the strong opposition, the Thai Prime Minister's office decided to retrieve all booklets from distributed schools and organizations.(Dailynews Reporter, Sep 27, 2004) In contrast, the booklet that warns female adolescents to value their virginity and practice abstinence, produced by the Thai National Women's Council was distributed without objection.(Sitthineew K., 2003) The 'Kumue Wai Sai' incident clearly reflects the ongoing sensitivity of communicating openly about sex in Thai society.

There has been only one study in Thailand supporting the notion that traditional values can prevent adolescents' risky sexual behaviors. This study found that the more traditional values about sexual behavior that adolescents had, the less likely they were to engage in STD risk behaviors.(Patiyoot K., 1998) While sex education is considered one of the ways to provide experience to adolescents about sexual matters, some may consider that this experience could encourage them to engage in sexual behaviors and hence lessen the influence of their traditional values on sexual behavior.

The third group of Thai people are those still skeptical about the worth and value of sex education. Most of these people are concerned about Thai culture and especially the value of female virginity and not being promiscuous (virgin single women are viewed as more

valuable than non-virgin single women). According to a survey in 2004, almost 30% of respondents said that they were not sure whether the condom-wearing demonstration was sex education or sexual enticement. Moreover, roughly 17% were not clear about whether Thai society should be open to sex education. (Suan Dusit Poll Center, 2004)

In sum, based on a broad review of the current research regarding attitudes among Thais about sex education (derived mainly from survey research), at least three groups have emerged with distinct levels of acceptance of sex education for adolescents in Thailand. In-depth studies are needed to gain further understanding in this area in order to develop appropriate sex education lessons that are compatible with each setting and culture. Many issues should be taken into consideration such as: what sex education means to Thais, what is the appropriate sex education content for Thai adolescents, and who should teach sex education.

Theories

- **Qualitative Description Approach**

According to the research paradigm, at one end of the spectrum is the positivism paradigm where it is accepted that there is a single truth which is reached by a scientific approach such as statistical tests. The positivism paradigm is the root of quantitative research. Located at the other end of the spectrum is the constructivist paradigm which posits that there are multiple truths to what is viewed as reality. These truths are based on the context of people's varying perspectives shaped by their background and experience. Moreover, within the constructivist paradigm, it is believed that there is an interaction between causes and effects; therefore, it is impossible to distinguish causes from effects. The Constructivist paradigm is the root of qualitative research. (Tashakkori A. & Teddlie C., 2000)

Qualitative description is a qualitative approach that is less interpretive than other qualitative approaches such as grounded theory, phenomenology, ethnography, and narrative study.(Sandelowski M., 2000) Sandelowski considers a qualitative description approach a ‘fundamental’ qualitative research design which is valuable and appropriate for studies when straight descriptions of phenomena are desired.(Sandelowski M., 2000) A qualitative description approach allows researchers to illustrate facts of selected phenomena in everyday language (without adornment of data such as transformation and theorization) and to remain close to the data rather than to proceed far beyond what the data actually describes. With this notion, qualitative description is a proper design for research questions relevant to the disclosure of participants’ perspectives toward selected phenomena, for example, the perspectives of participants toward the availability of condom machines in high schools; adults’ reaction to premarital sex among adolescents; and the reasons women do or do not regularly have cervical cancer screening.(Sandelowski M., 2000)

Qualitative description is under the umbrella of naturalistic inquiry which is recognized as a study of something in its natural setting. Thus, prior theories are not required. This makes qualitative description the least ‘theoretical’ compared to other qualitative approaches which are always linked to pre-existing theories. Nonetheless, the research methodology of qualitative description including sampling of participants, data collection, and data analysis are similar to other qualitative approaches. Regarding interpretive validity, it is claimed that the interpretation of the selected phenomena by researchers would be considered accurate by participants due to less interpretation. The straight description of information which constitutes the results of the study can both answer research questions and generate concepts and ideas for future studies.(Sandelowski M., 2000)

The notion of qualitative description was applied to this study because this study aims to understand the perspectives of participants toward sexual behaviors among adolescents and school-based sex education in Thailand. Perspectives of stakeholders at different levels of the Socio-Ecological Framework were examined to generally describe the ‘facts’ and the meaning participants give to adolescents’ sexual behaviors and school-based sex education. This ‘fundamental’ description of the phenomena will be further used to recommend an appropriate sex education curriculum.

- **Socio-Ecological Framework**

The Socio-Ecological Framework is a framework that describes the dynamic interaction between persons and their surrounding environment and how this interaction influences health behavior. The framework posits that health of an individual is determined by the reciprocal influence of personal factors such as biological and behavioral and the physical and societal factors of the environment in which an individual lives. The Socio-Ecological Framework is extensive in that it specifies multiple levels of influence on health that include intra-personal, interpersonal, organizational, community, and policy.(Sallis J.F. & Owen N., 1997; Stokols D., 1992) In examining adolescents’ sexual behaviors and school-based sex education in Thailand, Thai adolescents play a minimal role in determining whether sex education should be provided in school compared to parents, school principals and administrators, teachers, community leaders, and policy makers. Yet, to understand the complete and complex picture of perspectives regarding school-based sex education, adolescents and these other persons with significant social influence need to be studied.

At the **intrapersonal level**, as receivers, adolescents should be the most appropriate population to identify advantages of school-based sex education. If adolescents perceive

great benefits then school-based sex education should be continued in schools. Moreover, adolescents can be considered key stakeholders to provide suggestions for the development of an appropriate school-based sex education curriculum. For this dissertation study, focus group interviews were conducted with Thai adolescents to understand: 1) their perceptions of the sex education content they have received from both parents and their school; 2) how beneficial sex education has been for them; 3) how crucial it is for them to receive sex education; and 4) what an appropriate school-based sex education curriculum should be.

At the **interpersonal level**, the family is considered the closest social relationship for adolescents. Generally, sex education starts informally at home although parents might not actually realize that they are providing sex education for their children. For example, parents teach their children about the biological differences between a boy and a girl. Children also use their parents as gender role models. Moreover, many studies have concluded that parents play an important role in both providing sex education and fostering school-based sex education. A study of sexual behavior control among high school students ages 15-19 in one of Thailand's central provinces showed that suitable sexual communication between youth and their parents or guardians is important to increase behavioral control among Thai youth. (Srilumputong S., 2004) Another qualitative study conducted in a northeastern province of Thailand found that adolescents were likely to consult their mothers and friends about sexual health. (Thongrong S., 2003) Factors associated with the fathers' involvement in sex education for male adolescents from another study indicated that the fathers' knowledge of and attitudes toward sex education influenced their involvement in providing sex education to their children. (Timrod O., 2003)

It is evident that even parents who are aware of the reproductive health problems of adolescents might perceive some barriers to discussing about sex with their children. They expect that schools will carry out this responsibility for them. As one father posted on a website: (Sitthineew K., 2003)

“Nowadays, I am worried how my children will learn about sex. If I have to teach them by myself, I do not think I am able to do so. Only just thinking about it, I feel embarrassed. Thus, I strongly agree if sex education is provided in school.”

School-based sex education has been provided in Thailand for more than two decades. Even though there is no evidence of opposition from parents, there is equally no evidence that shows parents do support school-based sex education either. In this dissertation study, in-depth interviews were conducted with parents of adolescents in schools to understand their views on: 1) adolescent sexual behavior and health; 2) factors accounting for adolescents' sexual behaviors; 3) sex education as defined by them; 4) sex education that they have taught their children; 5) the need for providing sex education for adolescents; and 6) what is appropriate school-based sex education curriculum.

At the **organizational level**, schools are considered the most likely organization to provide sex education to Thai adolescents. Sex education is currently a part of a broad health education curriculum in middle and high schools where all adolescents who attend school have the opportunity to access sex education lessons. Also, Thai parents expect the school to be a good source of sex information for their children.

However, the content of sex education provided in schools depends on the teachers' attitude and values toward sex education. A survey of health education teachers' attitudes toward sex and AIDS education in public high schools in Bangkok revealed that most teachers had strong positive attitudes about sex education and were committed to teaching

sexual health and AIDS education to adolescents.(Sato M., 1998) Another study in China on teachers' intention to provide school-based sex education using the Theory of Reasoned Action showed that teachers' positive attitudes toward sex education and subjective norms led to their intention to teach sex education. In particular, the subjective norm to provide school-based sex education was considered the strongest factor influencing a teacher's intention.(Guangrong Z., 2000)

In 2003, the project called 'Gaow Yang Yang Khow Jai' (Stepping forward with understanding sexuality education for youth) was initially introduced to Thailand by PATH. This project provided sex education for Thai youth via various channels such as mass media, and schools. Teachers were recruited from 'agree-to-participate' schools (338 schools in 44 provinces in all regions of Thailand) and trained to teach sex education effectively. Sex education curriculum was developed so that teachers could integrate it into their basic health education curriculum.(PATH., 2005b) The first evaluation of this project was conducted in 2005. The results revealed that after receiving training, teachers were less confident in their ability to teach sex education. PATH staff explained that the reduction of teachers' confidence after training might have occurred due to greater awareness of the skills needed to be effective sex educators.(Prajayyothin P. & Dhamprapha R., 1996) Teachers' common complaints included their discomfort about answering students' questions, especially in a class with both male and female students; their embarrassment in demonstrating condom use; and the difficulty finding appropriate words to explain sex education. Moreover, 20% of teachers believed that sex education encourages early sexual intercourse and almost half of them said that sex education should emphasize a perspective of abstinence until marriage. In addition, more than half of the school principals and administrators did not fully support this

project. (PATH., 2005a) The lack of teaching competence and training is also evident among teachers in other countries such as the U.S., England, and China.(Buston K., Wight D., Hart G., & Scott S., 2002; Donovan P., 1998; Watts J., 2004)

For this study, in-depth interviews were conducted with school teachers and principals to investigate Thai teachers' and principals' points of view toward adolescents' sexual behaviors and school-based sex education. In addition, classroom observations during sex education lessons were conducted. These methodologies were used specifically to better understand the teachers' perspectives on: 1) adolescent sexual behaviors and health; 2) factors that account for adolescent sexual behaviors; 3) the meaning of sex education; 4) the current sex education lesson as a part of the broader health education curriculum; 5) their own confidence and comfort in teaching sex education; 6) the necessity to provide sex education for adolescents; and 7) appropriate school-based sex education curriculum. For school principals and administrators, management of school-based sex education was also examined.

At the **community level**, community leaders have played a role in enhancing community health. Numerous trainings and campaigns have occurred in the community with support from community leaders and members that emphasize critical awareness and community problem-solving, a concept introduced by Brazilian educator, Paulo Freire.(Minkler M. & Wallerstein N., 1997) In promoting reproductive health of adolescents in the community using this approach, community members engage in working collectively depending on the community's level of critical awareness, problem-solving capacity, and understanding of adolescents' current reproductive health concerns. Community awareness can result in a community either supporting or not supporting school-based sex education. In addition at the

community level, the concept of partnerships and interagency collaboration is essential when addressing any health problems since one agency is likely not to have sufficient resources and competencies to solve these complex problems on its own.(Green L.W., Deniel M., & Novick L., 2001) Community leaders and schools should build collaboration to gain mutual benefits to address adolescent health problems. Schools should involve the community to develop a school-based sex education curriculum. At the same time, communities should collaborate with schools to provide health programs for youth in the community.

So far, perspectives of community leaders toward adolescents' sexual behaviors and community support for school-based sex education have never been studied in Thailand. In this study, focus group interviews were conducted with community leaders to understand their perspectives toward 1) adolescent sexual behaviors and health; 2) the factors that account for adolescents' sexual behaviors; 3) the meaning of sex education; 4) the degree of necessity to provide sex education for adolescents; 5) appropriate school-based sex education curriculum; and 6) the community's roles in promoting adolescent reproductive health.

Finally, at the **policy level**, since 1999 the Thai government has been required by law to decentralize basic service functions to the local governmental administrative organizations by allocating at least 35% of the national budget to these local organizations. However, currently, only 23.5% of these services is allocated to local authorities.(Wibulpolprasert S., 2005) Thus, provincial authorities have to prioritize services. As a result, they have a direct influence on the local provision of sex education programs. While there is government support in Thailand for sex education curriculum in middle and high school, there has never been a study of the perspectives of provincial authorities toward school-based sex education. Additionally, other sex education programs have been produced periodically by the

government. These programs are flexibly implemented or even modified based on involvement of the provincial authorities and organizational leaders who adopt them. For this study, in-depth interviews were conducted with these leaders to explore the macro-level effects on school-based sex education for adolescents in order to understand the provincial authorities' perspectives toward: 1) adolescent sexual behaviors and health; 2) the factors that account for adolescents' sexual behaviors; 3) the need to provide sex education for adolescents; 4) sex education policy in Thailand; and 5) their support of sex education in Chanthaburi Province.

In brief, unhealthy sexual behaviors are evident among many Thai adolescents. (HIV & AIDS in Thailand, 2004; The Nation Reporter., Nov 24, 2006) (Child Watch Thai. & Ramajitti Institute., 2006) These risky behaviors lead to an increase in reproductive health problems in this sub-population. School-based sex education has been used as a formal strategy to address these problems. However, the perspectives of stakeholders toward school-based sex education are not well understood.

This dissertation study was conducted using the framework depicted in Figure 1 and the research methodology presented in the next chapter to better understand adolescents' sexual behaviors and the status of school-based sex education in Thailand.

CHAPTER 3

METHODOLOGY

Research Design

This is a qualitative study based on a descriptive qualitative approach. The approach involves an effort on behalf of the researcher to understand the participants' perspectives toward a phenomenon of interest (adolescents' sexual behaviors and school-based sex education) by employing qualitative tools to gather common truths from subjective views and describe those truths in everyday language. (Sandelowski M., 2000)

Because sex is a culturally sensitive topic in Thailand, in-depth studies have not been widely conducted. Rich detailed information is needed to understand the social context of the subject of sex in Thailand in order to develop an appropriate sex education curriculum that could serve each region of the country.

Study Site

This study was conducted in Chanthaburi Province which is a medium-sized province located in the eastern part of Thailand. The population size is approximately 300,000. Chanthaburi Province is composed of nine districts. Of these nine districts, one urban district was selected as the study site. In Thailand, city districts are typically considered the "center" of a province. The population density of a city district is also greatest compared to others districts in a given province. A map of Thailand and Chanthaburi Province is presented in Figure 3.

Figure 3: Map of Thailand and Chanthaburi Province



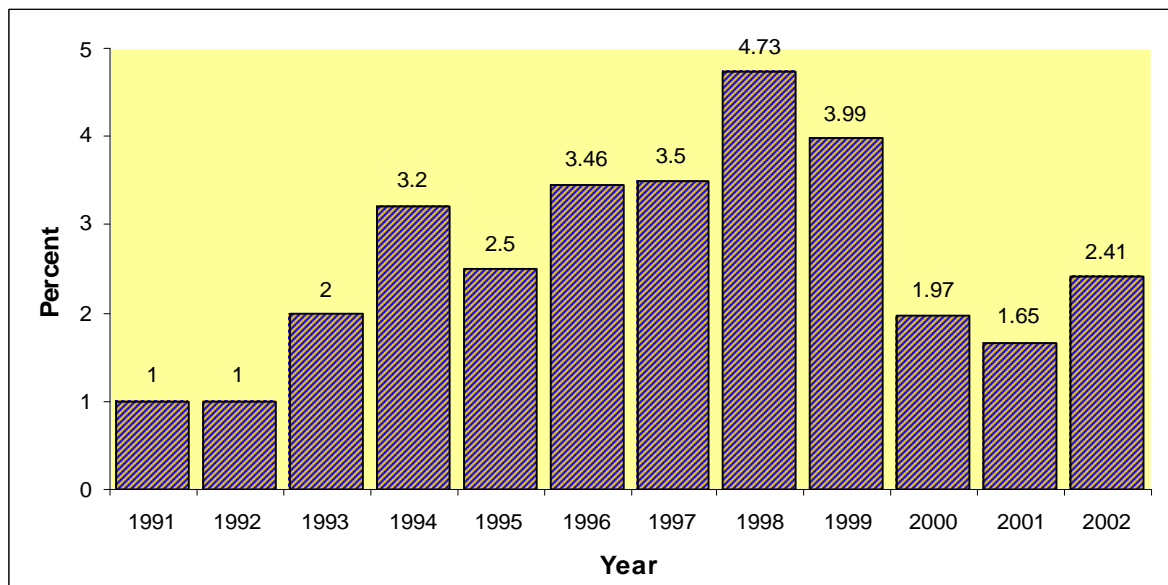
Four significant reasons for selecting Chanthaburi Province as a study site include: 1) unhealthy sexual behaviors of adolescents in Chanthaburi; 2) the evidence of HIV/ AIDS as a considerable health problem even though Chanthaburi is not a big city nor considered a tourist area; 3) lack of in-depth information about sexual behaviors and education from non-tourist provinces; and 4) the rapport of the researcher and study participants.

Regarding the first reason for the study's site selection, a national survey conducted in 2005 found that 20% of adolescents (middle school, high school, and college undergraduate students) in Chanthaburi Province have already had sex compared to 16.1% nationally. Additionally, 58% have accessed nighttime entertainment establishments (55.3% nationally); 44.5% have watched pornographic DVDs (39.3% nationally); and 28.3% have accessed pornographic websites (27.2% nationally). These statistics show that adolescents in

Chanthaburi Province have more unhealthy sexual behaviors than the country's average.(Child Watch Thai. & Ramajitti Institute., 2006)

The second reason for the study's site selection is related to HIV prevalence in Chanthaburi Province as presented in Figure 4.

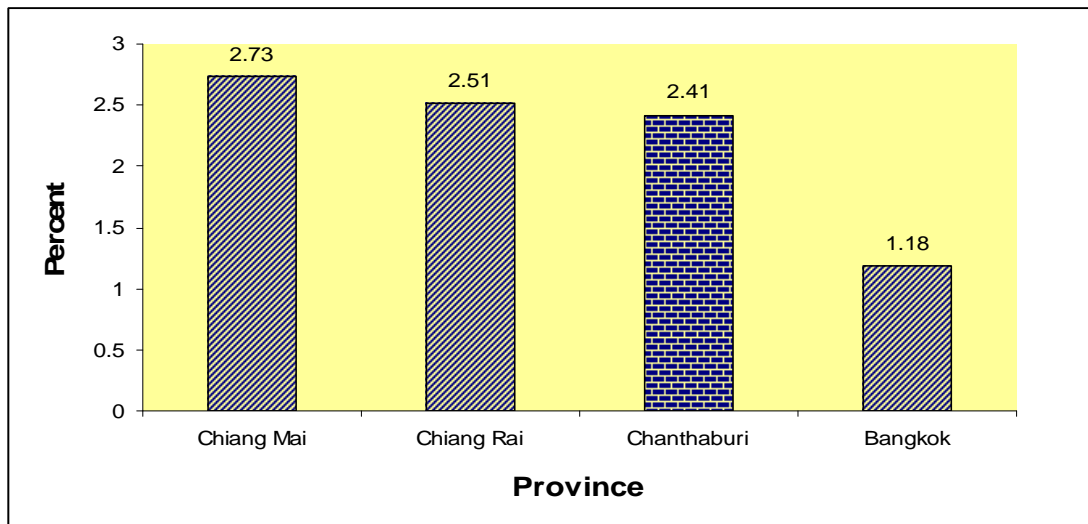
Figure 4: HIV Prevalence of Total Population in Chanthaburi Province from 1991-2002 (UNAIDS., UNICEF., & World Health Organization., 2004)



Note: The numerator is total HIV/AIDS cases in Chanthaburi Province at that year
The denominator is the total population of Chanthaburi Province at that year

The HIV prevalence rate in Chanthaburi over time has been inconsistent with the peak of the epidemic in the province in 1998. While the prevalence of HIV/AIDS decreased in Chanthaburi in 1999-2001, it increased slightly again in 2002 with the HIV prevalence rate actually greater than that of Bangkok. Additionally, during this time, Chanthaburi's rate was only slightly lower than Chiang Mai and Chiang Rai Provinces, which like Bangkok are tourist areas well-known as epidemic hotbeds of HIV/AIDS in Thailand.(UNAIDS. et al., 2004) The prevalence rate of each province is presented in Figure 5.

Figure 5: HIV Prevalence of Total Population in Chiang Mai, Chiang Rai, Chanthaburi, and Bangkok in 2004 (UNAIDS. et al., 2004)



Thirdly, almost all of the sex education studies in Thailand have been carried out in big cities such as Bangkok and other provinces with a large tourist trade. There has been minimal effort to understand the phenomena of HIV/AIDS in medium-sized provinces without a significant tourist trade. The reason why the prevalence of HIV in a medium-size and non-touristed province like Chanthaburi is almost the same as a heavily touristed province like Chiang Mai is yet to be explained.

The fourth rationale for Chanthaburi Province as the study site regards the researcher's rapport with the study participants. In qualitative studies, rapport between the researcher and participants is considered a key factor fostering the collection of insightful and meaningful information. To gain trust from participants, the researcher should not be viewed as a complete outsider. A researcher's experiences and insights are considered crucial to critically understand the phenomena under study. Nevertheless, while the short length of the study can be a potential limitation preventing the researcher from smoothly building strong and appropriate relationships with study participants (Patton M.Q., 2002; Schensul S.L., Schensul

J.J., & LeCompte M.D., 1999), Chanthaburi Province has been the home of the researcher for more than 30 years. She once served as a nursing instructor in the Department of Community Health Nursing of the province's Nursing Collage and has worked with local schools, communities, and provincial authorities there for almost 10 years.

Samples, Data Collection Methods, and Tools

Data were collected from students, parents of students, and teachers/administrators from 3 public high schools where both a middle school and high school are located in the same school. The three schools include:

1. School 1: Located in the middle of town and recognized as a provincial middle and high school for female students. The middle school level serves only female students. The high school level serves both male and female students. The majority of students in this school live in town and the surrounding areas. Most students come from middle and high income families.

2. School 2: Located in the middle of town (opposite to School 1) and recognized as the provincial middle and high school for male students. The middle school serves only male students. The high school serves both male and female students. The majority of students in this school live in town and the surrounding areas. Most students come from middle and high income families.

3. School 3: Located approximately 6 miles outside of the middle of town and recognized as a relatively new middle-high school compared to the first two schools, which both have a long history. This school serves both male and female students in both the middle and high school levels. The majority of students in this school are those who live in town and the nearby surrounding areas. However, in contrast to the first two schools, most

students come from low and middle income families. It is for this reason that many of these students cannot enroll in the first two schools. In brief, the first two schools are quite similar in terms of school characteristics but different from the third school in terms of student characteristics.

Regarding data collection at the community level, two communities were purposively selected: the community where Schools 1 and 2 are located and the community where School 3 is located.

Data collection methods for the study consisted of focus group interviews, in-depth interviews, and classroom observations. Data collection tools included a focus group interview guide, an in-depth interview guide, and a classroom observation form (*See Appendix II*). The number of participants was selected based on stratified purposeful sampling techniques (Patton M.Q., 2002) in which ecological levels including intrapersonal (students), interpersonal (parents), organizational (school teachers and administrators), community (community leaders), and policy (provincial authorities), as well as school characteristics, and the gender of participants were taken into account.

In-depth interviews and focus group interviews were collected from January 2006 to April 2006. Three classroom observations of sex education classes were conducted in June 2006. Data collection methods, tools, number of participants, and participants' genders are presented in Table 3.

In total, 28 in-depth interviews with parents, teachers, and provincial authorities; 12 focus group interviews with students and community leaders; and 3 classroom observations were conducted. The total number of participants was 90. The summary of data collection is presented in Table 4.

Table 3: Data Collection Methods, Tools, and Number of Participants

Study Setting	Data Collection Methods	Tools	Number of Participants
School 1	2 focus group interviews	Focus group interview guide for students	- 6 middle school boys (one group) - 6 high school boys (one group)
School 2	2 focus group interviews		- 5 middle school girls (one group) - 5 high school girls (one group)
School 3	4 focus group interviews		- 5 middle school boys (one group) - 5 middle school girls (one group) - 5 high school boys (one group) - 5 high school girls (one group)
School 1	5 In-depth interviews	Interview guide for parents	3 mothers and 2 fathers
School 2	5 In-depth interviews		2 mothers and 3 fathers
School 3	4 In-depth interviews		2 mothers and 2 fathers
School 1	4 In-depth interviews	- Interview guide for teachers - Interview guide for school principals and administrators - Classroom observation form	2 Principals and 2 teachers (1 male and 3 females)
	1 Classroom observation		1 Classroom observation
School 2	4 In-depth interviews		1 principal and 2 teachers (3 males)
	1 Classroom observation		1 Classroom observation
School 3	3 In-depth interviews		1 principal and 2 teachers (3 females)
	1 Classroom observation		1 Classroom observation
Community 1	2 Focus group interviews	Focus group interview guide for community leaders	5 male community leaders (one group) 5 female community leaders (one group)
Community 2	2 Focus group interviews		5 male community leaders (one group) 5 female community leaders (one group)
Province	4 In-depth interviews	- Interview guide for provincial government officials	- Chief Executive of Chanthaburi Provincial Administrative Organization (male) - Head of Chanthaburi Strategic Department and AIDS Control (female) - Director of Chanthaburi Education Service Area Zone 1 (male) - Chief Public Health Officer (male)

Table 4: Summary of Data collection methods and number of participants

Data Collection Methods	Students						Parents	School staff**	Comm. leaders	Provincial Authorities	Total
	School 1		School 2		School 3						
	M*	H*	M	H	M	H					
In-depth interview	--	--	--	--	--	--	14	10	--	4	28
Focus group interview (number of participants)	1 (6)	1 (6)	1 (5)	1 (5)	2 (10) ***	2 (10) ***	--	--	4 (20) ***	--	12 (62)
Classroom observation	1		1		1		--	--	--	--	3
Total participants											90

* M = Middle school H = High school

** Teachers and School administrators

*** Five participants/group

All in-depth interviews and focus group interviews were conducted in the Thai language and recorded using a digital recorder. All information was then transcribed using Microsoft Word software (Thai Windows) prior to the analysis phase.

Tool Development and Modification

All focus group and interview guides presented in Table 3 were developed by the researcher based on existing literature. Questions in the in-depth interview and focus group interview guides and areas of observation for the classroom were created to answer the research questions and specific areas of inquiry described in Chapter 1. The main questions in both the in-depth interview and focus group interview guides reflected the logical flow of topics expected in the topic of conversation for this study. Besides, clarification and probing questions were also outlined in certain points of each guide to ensure that rich information in some significant areas was not missed. (*See Appendix II*)

Although the study tools were not piloted due to time limitations and geographical constraints, the tools were modified after they were first used with each group of participants.

For example, after conducting a focus group interview with students in Group 1, the researcher evaluated the quality of the focus group interview guide (e.g., its clarity and understandability) and made necessary modifications. To increase the reliability of data collection, all in-depth interviews and focus group interviews were conducted only by the researcher. However, 3 classroom observations were conducted by a trained research assistant because sex education lessons are typically taught in the first semester (May 15th - Sep 15th, 2006) when the researcher was not able to be in Thailand. The 3 main criteria for selection of the research assistant included having: 1) graduated with a Master's degree in a health area; 2) received training in sex education; and 3) worked in the health field for more than 5 years. The assistant was trained to conduct classroom observations by the researcher and asked to write down what she observed in the class without interpretation. The researcher discussed with the assistant the classroom observations via telephone after each session was conducted.

Data Collection Techniques

- **In-depth Interview**

In-depth interviews are widely used in qualitative research as a method to find out what is on a person's mind. Information is obtained through a structured conversation between an interviewer and an interviewee. (Patton M.Q., 2002) The quality of the interview is largely determined by the interviewer. Some interviewer techniques to improve the quality of an in-depth interview include: (Liamputtong P. & Ezzy D., 2005)

1. Using warm-up questions at the onset of the interview to build rapport between the interviewer and interviewee;
2. Having strong listening skills necessary for the interviewer;

3. Observing non-verbal communication such as facial expressions of confusion or if an interviewee struggles with a response;
4. Using different and clarifying words when repeating a question;
5. Waiting until a full response is made by the interviewee instead of interrupting while an interviewee is talking when new questions emerge; and
6. Asking one question at a time.

For this dissertation study, in-depth interviews were conducted with parents, teachers, school administrators, and provincial authorities to obtain insightful individual perspectives toward school-based sex education. Incentives (e.g., pens) were provided for each individual interviewee.

- **Focus Group Interview**

A focus group interview is another approach to obtaining in-depth thoughts, understandings, and beliefs about a particular issue through a structured group discussion. Typically, 6-8 people with the same socio-demographics and/or similar experience/concerns gather to participate in a dynamic discussion with the help of a skilled moderator. A focus group interview aims to obtain a group's view; whereas, an in-depth interview aims to gain an individual's view. Some points of concern when conducting a focus group interview are described below: (Liamputtong P. & Ezzy D., 2005)

1. A focus group interview involves group process. Thus, information is gained through interaction among participants rather than individual responses to questions (which is a main characteristic of an in-depth interview).
2. It is possible that a few group members will dominate the discussion. The moderator should control group domination to promote equal sharing.

3. A major role of the moderator is facilitating the discussion by introducing the topics, encouraging group interaction, and helping to keep the discussion focused. Strong listening skills are necessary for the moderator to achieve a high quality focus group interview.

4. Typically, a focus group interview lasts from one to one and a half hours and should not last longer than two hours to avoid participant boredom and fatigue.

5. Light refreshments are recommended to make the atmosphere more relaxed.

To obtain different groups' perspectives toward school-based sex education in Chanthaburi Province, 12 one-hour focus group interviews were conducted with middle and high school students and community leaders. Incentives were provided to each group (snacks and refreshment for students and refreshment and money (5.5 dollars) for community leaders)

- **Observation**

Observation is a data collection method using visual and listening skills. The structured observation method is used most often to obtain data that are likely to be more accurate if collected by observation rather than by verbal communication such as behaviors, emotional expression, and social events.(Liamputtong P. & Ezzy D., 2005) Data obtained by observation must be detailed enough to allow readers to know what occurred and how it occurred. An observer can be a part of an observed event (insider) or fully separate from an observed event (outsider). Some points of concern in conducting an observation are listed below:(Patton M.Q., 2002)

1. A question has been raised about whether researchers should let participants know they are being observed since telling them can bias information (people are likely to act differently when they know they are being observed). On the other hand, not telling individuals they are being observed may create ethical problems. An observer should build

good rapport with participants to enhance comfort between them. This might help participants behave more naturally during an observation.

2. Information consisting of setting, subjects, and the activities occurring in the observed setting should be thoroughly described.

3. Non-verbal communication that occurs during an observed event is important information that should be documented.

In addition to interviewing health education teachers and students about school-based sex education, a classroom observation was conducted in each school. Direct observation was used to obtain information about activities occurring in the classroom, the level of comfort of the teacher and students, and classroom atmosphere when a sex education lesson was taught. The observer was introduced as a representative from Prapokklao Nursing College who was invited to attend the class and help answer questions after class.

Data Collection Process

- **Participant Recruitment**

Data were collected from 6 groups of individuals in a staged approach that began with focus group interviews with middle and high school students. These students as recipients of sex education were expected to provide rich baseline information for the study. The study used information from these focus group interviews to modify other tools used later with other groups of study participants. Second, in-depth interviews and classroom observations were conducted with health education teachers and school principals/administrators who are responsible for school-based sex education. Third, in-depth interviews were conducted with parents as unofficial but significant persons who informally provide sex education to adolescents. Fourth, focus group interviews were carried out with community leaders as

persons who can provide a supportive environment for school-based sex education. Finally, in-depth interviews were conducted with provincial authorities as key people involved in sex education policies. While data collection was completed by the researcher and trained assistant for these groups, an additional person was hired as a digital-record transcriber.

Because this study includes many groups of people as participants, recruitment and data collection are described for each group:

Middle and high school students

1. The researcher met with the principal of each school to inform him/her about the study and ask for collaboration.
2. The researcher then met with a teacher recommended by the school principal and asked him/her to recruit middle and high school students (see Table 3 for the number of participating male and female students). For the middle school group, representation from grades 7 to 9 was required. For the high school group, representation from grades 10 to 12 was required.
3. A consent form was given to each student for his/her parents to review and determine whether or not to allow their children to participate in the study.
4. Upon receiving written permission from students' parents, the researcher contacted students to schedule a time for the focus group interview.
5. The focus group interview was conducted with students on the date, time, and place determined in the previous step.

Parents

1. The researcher met with the teacher recommended by the school principal and asked him/her to contact parents of the middle and high school students. These parents could be

either parents of students who participated in the focus group interview or other parents (see Table 3 for the number of participating parents).

2. The teacher contacted parents by phone to inform them about this study and ask for voluntary participation.

3. For parents who agreed to be involved in the study, a time to conduct an in-depth interview was scheduled by the researcher.

4. The researcher asked each parent to sign a consent form before conducting an in-depth interview on the scheduled date, time, and place.

Teachers

1. The researcher met the principal of each school and asked him/her to recommend a health education teacher (one for each school) for further contact.

2. The researcher contacted recommended teachers to inform them about this study and asked for voluntary participation (see Table 3 for the number of participating teachers).

3. For teachers who agreed to be involved in the study, a time to conduct an in-depth interview was scheduled.

4. The researcher asked each teacher to sign a consent form before conducting an in-depth interview on the pre-agreed date, time, and place.

School principals and administrators

1. The researcher met with the principal and administrator of each school to inform them about this study and asked for voluntary participation (see Table 3 for the number of participating school principals and administrators).

2. For school principals and administrators who agreed to be involved in the study, a time to conduct an in-depth interview was scheduled.

3. The researcher asked each school principal or administrator to sign a consent form before conducting an in-depth interview on the scheduled date, time, and place.

Community leaders

1. The researcher contacted the Chanthaburi provincial health center to retrieve information regarding the leaders of the two communities in the study.

2. The researcher met a representative of community leaders (e.g., a chief of community or a leader of female group) to inform him/her about this study and asked for collaboration.

3. The researcher asked representatives to recruit other community leaders for a focus group interview (see Table 3 for the number of participating community leaders).

4. The researcher contacted the selected community leaders by phone to inform them of the study and ask for voluntary participation.

5. For community leaders who agreed to be interviewed, a time to conduct a focus group interview was scheduled.

6. The researcher asked each community leader to sign a consent form before conducting the focus group interview on the date, time, and place as scheduled.

Provincial authorities

1. The researcher met with each provincial government official to inform him/her of the study and asked for voluntary participation (see Table 3 for the number of participating provincial).

2. For provincial authorities who agreed to be involved in the study, a time to conduct an in-depth interview was scheduled.

3. The researcher then asked each provincial authority to sign a consent form before conducting an in-depth interview on the date, time, and place as scheduled.

- **Institutional Review Board Approval**

Approval was obtained for this study from the University of North Carolina School of Public Health Institutional Review Board before any data were collected. Final IRB approval was given on November 18, 2005 and the first renewal was given on November 18, 2006.

Quality Control of Data Collection

During the data collection process, the researcher ensured the quality of data collection by:

1. Inviting Dr. Rachanee Sunsern, Associate Dean for Research and Graduate Studies, Faculty of Nursing, Burapha University, Chonburi, Thailand to participate as a research consultant. In addition to providing research method lectures, Dr. Sunsern has conducted many research studies using qualitative methods. For example:

- The Development of Home Health Care System research study focusing on family caregivers' empowerment in the eastern region of Thailand (2003-2006) (*Action Research and Qualitative*).

- Factors influencing the health status of family caregivers with chronically ill adult in the eastern region (2005) (*In-depth interview method & questionnaire design*).

- The empowerment experience of head nurse in a university hospital. (2004) (*Phenomenological method*).

- Development of a Health Care Model in Primary Care, Eastern Region, Thailand (2001) (*Focus group & In-depth interview method*).

After the first in-depth interview and focus group interviews were conducted in January 2006, the researcher met with the consultant to discuss the quality of the interviews. The consultant provided suggestions for improvement for upcoming interviews. Meetings

between the researcher and the consultant were scheduled once a month (in January 2006, February 2006, and March 2006). In addition, routine phone calls and e-mail were used for continued consultation.

2. Forwarding the first in-depth and focus group translated interview data to the researcher's dissertation committee. The committee reviewed the interview data, and provided comments and suggestions, as well as points of concern for the researcher to consider when conducting the remaining interviews.

3. Meeting with Dr. Weena Newnam, a faculty member in the Department of Community Health Nursing, Mahidol University, Thailand. The researcher met with Dr. Newnam in February 2006 to discuss her work in qualitative research. Dr. Newnam outlined points of concern when conducting data collection based on her experience. She also introduced the researcher to a school-based sex education project ("Kaow Yang Yang Khaw Jai" project) implemented by the US-based nongovernmental organization, the Program for Appropriate Technology in Health (PATH). Dr. Newnam has conducted many research studies using qualitative methods. For example:

- The Sex Education Perspective of Sixth Grade Students in Bangkok Primary Schools: A Qualitative Study (2005).
- Thai HIV-Positive Pregnant Women Facing Stigmatization and Discrimination within the Health-Care Sector: An Interpretive Phenomenological Approach. (2003)
- A Phenomenological Approach in the Lived Experiences of Thai Women Who are Suffering with HIV Positive Pregnancy. (2003)

Validity of the Study

Regarding internal validity (credibility), according to the qualitative perspective, internal validity refers to the degree of accuracy of the findings in describing the realities of the phenomena of interest. Internal validity does not depend on sample size but the richness of the information. Triangulation is one method to increase internal validity of qualitative studies recommended by Patton.(Patton M.Q., 2002) To enhance the internal validity of this study, triangulation of data collection methods and data sources was applied. In terms of triangulation of data collection methods, findings should appear consistent across the different data collection methods.(Patton M.Q., 2002) For example, in the case where teachers said during an in-depth interview that they are not confident to select the appropriate words to communicate about sex with their students, information from classroom observations were used to confirm the teachers' response. Furthermore, for triangulation of data sources, findings should be consistent across data sources using the same data collection method.(Patton M.Q., 2002) For example, if school administrators revealed that support to improve adolescent reproductive health from provincial authorities is low, provincial officers should congruently say the same thing to confirm this truth.

On the subject of external validity (transferability), according to the qualitative paradigm, qualitative researchers are not able to ensure the transferability of their findings. Qualitative studies aim to describe facts and meaning of phenomena in a specific area. Thus, transferability is not a main concern for qualitative studies. Researchers can only provide sufficient information for audiences to determine whether the findings can be applicable to their situation.(Lincoln Y.S. & Guba E.G., 1985) This study aims to describe the circumstance of adolescents' sexual behavior and school-based sex education in the urban

district of Chanthaburi Province, Thailand. The findings will be primarily used to recommend appropriate school-based sex education for schools in Chanthaburi Province. The recommendations may also be applicable elsewhere in Thailand and perhaps some other countries.

Data Analysis

It has been suggested that data should not be translated into other languages before analysis is completed in order to ensure that the meaning of the language used by respondents is kept intact.(Patton M.Q., 2002) Hence, data analysis for this study was carried out in Thai, the language used to conduct the study. Translation from Thai to English began after the content analysis was completed and themes, patterns, and quotes were extracted.

Because data collected for this study were in the form of textual documents, **content analysis** was utilized as the analysis approach. Content analysis is an approach to retrieve themes and patterns by searching text. Often the terms “theme analysis” and “content analysis” are used interchangeably. More generally, “content analysis is used to refer to any qualitative data reduction and sense-making effort that takes a volume of qualitative material and attempts to identify core consistencies and meanings.”(Patton M.Q., 2002)

The study followed the steps of data analysis suggested by Ulin et al. : (Ulin P.R., Robinson E.T., Tolley E.E., & McNeill E.T., 2002)

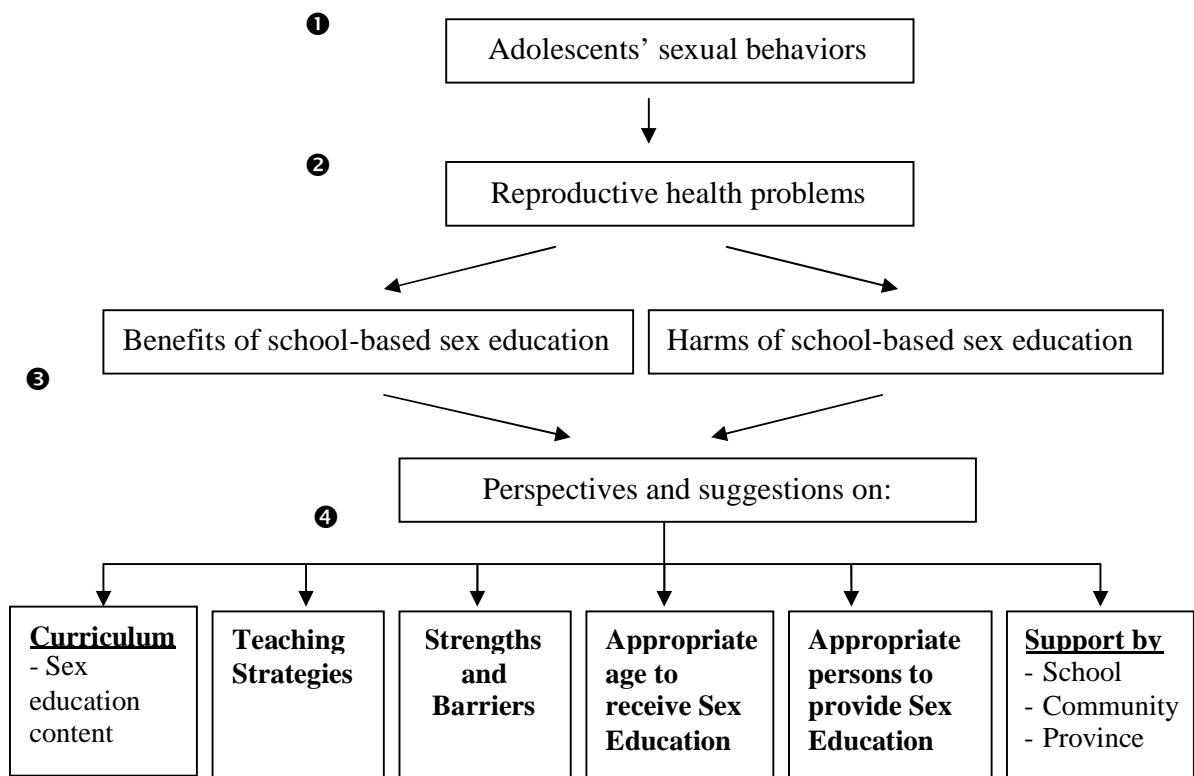
1. Creation of deductive categories and codes: before data collection, some categories were created based on specific areas of investigation correlated with the research questions and study objectives. Also, deductive codes under each category were created based on a literature review. Deductive categories and areas of analysis are presented in Table 5.

Table 5: Deductive Categories and Areas of Analysis

Categories	Areas of Analysis
Adolescents' sexual behaviors	1) intimate relationships; 2) premarital sex; 3) pornographic media accessibility; 4) factors accounting for adolescents' sexual behaviors
Adolescents' reproductive health	1) sexually transmitted diseases; 2) unwanted pregnancy; 3) abortion; 4) awareness of Thai adolescents' health
Support from communities and provincial authorities in promoting adolescent reproductive health	1) community awareness of the problem; 2) school-community collaboration; 3 priority of the problem at the provincial level; 4) financial support
The status of sex education provided in the family	1) why/why not sex education is provided in the family; 2) topics of sex education discussed in the family; 3) parents' competency as sex educators
Existing school-based sex education curriculum	1) advantages of school-based sex education; 2) disadvantages of school-based sex education; 3) whether school-based sex education should be continued; 4) topics of school-based sex education 5) appropriateness of the breadth and depth of current school-based sex education curriculum content; 6) teachers' competencies as sex educators; 7) strengths of delivery; 8) areas for improvement
Key persons to provide sex education for adolescents	1) key persons to provide sex education; 2) how well those persons have taken on the sex educator roles
Appropriate age for adolescents to receive sex education	1) appropriate age for adolescents to receive sex education
Appropriate school-based sex education	1) appropriateness of the breadth and depth of the school-based sex education curriculum content; 2) curriculum development; 3) teaching strategies; 4) support needed for successful school-based sex education; 5) overall suggestions

2. Data entry using Microsoft Word software: all in-depth interviews and focus group interviews were transcribed into a text document.
3. Data review: reading for content and noting quality
4. Data coding in the Thai language using Atlas-Ti software: raw data from in-depth interviews, focus group interviews, and classroom observations were coded. Deductive codes were used as primary codes. Moreover, inductive codes were created from themes and patterns that emerged from the raw data.
5. Retrieve themes, patterns, and quotes: the conceptual categories were created based on those categories determined before the data collection process. Words, phrases, and events that are similar were grouped into the same category. Categories could be modified throughout the process of analysis.

Figure 6: Diagram of theme analysis



6. Data reduction and comparison: the information was distilled to capture the most indispensable concepts and relationships. At this stage, categories were re-examined to build links among categories.

Unit of analysis Themes were compared across:

- groups of participants at each level of the Socio-Ecological Framework (groups are unit of analysis)
- schools—one school includes perspectives of students in that school, parents of students in that school, teachers, school principles/administrators, and community leaders that serve that school (schools are the unit of analysis).

Steps of content analysis of each unit of analysis are described in Table 6.

Table 6 Description of Content Analysis of Each Unit of Analysis

Steps	Unit of Analysis	
	Groups	Schools
<u>Step 1 Data retrieval:</u> data related to each specific area of investigation was retrieved by deductive and inductive codes (themes) [Atlas-Ti software allows to retrieve data by each unit of analysis]. For example, perspectives regarding benefits of school-based sex education were retrieved by groups (students, parents, etc.)	1. Students 2. Parents 3. Teachers 4. School administrators 5. Community leaders 6. Provincial authorities	1. School 1 2. School 2 3. School 3
<u>Step 2 Content capture:</u> for each category of each unit of analysis, retrieved data was analyzed to identify indispensable information and dispensable information and its significance to support research questions and objectives. For example, common benefits of school-based sex education mentioned by students.	6 groups of participants were analyzed separately	3 schools were analyzed separately

Table 6: Cont.

Steps	Unit of Analysis	
	Groups	Schools
<u>Step 3 Data comparison and contrast:</u> themes were compared and contrasted between categories of each unit of analysis. For example, how the perspective of School 1 toward benefits of school-based of sex education is different from that of School 2 and what factors possibly account for these differences.	6 groups of participants were compared and contrasted across groups	3 schools were compared and contrasted across schools
<u>Step 4 Compatibility assessment:</u> themes were analyzed to obtain compatibility information. For example, in the case where students said their parents rarely taught sex education to them, analysis of whether parents said they rarely talked sex with their adolescent sons/daughters was operated.	6 groups of participants will be assessed	N/A

Analysis of classroom observations Information recorded from 3 classroom observations was analyzed to examine:

- the fidelity of the learning objectives;
- the teacher’s ability to communicate sex education;
- level of comfort of the teachers and students; and
- students’ participation.

Finally, after categories and themes were compared across groups and schools and links among categories were built, a more complex conceptual model was developed to draw a comprehensive picture of the perspectives toward school-based sex education in Chanthaburi Province, Thailand.

7. Data interpretation and presentation: a conceptual model was interpreted, translated, and presented in the form of narrative descriptions, charts, and tables.

CHAPTER 4

RESULT 1: Adolescent Sexual Behaviors

This chapter presents the findings in relation to the first research question (What are the perspectives toward adolescents' sexual behaviors from the viewpoint of adolescents, their parents, teachers, school administrators, community leaders, and provincial authorities?). These sections are classified according to the specific areas of investigation which were derived deductively from the literature review:

- 1) Adolescent sexual behaviors;
- 2) Substantive influences on adolescents' sexual behaviors;
- 3) Reactions to adolescents' sexual behaviors; and
- 4) Adolescent health problems and awareness

Adolescent Sexual Behaviors

At the onset of each in-depth interview and focus group interview, all participants were asked the same introductory question regarding sexual behaviors of Thai adolescents. The responses to this question were supposed to provide a picture of how adolescents themselves and adults viewed adolescent sexual behaviors. This information is important when recommending sexual-behavior solutions including school-based sex education for teenagers.

Theme 1: *Today's adolescents enter puberty at a younger age and are more likely to exhibit sexual behaviors in public than adolescents from previous generations.*

All groups of participants including adolescents themselves agreed that presently, Thai children enter puberty at a younger age compared to children in previous generations. According to participants, being of adolescent age is determined by changes in appearance (e.g., wearing make-up and provocative clothes) and engaging in sexual behaviors (e.g., having a boyfriend/girlfriend, becoming sexually active, and accessing sexually explicit media). Many participants said that Thai adolescents are more likely in this generation to show their sexual behavior in public.

“Girls reach puberty very early. Grade 7 students begin to dress up like adults. In the past, even grade 12 students didn’t care about their sex appeal. But not true for now, teens pay much more attention to their beauty like curling their eyelashes. Their body and figure changes to be an adolescent earlier as well.” (A female teacher)

“I think adults would agree that it is normal for today’s teens to have a ‘fan’ [a boyfriend or girlfriend]. It is different from their generation when love meant getting married—their age should be 20 or so. They [adults] should understand it is normal for us [to have a ‘fan’ at this age].” (A male high school student)

“Now, it is very fast. Grade 7 students have begun to have a ‘fan’. They call each other, hang out, and have sex eventually. Like my friend’s son, he is in the 7th grade. He already has a ‘fan’ [girlfriend] who is a grade 6 student.” (A father of a middle school student)

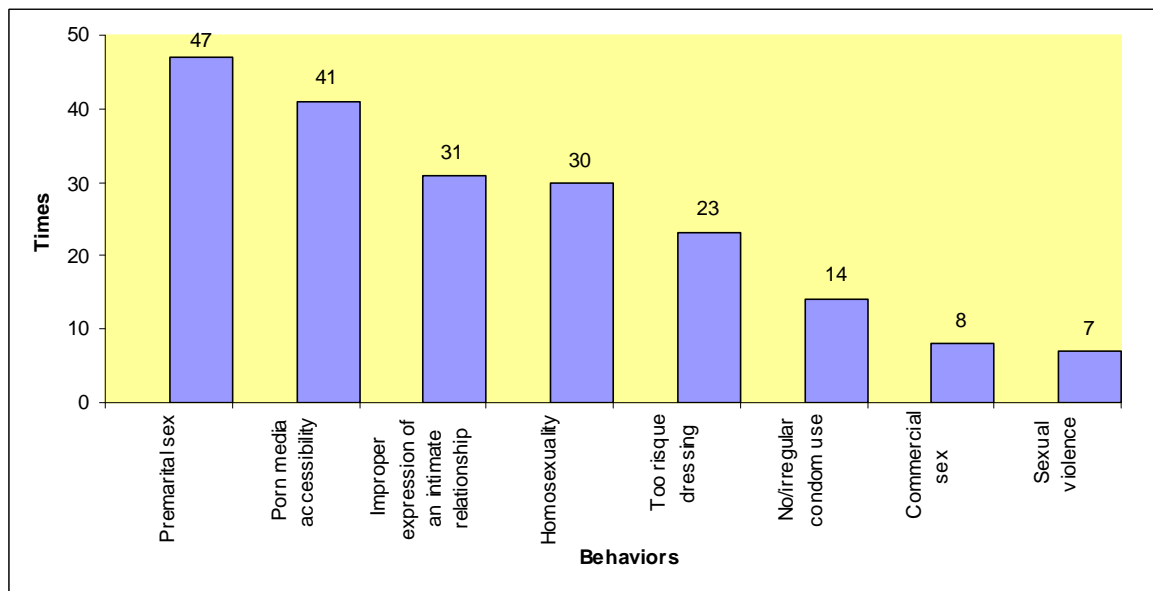
“I think adolescents behave far beyond their age. It isn’t their time yet. For example, some of them stay too close, touch, and hug each other in public. They don’t care what adults think about their behavior. I think it is too much especially when some of them go too far to even having sex.” (A male school administrator)

Theme 2: *Thai adolescents engage in various kinds of sexual behaviors which range from harmless behaviors (e.g., wearing provocative clothing and accessing sexually explicit media) to hazardous behaviors (e.g., having premarital sex without using condoms and engaging in commercial sex).*

The respondents also identified eight adolescent sexual behaviors among Thai adolescents: 1) having premarital sex; 2) accessing pornographic media; 3) improperly

expressing an intimate relationship; 4) engaging in homosexually-related behaviors; 5) wearing provocative clothes; 6) not using condoms when having sex; 7) having commercial sex; and 8) engaging in sexual violence. Having premarital sex is the most common sexual behavior among Thai adolescents mentioned by the participants; committing sexual violence is the least common behavior. The number of times these sexual behaviors were mentioned is presented in Figure 7.

Figure 7: Adolescents’ Sexual Behaviors by Number of Times Mentioned



- **Premarital Sex**

Sub-theme 2.1: *Thai adolescents are likely to engage in premarital sex. Moreover, the age of initiating premarital sex is getting younger.*

Having premarital sex is the most common adolescent sexual behavior indicated by all groups of participants. Students admitted that the state of premarital sex among adolescents has been getting worse—adolescents now have premarital sex at an earlier age and female adolescents are less reserved—called in Thai ‘Rak nuan sa-nguan tua’ (mean: preserved

oneself from sexual behaviors; typically, Thais mostly regard a sexual relationship when using this phrase).

“Sexual behaviors of today’s teens are much different from those in the past. Teens in 11th-12th grades begin to have sex. I think it’s not good at all.” (A female middle school student)

“Today women are easy and not ‘Rak nuan sa-nguan tua’. In the past, it took time to woo someone and get their attention. Now, there’s no need for a word to be said to them to get their attention ‘One sight from me; she can read my heart’ [laugh]. It’s very easy. For example, touching her hands or kissing her, she says nothing. Or even having sex, she still says nothing. Keeping silent all the time [laughs].” (A male high school student)

Twelve out of fourteen parents stated that many Thai adolescents are involved in premarital sex. Parents think it is different from their generation in that at this time, having sex does not require a serious intimate relationship. However, this situation might be applicable to only some but not all adolescents.

“Currently, everything seems very easy for teens. They don’t need to have a serious relationship. Only a relationship for a few days and they can have sex.” (A mother of a male high school student)

“It’s much different from the past. In the past, if we had a relationship, we would have to protect the honor of our ‘fan’ by not having sex with her. But, it’s not true now. Today’s teens are fast. I mean easy to have ‘informal’ sex. They can have sex without marriage.” (A father of a male middle school student)

“It depends on the individual. Some don’t care and they can have sex easily; but, some do care to do something like this [have premarital sex].” (A mother of a male high school student)

Many teachers reported that some students in their school have already had sex especially those at the high school level. Some students comfortably admitted this behavior and did not realize that it is considered improper. Information from school administrators also supported what teachers said. One school administrator explained that sexually active students believed that premarital sex is a normal and acceptable behavior.

“They are more daring. Like, boys and girls dare to have sex earlier. Also, they dare to speak out in public. Typically, in Thai society, we don’t reveal our sexual relationship. But, today’s women like to speak out if they have sex with their ‘fan’. It’s kind of like bragging.” (A male teacher)

“My students didn’t tell me but I heard them talk among themselves. For instance, one student told her friends after school that ‘today my “husband” is coming to pick me up’. She is only a middle school student. Sometimes, students seem to show off like by saying today she is going with this guy and tomorrow with that guy. Especially, in the last two years, norms of having multiple sexual partners have spread and they think that the more partners you have, the greater you are. Anyway, the situation is better this year after we launched some programs to help them.” (A female teacher)

“I am concerned about the problem of continuously changing sexual partners because teens perceive that having premarital sex is a normal behavior.” (A female school administrator)

Both male and female community leaders in both communities mentioned the same thing during each focus group interview.

“I think it’s too early [to have premarital sex]. They are still in school. They have sex as if they were a couple. They never listen to adults’ warning.” (A female community leader)

“It’s unlikely to prevent teens from premarital sex. I’d say 50% of them have had sex.” (A male community leader)

This information was supported by a survey regarding adolescent sexual behaviors in Chanthaburi Province conducted recently by one provincial official.

“From an annual survey done by my department, a trend of sexually active students has increased in both male and female groups. We used a questionnaire to collect data. This should be highly reliable. Sex occurred among peer groups and the rate of condom use is only 40-50%.” (A provincial official)

Information across schools is not different. Participants in each school mentioned sexual behavior as the first or second priority. Concerns about premarital sex emerged most throughout the interviews.

Sub-theme 2.2: *Sexually active adolescents are perceived as a promiscuous group of people.*

The 'premarital sex' theme emerged hand in hand with a sense of promiscuity. During the interviews, many participants provided information in regards to short-term relationships, multiple sexual partners, group sex, and sex in improper places.

"To date, we are never serious about having a single partner. It's changeable. Like some friends of mine, they have the idea of the 'one night stand'." (A male high school student)

"I think today teens are not 'Rak nuan sa-nguan tua'. They imitate westerners' behavior. Some of them even offer sex to guys" (A female teacher)

"Their sexual partners are interchangeable among friends. Like there are four friends in their group. They exchange partners without any shame." (A female community leader)

"From our in-depth information obtained by talking with students, they feel like if their friends have a 'fan', they have to have one too; or, if their friends have sex with their 'fan', why can't I? They never thought that it's not the right thing to do. In some cases, they shared their 'fan' with their friends. Like, they loved their friends and they thought that when they had a snack, they should share it with their friends. They thought that way." (A provincial official)

- **Sexually explicit media Accessibility**

Sub-theme 2.3: *Many adolescents access sexually explicit media because it is cheap and easy to find.*

Both male and female students said that plenty of adolescents their age have accessed pornographic media in various forms including books, Videos, DVDs, cartoons, and websites. Information from all students' focus group interviews was congruent. They admitted that it was very easy and cheap to access pornographic media especially at this time when they can easily download porn video clips to their cellular phones and share them with their friends.

"Many of us have seen porn stuff because it is very easy to see [all other student in the group said 'Yes']. We only have to go to the computer lab and

access the Internet, we can see it there [A]. Porn books and cartoons are available in many book stores. They are kept behind the counter and not obviously presented but they [their friends] know what stores have them. They can ask for that stuff [B]. DVDs too, are easy to get. You only need to go to movie stores or DVD rental stores and you can get them. Especially, if you are males, you can easily ask for porn movies. It's kind of normal and understood [A]." (Combined information from 2 male high school students, A and B)

Some students considered accessing pornographic media as normal behavior. They have seen the development of gateways for accessing this media from traditional ways such as books to modern ways such as the Internet.

"Today's teens perform worse sexual behaviors than those in previous generations. For instance, in the past, if they had porn books, they would have kept them secret [one student in the group laughed]. Now, having porn books is normal." (A male high school student)

Besides adolescents themselves, all parents who participated in this study believed that adolescents have accessed pornographic media. However, only a few of them said that their own adolescent sons/daughters have accessed this media. Some parents said their sons/daughters told them that their friends watched pornographic movies.

"I am quite sure that teens like to watch porn movies. I used to watch a TV report about this. It was reported that some male and female high school students don't go to school but get together for sex and things like that." (A mother of a female high school student)

"I've never seen these movies myself but my son told me that his friend watched these kind of movies [pornographic] because his parents carelessly left one out somewhere in the house so he watched it and liked it. He has watched porn movies since then. I asked my son whether he watched with his friend. He said no." (A mother of a male middle school student)

"My youngest son told me that although there is no porn movie in our house, his friends have a lot. He admitted that he used to watch them sometimes at school and at his friends' houses." (A mother of a male high school student)

Two parents who work in the same school insisted that they saw students gathering to see a pornographic video clip and heard students signing up to watch pornographic movies.

“Students in this school sometimes get together and talk about sex movies. I used to hear it. Most of the time, I heard male students signing up to go to someone’s house to watch porn movies. For female students, though not often, I have also heard them talking about porn movies they have seen. They have described the movies to their friends as well. They didn’t seem embarrassed or afraid at all that people knew about it. They are only middle school students [laugh].” (A mother of a male middle school student)

“Talking about Anna [a sexy singer whose porn video clip came out via the Internet recently], let’s say only in this school. Who has never seen Anna’s clip? I don’t know but almost all of them have seen it. One day, I saw a group of students gathering to watch something and laugh. I walked to them and asked. They said that they were watching Anna’s porn clip downloaded to a cell phone.” (A father of a male middle school student)

Some parents also considered love scenes in TV dramas a kind of pornographic media that is very easy to access.

“There are too many love scenes in Thai dramas. Love scenes are very obvious. Oh! Now, they do real kissing in dramas; no longer using camera angles to make it look real. Adolescents see this kind of thing everyday.” (A mother of a male middle school student)

Moreover, pornographic media is accessible in school through school computers. It seems very difficult to prohibit students from pornographic websites because all students can use computers at school without the teachers’ eyes on them. One school administrator revealed that one time the school found out that one student brought pornographic DVDs and sold them in school.

“We know that today’s adolescents watch porn movies. No matter if they are males or females, perform well or poorly in school, all of them watch porn movies from the Internet. In my class, students said that porn media in Thailand is trendy. No one even their parents can stop it.” (A male teacher)

“Some students watch them [porn movies] in the computer lab. We have underestimated our students. We never expected they would do that. While a teacher taught in front of the classroom, some students in the last row watched porn websites. Some students could not tolerate their friends’ behavior so they came and told me.” (A female teacher)

“In my school, we found out many times that our students sold this stuff [porn movies] in school. They are female students. I can’t believe that.” (A school administrator)

Community leaders repeated the same information as other participant groups. They believed that adolescents have accessed pornographic media because it is very easy to buy, to download from the Internet, make a copy and disseminate to friends.

“It is very easy to get it [porn media]; just go to Jatujuk market [a big outdoor evening market in town] [A]. Sometimes, they can order via mail and wait a couple days [B]. Or, friends can share with friends by making as many copies as they want’ [C].” (Combined information from 3 male community leaders, A, B, and C)

“[Porn] DVDs can be accessed in some stores. They know where to go to get them. They buy only one DVD and lend it among their group. It is very cheap too. I think it is around 20 baht a disk [approximately 40 cents]. They can also order via the Internet and download it immediately.” (A male community leader)

A provincial official agreed that ease of access has resulted in acceptance of accessing pornographic media as a normal behavior for adolescents.

“Adolescents probably think we are already open and accepting of this behavior. How can we prevent them from porn media? It is accessible everywhere. See! Western movies come in everyday. Websites as well. There are too many porn websites and we are too tired to shut them down.” (A provincial official)

Information across schools is not different. All schools agreed that adolescents have accessed to pornographic media because it is easy to access especially via the Internet.

- **Improper Expression of an Intimate Relationship**

Sub-theme 2.4: *Adolescents today are audacious enough to express their feelings of love in public and female adolescents are now less reserved about initially approaching a man they are interested in.*

Information regarding this issue was provided by all groups of participants except students. Adult participants indicated that adolescents dare to express their feelings of love in

public. Behaviors they have often seen included being physically too close, holding on to one's shoulder/waist, touching, hugging, and kissing. Female adolescents are also less reserved and often initiate an intimate relationship with guys attractive to them. Some of the participants thought that these aforementioned behaviors are against Thai culture.

“At the present, the situation is bad. Surely, the future will be even worse. Even in school where we think sexual stuff should not happen, it does. Students hug passionately in school. On the street, they hold onto each other's waist which now is an already-normal behavior.” (A mother of a male middle school student)

“I'd like to classify them into two groups—those who still follow Thai traditional norms and those who don't. Some teens have a 'fan' very early. And, now, women are more daring to be the initiator in a relationship. For example, if they want to know a guy, they will approach him and ask for his phone number. You wouldn't see this in the past.” (A female teacher)

“In a classroom, students stay too close to each other. Some of them even put their legs on their 'fan's' legs. This wouldn't ever happen in the past.” (A female school administrator)

“Talking about the past, a male and a female, even though they were in a boyfriend-girlfriend relationship, had to sit a 'wah' [mean: a linear measure equivalent to 2 meters] away from each other. But now, in a moment, they hug and kiss.” (A male community leader)

One provincial official pointed out that these behaviors are more commonly seen in Bangkok than Chanthaburi.

“It might be different. Chanthaburi is a fairly rural area. Teens' sexual expression is different from those in Bangkok which is a capital. In urban areas, the individualistic lifestyle widely exists. However, in Thai rural society, children are more likely to obey their parents and teachers. Thus, sexual expression is lower. Anyway, even so, it is higher than before.” (A provincial official)

- **Homosexually-Related Behaviors**

In Thailand, 'the third gender' is a formal word representing homosexual and bisexual people. Furthermore, two common words have been used to differentiate homosexual and bisexual males and females. The first one is 'Ga teuy' which means a man who acts and

dresses like a woman (effeminate). The second word is 'Tom' which is short for 'Tomboy', meaning a woman who acts and dresses like a man. Typically, Thai people judge homosexuality based on general appearance and personality with little regard as to whether these people have intercourse with same-sex individuals.

Sub-theme 2.5: *It is apparent that the number of effeminate male adolescents and tomboy female adolescents has increased over time.*

Many teachers disclosed in the in-depth interviews that the number of 'Ga teuy' and 'Tom' had increased sharply among students in their school. These students are more comfortable revealing themselves as a 'Ga teuy' or 'Tom' than those in previous generations.

"The number has increased a lot. As I have talked with teachers in the primary school, they said that this problem occurred in their school as well. However, the number is more serious at the middle and high school level. Like my school, we have around 3,000 students. There are more than 100 students with sexual deviation [being 'Ga teuy' or 'Tom']. It is very frightening. Some of them are very comfortable to reveal themselves as a 'Ga teuy' or 'Tom.'" (A male school administrator)

"I have noticed that there are tons of lesbians and tomboys in my school. After school, if you want to see, go to the canteen. Lots of them are there laying down with their head on their partner's lap. I believe they are lesbians because they express a high sense of belonging. They fight sometimes with a third woman because of jealousy." (A female teacher)

"I am worried about this problem. In the past, I didn't see this much in my school. Also, students in previous generations felt embarrassed to reveal themselves as that way [as a 'Ga teuy' or 'Tom']. Now, students don't feel embarrassed at all." (A female school administrator)

Information from teachers was also relevant to parents' perspectives. Most parents are of the same opinion that the number of adolescents who have gender confusion particularly being a 'Ga teuy' has noticeably increased. Some of them observed this behavior from their son's/daughter's friends. One parent who works as a janitor in a school also noticed that currently, there are more 'Ga teuy' students in her school compared to that in the past.

“There are a lot. I notice when I go pick my son from his school. Some of my son’s friends are ‘Ga teuy’. While they were walking, they applied female’s compress powder on their face [laugh].” (A mother of a male high school student)

“I see a lot of them in the school where I work. Especially, ‘Ga teuy’, they think they are girls. They use the ladies’ restroom.” (A mother of a male middle school student)

One provincial official admitted that in the past, there were fewer ‘Ga teuy’ and ‘Tom’ in school. Moreover, these sexual-related behaviors were mostly found in schools where there were only boys or girls. In contrast, at this moment, not only is the number of ‘Ga teuy’ and ‘Tom’ present in same sex schools, its incidence has also occurred in schools that have both boys and girls.

“I think the number has gotten higher. In the past, I somewhat found this problem only in schools where there were only boys or girls. But not now, at present, even schools that serve both boys and girls have lots of these groups of students. Particularly, males want to be females rather than females want to be males. Anyway, we have never had a formal survey for the real number. It is only a visual estimation.” (A provincial official)

Some student participants accepted that there are ‘Ga teuy’ and ‘Tom’ not only in their schools but also everywhere. This kind of sexual behavior seemed normal to them.

“Talking about ‘the third gender’ I want people to accept them because this group of people is big. They are everywhere. It is not strange or abnormal [to be homo or bisexual].” (A female middle school student)

Information gained from community leaders showed that community leaders in both selected communities agreed that they have seen more ‘Ga teuy’ and ‘Tom’ than before. They made an interesting assumption that it is because these group of people are more likely to reveal themselves in public.

“There are a lot we have seen. I think it is because in the past, they didn’t dare to reveal themselves in public but now, they do.” (A female community leader)

“I think this sexual behavior has existed for a long time. And I am sure there were a lot of them in the past too but they concealed themselves. Nowadays, they are very daring [to reveal themselves].” (A male community leader)

Information obtained across schools is quite similar. The only slight difference found was that in school 1, where there are many more female than male students, was most likely that information was revealed about ‘Tom’.

- **Dressing Too Provocatively**

Sub-theme 2.6: *Some female adolescents disregarding Thai tradition, wear clothing that is too provocative based on Western fashion trends.*

Participants commented that the way some female adolescents dress is improper. Clothes are in a trend of Western fashion which is too exposed and incompatible with Thai tradition. Examples mentioned of clothes that are too provocative included spaghetti strap tops, short skirts, and low-waist pants/jeans. Some female adolescents did not seem aware of not being tactful by wearing improper clothes such as a short skirt to a temple. Participants thought this behavior is more likely to occur in urban rather than rural areas. Although Chanthaburi is considered quite rural compared to Bangkok and other big cities in Thailand, the number of female adolescents who wear revealing clothes has noticeably increased.

“It’s a trend of fashion. I am trying to understand them. But sometimes, it’s too much—too daring. Like, showing a navel; I don’t like it.” (A mother of a female high school student)

“Their dressing is more fashionable and daring such as spaghetti tops and sleeveless tops.” (A female school administrator)

“In Chanthaburi lots of teens wear sexy dresses and go out [A]. I have noticed that they are in a younger group [B]. They should have been covered with a light coat when they wore a spaghetti strap top. Only 1/3 did that [C]. Some teens want to be the center of attention. They want all eyes on them [D].” (Combined information from 4 female community leaders, A, B, C, and D)

“Today’s teens make their life easy in any way including dressing. They’ve never been careful about the way they dress. For instance, they wear a pair of shorts and go everywhere like department stores and some ceremonies/festivals. Sometimes, they wear a too-short skirt or low-waisted pants to the temple. It’s out of place and season.” (A father of a male middle school student)

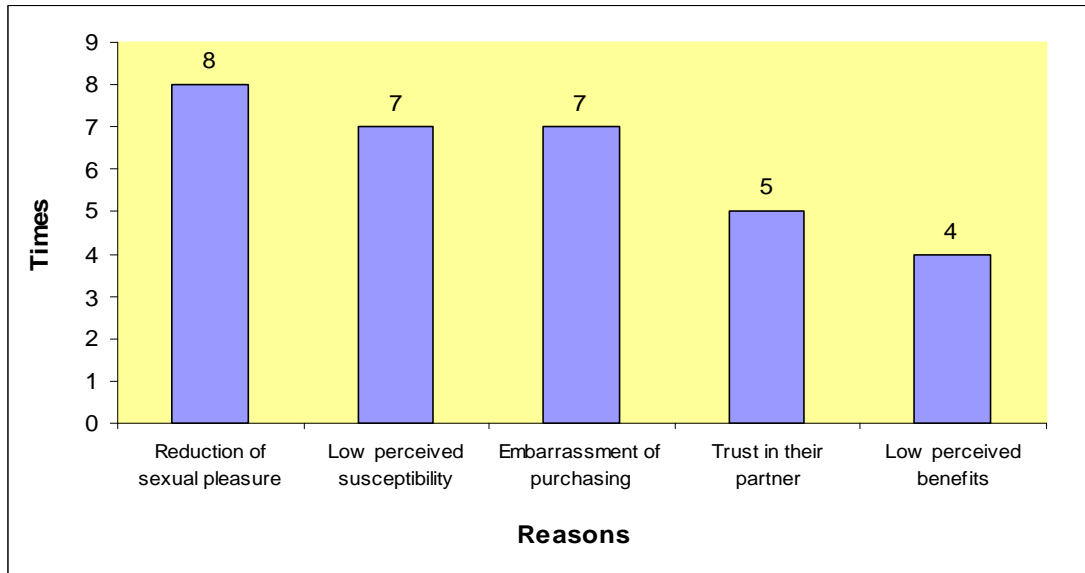
“In my opinion, risqué dressing is bad. I’m probably an old-fashion man. I think we have a nice culture of neat dressing. But, right now, teens wear short skirts and tops to present their body. However, in Chanthaburi, I think it is not quite a lot. If Bangkok, in any malls we can see daring dressing everywhere.” (A provincial official)

- **No and Irregular Condom Use**

Sub-theme 2.7: *Some adolescents do not regularly practice condom use when having premarital sex due to a variety of barriers.*

Male students disclosed that some of their friends use condoms when having intercourse but some do not. For those who use condoms, not all of them regularly use them. This information is similar to that heard from parents, teachers, and community leaders. The 5 main reasons adolescents are not interested in using condoms regularly indicated by participants are: 1) reduction of sexual pleasure; 2) embarrassment of purchasing; 3) low susceptibility of STDs and unwanted pregnancies; 4) trust in their sexual partner; and 5) low perceived benefits toward condom use. Reduction of sexual pleasure is the most common reason mentioned by the participants; whereas, low perceived benefits of condom use is the least common reason stated. The number of times the above stated reasons were mentioned is presented in Figure 8.

Figure 8: Reasons of No and Irregular Condom Use by Number of Times Mentioned by Students, Parents, Teachers, and Community leaders



Regarding the reduction of sexual pleasure, students, teachers, and community leaders provided the same information by pointing out that a significant rationale for condom use failure among Thai adolescents is that condoms can decrease sexual feeling.

“Some of my friends said that it is not fun to use condoms.” (A male high school student)

“They are probably afraid of diseases and pregnancies but males sometimes say it is not fun because they don’t feel like it’s natural. Some girls are complacent and want to please their boyfriend.” (A male teacher)

“When I warned them to use condoms, they said it was not fun and they don’t like to do boxing with boxing gloves [meaning: having sex with condoms].” (A female community leader)

The second common reason is adolescents’ low perceived susceptibility to and severity of STDs. Some students believed they were not a group at risk of HIV/AIDS and they were not afraid of dying of AIDS. Community leaders also said the same thing.

“They [adolescents] probably thought their chance of getting a STD infection is low so they want to try having sex without condoms [A]. And, they might be confident that they chose a safe partner so they should not get any

diseases [B].” (Combined information from 2 male middle school students, A and B)

“Some of my friends said that males will never ever get the AIDS infection. They believe that.” (A male high school student)

Health education teachers insisted that students were taught about STDs and prevention including condom use, but students were not aware that they are at risk of the disease.

“It is a big problem due to the students’ norm to not use condoms for STD prevention. Even though we have taught them, they don’t want to use them. They want to show off that without condoms they are still safe.” (A male teacher)

“Adolescents know very well about STDs especially AIDS. Also, they know about disease prevention. But, they are not afraid of getting infected so they don’t use condoms. In my class, some students kind of bragged that they are never scared of AIDS.” (A female teacher)

Some community leaders used to talk with adolescents in their community. They revealed the same situation.

“I talked to them and found that most of them don’t use condoms. They said they don’t use them because they don’t feel scared of AIDS. Even worse, they said ‘if I have to die of AIDS, that is fine; it is not scary at all’.” (A female community leader)

Embarrassment of purchasing condoms is another common reason Thai adolescents do not use condoms. Students admitted that they and their friends feel embarrassed when purchasing condoms especially when the store clerk is a woman. Community leaders in community 3 also believed that adolescents feel embarrassed to buy condoms.

“We know condoms are good for us but most of us don’t dare to buy them because we feel embarrassed.” (A male middle student)

“Let’s talk about my case. I went to buy condoms at a Seven-Eleven [a convenience store]. I felt like the store cashier looked at me and had the question of why I bought this stuff [laugh]. Maybe, the cashier didn’t look at me but I felt like that. This is one of the factors of why we don’t use condoms. Sometimes we have to ask older friends to buy them for us or we just don’t use it.” (A male high school student)

“All teens know how to use condoms so it’s not an issue. The problem is that it’s embarrassing to buy them. Like at the Seven-Eleven, when the cashier is a woman. She looks at her customers’ face as well. It’s so shameful.” (A male community leader)

In contrast, community leaders in Community 8 did not think that today’s adolescents feel embarrassed or uncomfortable to obtain condoms at all.

“Now, condoms are available in all grocery stores in our community. Though they are not obviously shown on the shelves, it is known that all stores have them. They’re very easy to buy. Every single Seven-Eleven sells them. Nowadays, women carry condoms rather than guys. Women comfortably walk in the store and buy condoms. No embarrassment at all.” (A female community leader)

“All grocery stores in the community sell condoms but adolescents don’t buy them here. They go to department stores where they can put 10 baht [approximately 20 cents] on a cashier’s counter and go get it. It is easy. No more embarrassment. Buying condoms is the same as buying candies.” (A male community leader)

Trust that their sexual partner is free from STDs is another factor discouraging adolescents to regularly use condoms. Male high school students raised the issue that whether or not condoms will be used depends upon how promiscuous a sexual partner is. If they are not, adolescents are unlikely to use condoms when having sex.

“It depends on the person we go with. If she is a good or we know her well, we won’t use condoms. On the other hand, if she is not quite good, we will use condoms.” (A male high school student)

It is interesting that some female adolescents also feel bad if their male partner uses condoms since it makes them feel distrusted and hence stigmatized as being unfaithful. Some adolescents decided not to use condoms because of this reason as well.

“One of my friends told me that his partner asked him not to use a condom. She said ‘don’t you trust me? I am a good girl’ so my friend didn’t use it.” (A male high schools student)

Information about trust and condom use is also an issue pointed out by parents, teachers, and community leaders. They agreed that the more trust adolescents have of their sexual partner, the less likely they regularly used condoms.

“I very often hear some teens say ‘if it is real love, condoms are not necessary’.” (A father of a female high school student)

“We have taught about condom use but students said that they didn’t use them because they were confident that their sexual partner was safe from diseases. They love and truly trust their partner. I am quite confident that they don’t use condoms due to love and trust.” (A female teacher)

“Female teens should be very careful. Guys can wear condoms to protect themselves. What can women do? We can’t wear condoms [laugh]. Many diseases also have emerged. Anyway, women don’t seem afraid of this. If their male partner looks good or handsome, they probably think it should be fine.” (A female community leader)

Finally, the least common reason for not regularly using condoms is low perceived benefits of condoms. Information showed that some adolescents misunderstood STD infections and the benefits of condoms regarding prevention of these conditions. Some adolescents used condoms for pregnancy prevention regardless of STD prevention. Thus, when they decided to use other contraceptives to prevent pregnancies, they discarded condom use. A few parents were quite confident that if adolescents had enough knowledge about STDs and the benefits of condoms, they would use them. However, the teacher’s points of view showed contradictions.

“My friend said that external ejaculation can prevent AIDS infection.” (A middle school student)

“Some of them use external ejaculation to prevent pregnancies or use contraceptive pills so they didn’t need condoms.” (A male high school student)

“If they have enough knowledge, they should protect themselves but some of them don’t know.” (A father of female high school student)

“Adolescents in middle and high schools have learned all of the safe-sex methods but they don’t practice it. This might be because of the norm that Thai males rarely use condoms.” (A male teacher)

Regarding information across schools, lack of knowledge about prevention of STD infections and the benefits of condoms was a prominent issue in School 3. Lack of knowledge and awareness of using condoms was a significant issue in the other two schools.

- **Commercial Sex**

Sub-theme 2.8: *Some female adolescents have sex for money. Arrangement for this sometimes occurs in school where students act as the middle person by contacting their friends to have sex for money with clients outside the school.*

Commercial sex is another problematic sexual behavior obtained from both in-depth interviews and focus group interviews though it is not quite a common sexual behavior concern of the participants. Students themselves did not give information regarding this behavior. However, information from parents, a school administrator, and a provincial official revealed that some students in school have sex for money. It was also reported that both male and female adolescents have been involved in commercial sex. One school administrator and one parent also said that some students work as a middle person between students who want to have sex for money and their clients.

“I knew one male student in a vocational college. He looks handsome. Both gays and old women like him. He admitted that he used to have sex with them for money. I warned him to be careful and use condoms. I don’t know whether he would listen to me.” (A mother of a middle school student)

“Some students in this school have sex for money. Some of them behaved like they were an agency providing student sex workers to their clients. I heard teachers chatting about this. Then, I observed those students’ behaviors myself and it is the truth.” (A mother of a middle school student)

“Some students are involved in commercial sex; for instance, one student behaved as if she were a procuress. She approached her friends and sent them to

serve her clients. See! Now, the situation is this bad. And this student is only a middle school student.” (A male school administrator)

Male and female community leaders insisted that they saw some students with their clients in a motel. A few community leaders indicated that they saw a student come to the motel with her teacher.

“At the motel, I always saw students coming one on one with a guy or their friend. They came to the motel with their school uniform. I have to tell them to get out because people under 18 are not permitted to get into a motel [for sex—having sex with women lower ages 18 years old is considered a legal violation]. Anyway, nowadays, police are not strict. Sometimes, I have seen students coming with their teacher. Most of us here [in a focus group] have seen it, right? [Many of them said ‘Yes’].” (A female community leader)

“The behavior of some teachers is problematic too. Those who love to have sex with their students should stop their behavior. I have heard this from students’ mouths when they have gossiped about their teachers. I heard it very often. Anyway, it depends on students themselves as well. Some of them are willing to do so to earn money.” (A male community leader)

The information across schools is slightly different. Commercial sex behavior was mostly mentioned by participants in School 3. Specific information about a procuress in school came from only School 1 and male commercial sex came only from School 2.

- **Sexual Violence**

Sub-theme 2.9: *Some male adolescents are sexually violent with their female sexual partners.*

Sexual violence was the least common sexual behavior indicated by participants. Most violence mentioned was violence against women committed by male sexual partners such as sharing with their friends recorded videos made while having intercourse with their partners; and using their sexual partners as a reward for motorbike racing.

“Now, there is no kept secret about sex. They speak out without any shame even in front of the woman they had sex with. Some of them [male adolescents]

even recorded video and shared it with their friends or posted it on the Internet. We have heard about this on the TV news as well.” (A male high school student)

“At present, our relationship is not serious. I used to go playing a ‘lock rod’. It is a kind of motorcycle racing but the reward for a winner is a woman the loser takes with them. Oh yeah! A woman is fine to be a reward.” (A male high school student)

“Most parents don’t have time to keep their eyes on their children. It is as if they have allowed their children to do bad things. Some of them [adolescents] go play a ‘lock rod’ where a loser has to give his woman as a reward to a winner. I request the government to solve this problem by doing whatever to terminate motorcycle racing. This can help keep women safe women and reduce road dangers.” (A female teacher)

Some participants also said that adolescents use violence to fight over a man or woman they are crazy about.

“As I have seen, male adolescents have a hot temper. They always fight. Also, they fight over women they like too.” (A mother of a female high school student)

“As we have seen a lot in various kinds of media, girls fight over a male they are crazy about. They obviously express their feelings of love. This is different from those in previous generations.” (A male provincial official)

Information across schools is quite different, fighting over a desirable guy or girl was evident in School 1. Violence against women such as motorcycle racing for a ‘woman’ reward and enticing girls for sex was evident in School 3.

In sum, all groups of participants agreed that certain adolescent sexual behaviors at this time are more problematic than those behaviors in previous generations. Moreover, today’s adolescents are daring and engage in risky sexual behaviors regardless of their awareness of the possible negative affects of their behaviors. Theme comparison is presented in Table 7.

Table 7: Theme Comparison Pertinent to Adolescents' Sexual Behaviors across Groups of Participants and Study Schools

Themes and Sub-themes	Providers (*)	Comparison	
		Groups	Schools (S)**
Theme 1: Today's adolescents enter puberty at a younger age and are more likely to exhibit sexual behaviors in public than adolescents from previous generations.	1-6	× ^{***}	×
Theme 2: Thai adolescents engage in various kinds of sexual behaviors which range from harmless behaviors	1-6	×	×
Sub-theme 2.1: Thai adolescents are likely to engage in premarital sex. Moreover, the age of initiating premarital sex is getting younger.	1-6	×	×
Sub-theme 2.2: Sexually active adolescents are perceived as a promiscuous group of people.	1-6	×	×
Sub-theme 2.3: Many adolescents access sexually explicit media because it is cheap and easy to access.	1-6	×	×
Sub-theme 2.4: Adolescents today are audacious enough to express their feelings of love in public and female adolescents are now less reserved about initially approaching a man they are interested in.	1-6	Students did not concern about this issue.	×
Sub-theme 2.5: It is apparent that the number of effeminate male adolescents and tomboy female adolescents has increased over time.	1-6	×	Information about 'tomboy' girls was obtained from S3 only.
Sub-theme 2.6: Some female adolescents disregarding Thai tradition, wear clothing that is too provocative based on Western fashion trends.	1-6	×	×

Table 7: Cont.

Themes and Sub-themes	Providers	Comparison	
	(*)	Groups	Schools (S)**
Sub-theme 2.7: Some adolescents do not regularly practice condom use when having premarital sex due to a variety of barriers.	1-6	×	S3: Lack knowledge of STDs and less perceived benefits of condoms S2: Less awareness of condom use
Sub-theme 2.8: Some female adolescents have sex for money. Arrangement for this sometimes occurs in school where students act as the middle person by contacting their friends to have sex for money with clients outside the school.	2-6	×	S1: a procuress S2: male sex workers S3: female sex workers
Sub-theme 2.9: Some male adolescents are sexually violent with their female sexual partners.	1-6	×	S1: fight over men and women S3: motorbike racing for a 'woman' reward

Note: * Groups of participants who provided information: 1 = students 2 = parents 3 = teachers
4 = school administrators 5 = community leaders 6 = provincial authorities
** Study schools: S1 = School 1 S2 = School 2 S3 = School 3
*** × = No difference

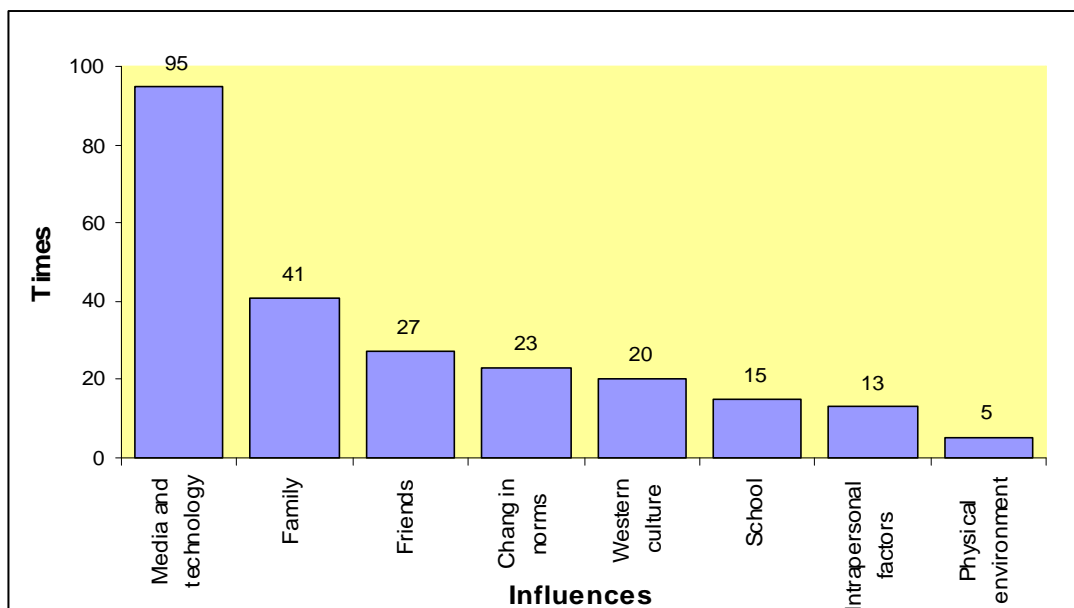
Participants provided information not only in regard to sexual behaviors of Thai adolescents but also significant influences that possibly accounted for those behaviors. These influences are presented in the next section.

Substantive Influences of Adolescents' Sexual Behaviors

Theme 3: *Adolescents' sexual behaviors are influenced by personal, psychological, and environmental factors.*

All groups of participants indicated both personal and environmental factors as substantive influences on problematic sexual behaviors among adolescents. These influences include media and technology, family, friends, change in social norms, Western culture, schools, intrapersonal factors, and the physical environment. The most common influence reported by participants was media and technology; and the least common one was the physical environment. The number of times these influences were mentioned is presented in Figure 9.

Figure 9: Influences of Adolescents' Sexual Behaviors by Number of Times Mentioned



- **Media and Technology**

Sub-theme 3.1: *Audio and print media are believed to be the most common influence accounting for adolescents' sexual behaviors.*

Participants perceived media as the most common influence on the sexual behaviors of adolescents. Media mentioned by participants included both visual and audio media (e.g., DVDs, Videos, and VDO clips) and print media (e.g., pornographic books and cartoons). It is believed by participants that accessing sexually explicit media could in fact encourage adolescents to be involved in sexual behaviors. It is also believed that sexually explicit media is easily accessible as mentioned in the previous section.

“The situation at this time is much worse than in the past. There are tons of sexually enticing stuff available like porn books, DVDs, and videos. This stuff encourages teens to be curious about sex. And this kind of media is available everywhere.” (A father of a female high school student)

“Now, the media that is widely reached by teens is the Internet. Most households have a computer. Also, there are many Internet cafes where teens can go online without their parents looking over their shoulder.” (A male school administrator)

Media technologies such as the Internet, computers, cellular phones, and TVs are considered main channels through which sex-related information is acquired by adolescents. Also, these technologies give teens opportunities to meet new people including those who are seeking sexual partners.

“Internet and cell phones help teens contact one another quickly. In the past, if you wanted to talk with your ‘fan’, you might need to use a letter. Now, they only make a call or use a computer [MSN]. Technologies make things faster. Actually, I’ve never seen any websites because I don’t know how to use a computer. When my son gets online, he never lets me see. I used to steal a glance. He only played online games.” (A father of a male middle school student)

“Media is a big influence because technologies are too much advanced. Students are trained to use a computer. Then, they can access the Internet” (A male teacher)

“Other than TV, a cell phone is another influence. Teens use a cell phone to send sex messages and pictures [A]. Internet too. I think the Internet is worse than TVs because TVs present only sexy clothes but teens can watch everything they want via the Internet [B]. Oh yeah! Both Internet and cell phones provide all of this stuff —porn movies and pictures [C]. We have noticed that all teens want to

have a cell phone and Internet [A]. This is kind of strange.” (Combined information from 3 female community leaders, A, B, and C)

“I think sexual behaviors are caused by various kinds of media such as porn media and Internet. I used to hear grade 7-8 students talking about pornographic movies. I don’t know where they rent them. Authorities should seriously eradicate all of them. Today’s teens are good at using the Internet. Some of them use the Internet to find a ‘fan’.” (A father of a male middle school student)

Moreover, participants believed that technologies accounted for the influx of the sexually-explicit culture of the Western world. Some participants believed that Western culture, in part, influenced teens’ sexual behaviors.

“Any new fad develops quickly. Because of this, there is often initiation of behavior without awareness of how appropriate a fad is; for instance, teens like to pierce their ears, nose, and navel. They follow what they see in Western movies. The Western movies I’ve seen have never shown that teens should obey their parents. I blame the media that allows Western culture to reach Thailand. Some teens imitate Westerners’ behaviors such as staying as a couple before getting married; if it doesn’t sound good, they can break up easily and change to a new partner.” (A father of a male middle school student)

Many participants said TV programs affect teens’ sexual behaviors and that TV media presents overly sexualized messages such as explicit love scenes in movies and risqué dressing of movie stars, singers, and program anchors. Sexy messages are present in TV programs everyday. Thus, participants felt that risqué sexual behaviors could become an acceptable norm encouraging adolescents to follow these behaviors.

“Lots of movie stars are too fashionable like they wear spaghetti strings or a sleeveless top on TV. Even beautiful program anchors also wear daring dresses. This tempts teens to dress in the same way.” (A mother of a male middle school student)

“In the past, we never had dramas where female actresses showed their body or promoted their sexiness. What about now? Now, Thai actresses love to show their sexiness to attract guys. Today’s Thai TV dramas all sell sexiness.” (A male teacher)

“TV soap operas have lots of hugging and kissing scenes. Also, fashion magazines present actresses in a swimming suit and bikini. Some bra ads present a naked model. Teens see stuff like this all the time.” (A female teacher)

In addition, participants complained that most Thai soap operas and dramas are not creatively produced. Soap operas always present improper manners such as women fighting over a guy.

“TV soap operas present improper behaviors such as risqué dressing and bad social manners. Sometimes, soap operas present scenes of women fighting over a guy.” (A mother of a female middle school student)

“TV movies, dramas, and soap operas always present scenes where female performers offer sex to a guy they like or visibly express their passionate feelings.” (A female teacher)

Two participants said that even general TV news and reports could make teenagers curious about sex due to the sexually-related messages and images presented.

“Some TV programs intend to educate audiences about a sexual situation. Like, they want to warn teens not to have premarital sex. However, these kinds of programs sometimes explicitly present improper pictures [pictures of teens having sex].” (A father of a male high school student)

“Sex-related news and reports on TV and newspapers sometimes are published too often. I think it would probably be better if they didn’t show so much. This kind of news can induce teens to imitate those behaviors presented.” (A provincial official)

- **Family**

Sub-theme 3.2: *It is believed that without good discipline from their parents and a good parent-child relationship, adolescents are likely to engage in sexual behaviors.*

All groups of participants especially teachers and school administrators mentioned that due to economic factors, parents do not discipline their children well or have the time to keep watch over their children. This gives teenagers the opportunities to become involved in sexual behaviors.

“In the past, moms were at home in the role of child rearing and letting dads be the family leader to earn money for the family. However, now, both parents have to work. When quality time in the family decreases, broken families are a result. Many news stories have shown that a broken family can push children to their peer group and drugs.” (A mother of a female high school student)

“To date, we have to struggle to earn a living. Parents have to work hard and don’t have enough time for their children. In some families, parents and children rarely spend time together. Parents leave for work very early in the morning and come home very late when their children are already in bed. They have no time to discipline their children. Problems [sexual behaviors] can happen.” (A provincial official)

“Talking about teens’ sexual behaviors, we have to be concerned about their family as well. If the family takes good care of their children in every way including instilling Thai traditional norms, children will be able to properly take care of themselves including their sexual behaviors. It depends on the role of the family.” (A female teacher)

“Today’s teens wear sexy dresses, have premarital sex, and rarely go to temple. This might be because their parents don’t have time to take them to temple.” (A mother of a female middle school student)

Another unique family factor pointed out by parents is that many teens move out of their parents’ house to stay alone or with friends in order to live close to their school. It is assumed that living far away from their family, students will receive less discipline from parents resulting in a lack of parental control.

“I view that today’s teens have more freedom like some students don’t live with their parents. They rent a room and live with friends. It’s out of the parents’ eyes. Teens hang out with friends not parents any more. I think this is a breach. Without parents’ watchful eyes, teens can do whatever they want.” (A mother of a high school student)

“I am worried about older teens who have to stay away from their parents. They rent a room and stay with friends—friends of the opposite sex as well.” (A mother of a female middle school student)

Broken families and lack of good role models in the family were indicated as another family factor accounting for teens’ sexual behaviors.

“Teens in a broken family turn to their friends. Moreover, divorced parents might have new partners outside of marriage. Teens might follow this behavior.” (A mother of a female middle school student)

“Problematic students mostly come from a problematic environment. Their family is likely to be involved in sexual stuff such as having family members involved in commercial sex.” (A male school administrator)

“Some boys have a drunkard dad who always beats their mom. They probably don’t want to be like their dad so they change to act like a woman” (A male school administrator)

“One family in my neighborhood, the parents support the homosexual behavior of their son. Their son wanted to be a female dancer. They bought him a bra and a skirt. Also, they make up for him as well. This means his parents like it.” (A father of a middle school student)

Finally, a provincial official made a comment that if the family is good, teens’ risky sexual behaviors can be prevented.

“If parents have a good background and knowledge and sufficiently discipline their children, teens will have good mental health and be able to deal with any problem. They also will know how to take care of themselves because they receive love and care from their family. I don’t mean teens from a warm family will not have sex but they will be less likely to do so because they will align themselves with their family. Or, if they move away from their family, they can still take care of themselves.” (A provincial official)

- **Friends**

Sub-theme 3.3: *Peer pressure is a strong influence of adolescents’ sexual behaviors.*

Adolescents in a positive peer group are less likely to get involved in sexual behaviors.

The influence of friends was mentioned most by parents. Participants understood that whether adolescents will engage in sexual behaviors depends upon their peer group—if their friends are good, they are less likely to be involved in sexual behaviors.

“I think environment plays an important role. If a family is not warm, teens will turn to their friends. If their friends are good, that’s not a problem. But, if not, the whole group will die together.” (A female community leader)

“At this moment, teens believe more in their friends than their parents. When we discipline them, they never listen. But when their friends tell them, they follow. If we discipline them a lot, they will say that they will run away from home.” (A male community leader)

Peer pressure was indicated by participants as driving adolescents to follow their friends in order to belong in the group.

“I think it is a personal right if students decide to watch porn movies. Let’s say if all of their peers watched porn movies but only one person didn’t, it would be very strange. As human beings, we somehow are influenced by our group’s action.” (A female teacher)

“Let me give an example, if teens belong to a peer group that always hangs out at nighttime, they have to hang out with them. When they are broke, they have to have sex for money; otherwise, they can’t be in the group. This is very bad. We have to solve this problem. Some teens are not aware of their economic limitations. They want to use brand name stuff like their friends.” (A father of a male high school student)

“Friends are very important. For instance, if a male teen who is not sure whether he should reveal himself as a ‘Ga teuy’ associates with a ‘Ga teuy’ group, he will completely present himself as a ‘Ga teuy’. In contrast, if he is in a male group, he probably acts like a man [A]. Teens in a group always do the same thing. If their friends have premarital sex, they have to do so; otherwise, they will be looked down on by their friends as a coward [B]. Also, if their friends ask them to skip school to watch porn movies, they have to do so to be accepted into the group [C].” (Combined information from 3 male community leaders, A, B, and C)

- **Change in Social Norms**

Sub-theme 3.4: *Due to the decreased value of Thai culture among adolescents today, increase in materialism, and the greater acceptance of sexual behaviors, more adolescents nowadays engage in sexual behaviors.*

Teachers, school administrators, community leaders, and provincial officials brought up that acculturation has decreased the value of Thai culture. This has resulted in a change in norms making people more accepting of sexual behaviors. Thais now are more open-minded about sexual behaviors. For some people including teens, engaging in sexual behaviors is

considered fairly normal. Moreover, some participants said that the practice of going to temples has also declined.

“We are more open-minded about sexual behaviors. We let media show sexual stuff. See! In the past, we never saw Thai actresses show their body and promote their sexiness. But, now they do.” (A male teacher)

“It’s possible that in former times, parents didn’t accept a homosexual behavior. Thus, they forced their sons to be a man though their son wanted to be a ‘Ga teuy’. Now, we are more accepting of this behavior so being a ‘Ga teuy’ is now normal.” (A male school administrator)

“Nowadays, Thai society admires women’s sexiness. Teens have a willingness to pick up on this kind of thing so it’s easy for them to show their sexiness.” (A female administrator)

“Teens have the idea that hanging out at nighttime, having a ‘fan’, as well as having sex are normal and they lose nothing by doing so.” (A male school administrator)

“Now, if we talk about Thai culture and identity, teens don’t want to listen. Don’t even think about asking them to go to temple because it would be very difficult.” (A provincial official)

Another significant norm change is the increase in materialism that is likely to affect women’s behaviors. All groups of participants raised this issue. They said that some female teens engage in commercial sex to earn money for brand name merchandise. Also, male students believe that it is easy for rich guys to attract women.

“In the last 4-5 years, our government has been concerned only with economic growth. We operate like a business and think only about how to make profits. Money has become a goal of our people. Thus, parents have to do hard work to earn lots of money and ignore taking good care of their children. This might explain why some teens have sex for a Louis Vuitton handbag.” (A provincial official)

“Teens want to get this and want to get that so they need money. They want to be part of the fashion; like they want a cell phone with a good built-in camera. They don’t want to use a 3,000-baht cell phone. They need a 10,000-baht one. How much money do their parents give them a day? How can they afford this expensive stuff?” (A male school administrator)

“Materialism is another influence such as having a cell phone and a car [A]. By only having these two things, you can have as many women as you want. Now, women pay attention to a car [B] and how rich your family is as well [C].” (Combined information from 3 male high school students, A, B, and C)

However, the norm of not using condoms, mentioned by a provincial official, has not changed and prevents teens from regularly using condoms.

“A big barrier for not using condoms is males’ attitudes and values. Most males think that condoms are not a good thing for them—condoms reduce their sexual feeling so they don’t use them.” (A provincial official)

- **Western Culture**

Sub-theme 3.5: *Because of globalization, there has been an influx of Western culture in modern Thai society. As a result, Thai adolescents imitate Western lifestyles including promiscuous sexual behaviors.*

In accordance with norm change and current media practices, participants were aware that due to globalization, there has been an influx of Western culture to Thailand. Furthermore, it is believed that Western culture has been replacing traditional Thai culture. Participants rationalized that Thai adolescents value and emulate Western ways of life even though some Western habits seem to go against Thai culture. Some participants even said that some teens not only follow a Western lifestyle but also behave worse than westerners.

“At present, I believe there are very few virgin teens. Teens love to follow Western culture [laugh] and especially to imitate negative things. Thai culture has vanished through time. Teens now who are ‘Rak nuan sa-nguan tua’ (means: preserved oneself to sexual behaviors) are very rare.” (A female high school student)

“I think today’s teens absolutely have a norm of westernism. They have followed Western lifestyles in many ways such as dating and living together before getting married. These lifestyles belong to westerners not us. We are Buddhists. Westerners have a free-sex lifestyle. It is their business. But, this should not happen in Thailand.” (A father of a male high school student)

“I think teens’ sexual behaviors have changed because we have obtained too much of Western culture as a result of world prosperity. In my view, our teens have followed westerners’ sexual behaviors. At this moment, we should find the ways to appropriately combine Thai and Western cultures.” (A male provincial official)

“Teens have imitated westerners’ sexual behaviors and some of them behave even worse than the westerners themselves.” (A male provincial official)

- **School**

Sub-theme 3.6: *Some teachers might promote effeminate behaviors among male students by encouraging them to show off their effeminate behaviors in some school activities. Also, schools might not be able to prohibit students’ sexual behaviors due to the great number of students and lack of religion-focused subjects.*

All groups of participants except students mentioned that schools, at least in part, account for some teens’ sexual behaviors. Information regarding school influence was mostly given by teachers and school administrators. Three main areas of problems accounted for by schools include:

1) Schools play an important role in encouraging some adolescents to exhibit their homosexual behaviors. Participants specified a cheerleading activity as a common activity encouraging ‘Ga teuy’ teens to reveal themselves.

Participants pointed out that teachers always encourage ‘Ga teuy’ students to be cheerleaders and to dress up and make-up like women. This also makes ‘Ga teuy’ students become the center of attention as well. Some parents thought some teachers also encouraged homosexual behavior by calling ‘Ga teuy’ students ‘Miss’ rather than ‘Mr.’.

“Cheerleading activities always push students to improper behaviors such as encouraging ‘Ga teuy’ students to be female cheerleaders. Their parents don’t want their kids to act like that but teachers want them to do so.” (A male teacher)

“Like a ‘Ga teuy’ group in schools, they are encouraged to be cheer leaders. And, the way they dance when leading the cheer is very sexually stimulating. I think we should not support their behaviors. The more we support ‘Ga teuy’ behaviors, the more we accept them [homosexual people].” (A female school administrator)

“When teachers find a male student acting like a girl, they should warn him to act properly. Rather than stopping them, teachers are instigators by calling him ‘Miss this Miss that’. Teachers should have called them ‘Mr.’ the same as they call other boys. Some of these students act more like a female because of their teachers. Teachers do not realize they unintentionally promote students’ homosexual behaviors.” (A father of a male middle school student)

Besides, some participants mentioned that schools supported female students to dress in a provocative way when they were involved in some school activities.

“I asked schools in this area to be careful of the appropriateness of female students’ dresses. Like some schools have a band and they have female dancers. I want them to dress up and dance politely, not too sexually. I understand that stage dancing is a way students can show their talents but it should be in a proper way.” (A provincial official)

2) Schools do not discipline and watch students due to the high ratio of the number of students to teachers.

“There are too many students in each school. There aren’t enough teachers to keep eyes on students. Schools put good [study and behavior] students in classes separately from problematic students. Problematic students are also put in the same class too. When problematic students get together, they persuade one another to perform bad behaviors. They don’t want to do school things and teachers don’t pay sufficient attention to them due to the high number of students.” (A female provincial official)

3) The current school curriculum is not good enough to empower students to stay away from poor sexual behaviors because it does not sufficiently cover the subjects of religion and morality.

“The current school curriculum emphasizes only students’ competencies in core subjects such as mathematics, sciences, and languages. It doesn’t emphasize subjects relevant to religion and morality at all. Students have no chance to really study about this kind of thing [religion and morality].” (A female community leader)

- **Intrapersonal Factors**

Sub-theme 3.7: *Intrapersonal factors—personal habits, self-confidence, and a sense of gender defiance account for a Thai adolescent’s decision to engage in sexual behaviors.*

Some participants perceived that sexual behaviors are accounted for by adolescents themselves. They believed that if adolescents are good, any external influences will not be able to encourage them to get involved in sexual behaviors.

“It’s probably due to individual habits as well, I guess. There are lots of good students too but we rarely see them since they are always at home. Unlike problematic ones that always ride a motorcycle on the main street making annoying noise. I think whether or not they are good is up to themselves because for some cases, parents are very good but their children are not.” (A mother of a male middle school student)

“I think it depends on teens’ internal factors—the security of their mind. If they are mature and have strong and secured emotion, no external influences will be able to affect them.” (A provincial official)

Two intrapersonal factors mentioned by many participants, self-confidence and a high sense of autonomy, possibly persuade teenagers to get involved in sexual behaviors.

“To date, teens always think and make their own decision to do or not do something. They don’t listen to adults as they used to. We give teens more freedom than before.” (A mother of a male high school student)

“Sexual behaviors of today’s teens are much different from those of a previous generation. Now, teens are more likely to reveal their sexual behaviors because they are more confident with themselves.” (A male school administrator)

“It seems to me that students feel like they are oppressed by school so they want to show their power against us. For example, if two of them [a boyfriend and a girlfriend] sit and chat on a bench under the tree without the teachers’ eyes, they behave quite well. But, if a teacher looks at them, they will immediately move closer to each other and hold hands or hug like they want to oppose their teachers.” (A male school administrator)

The other intrapersonal factor raised by 2 participants is gender defiance. It is said that some female teens might think that they can do whatever male teens can do, including engaging in sexual behaviors.

“Now, attitudes have been changed. Women think that they are equal to men in every way. Some guys believe that having many wives means you are great. Why can’t women think the same way?” (A male teacher)

“Today’s teens can express their intimate feelings, if they appreciate any guy. It’s like males can do it so females can do it too.” (A mother of a male high school student)

- **Physical Environment**

Sub-theme 3.8: *Night entertainment establishments are places for adolescents to gather and engage in sexual behaviors. Sometimes, those behaviors are induced by alcohol and drugs used in nighttime venues.*

Physical environment was the least common influence considered by participants. Participants pointed out that night entertainment establishments such as bars, nightclubs, and discotheques are places for adolescents to hang out and engage in improper behaviors including sexual behaviors. Participants also connected alcohol and drug use in these establishments to sexual behaviors.

“Teens in the past mostly stayed at home. Unlike now, teens hang out a lot more because there are lots of discotheques and pubs where teens can gather. Hanging out in such bad places can lead to sexual behaviors.” (A father of a male middle school student)

“I view that [physical] environment accounts for teens’ sexual behaviors as well. If teens are in rural areas, they are likely to stay at home because they don’t have places to hang out. In contrast, in urban areas where there are tons of nighttime entertainment establishments, teens are likely to hang out.” (A mother of a female middle school student)

“Substance use make teens dare to behave negatively. For example, some people after drinking liquor, they make louder noise and dare to do whatever they want.” (A father of a female high school student)

“Some teens have used drugs to enhance sexual feeling as well. I can say using drugs can result in premarital sex among teens. As we saw in news reports, teens held a party and used drugs and it became a sex party.” (A mother of a female middle school student)

In addition, few participants mentioned other places such as malls and coffee shops as places where teens can easily gather and involve engaging in some sexual behaviors.

“I am worried about places like pubs and bars where teens can gather to perform bad behaviors. Anyway, it’s still good that teens under 18 are not allowed into pubs. However, now, coffee shops for teens are popular. Everyone can go there. Police can do nothing since people go there for milk or coffee. But you know, finally, it ends up with sex too. Thus, teens’ coffee shops become legal places for teen to gather to behave poorly. Any age group can go there.” (A father of a male middle school student)

“Places like malls are starting points for poor behaviors like teens who wear a sexy dress and go to the mall to show off. Teens always hang out at malls too.” (A female community leader)

In conclusion, substantive influences pointed out by participants included personal and environmental (social and physical) factors. A majority of influences are social environments such as family, school, and friends. Substance use (e.g., alcohol and drug) was also considered as a factor inducing sexual behaviors of adolescents. Theme comparison is presented in Table 8.

Table 8: Theme Comparison Pertinent to Substantive influences of Adolescents’ Sexual Behaviors across Groups of Participants and Study Schools

Themes and Sub-themes	Providers (*)	Comparison	
		Groups	Schools (S)**
Theme 3: Adolescents’ sexual behaviors are influenced by personal, psychological, and environmental factors.	1-6	×	×
Sub-theme 3.1: Audio and print media is believed to be the most common influence accounting for adolescents’ sexual behaviors.	1-6	×	×

Table 8: Cont.

Themes and Sub-themes	Providers (*)	Comparison	
		Groups	Schools (S)**
<u>Sub-theme 3.2:</u> It is believed that without good discipline from their parents and a good parent-child relationship, adolescents are likely to engage in sexual behaviors.	1-6	Mostly mentioned by teachers	×
<u>Sub-theme 3.3:</u> Peer pressure is a strong influence of adolescents' sexual behaviors. Adolescents in a positive peer group are less likely to get involved in sexual behaviors.	1-6	Mostly mentioned by parents	×
<u>Sub-theme 3.4:</u> Due to the decreased value of Thai culture among adolescents today, increase in materialism, and the greater acceptance of sexual behaviors, more adolescents nowadays engage in sexual behaviors.	1-6	×	×
<u>Sub-theme 3.5:</u> Because of globalization, there has been an influx of Western culture in modern Thai society. As a result, Thai adolescents imitate Western lifestyles including promiscuous sexual behaviors.	1-6	×	×
<u>Sub-theme 3.6:</u> Some teachers might promote effeminate behaviors among male students. Also, schools might not be able to prohibit students' sexual behaviors due to the great number of students and lack of religion-focused subjects.	1-6	Students did not concern about this issue	×
<u>Sub-theme 3.7:</u> Intrapersonal factors—personal habits, self-confidence, and a sense of gender defiance account for a Thai adolescent's decision to engage in sexual behaviors.	1-6	×	×

Table 8: Cont.

Themes and Sub-themes	Providers (*)	Comparison	
		Groups	Schools (S)**
Sub-theme 3.8: Night entertainment establishments are places for adolescents to gather and engage in sexual behaviors. Sometimes, those behaviors are induced by alcohol and drugs used in nighttime venues.	1-6	Mostly mentioned by parents	×

Note: * Groups of participants who provided information: 1 = students 2 = parents 3 = teachers
 4 = school administrators 5 = community leaders 6 = provincial authorities
 ** Study schools: S1 = School 1 S2 = School 2 S3 = School 3
 *** × = No difference

Adults’ reactions to adolescents’ sexual behaviors is the other area of investigation in order to understand teens’ expectations of adults’ reactions to their sexual behaviors and the actual reactions from adults. The findings are presented in the following section.

Reactions to Adolescents’ Sexual Behaviors

Theme 4: *Adults are likely to react more positively than negatively to adolescents’ sexual behaviors except for premarital sex. However, their reactions to male adolescents’ sexual behaviors are more positive than to female adolescents’.*

Parents, teachers, school administrators, community leaders, and provincial officials were asked to describe their reactions toward 4 adolescent sexual behaviors: accessing pornographic media, having a boy/girlfriend, having premarital sex, and homosexual-related behaviors. Additionally, students were asked to anticipate adults’ reactions toward these aforementioned behaviors.

- **Accessing Sexually explicit media**

Sub-theme 4.1: *Accessing sexually explicit media is quite an acceptable behavior among adolescents as long as adolescents do not obsess over it.*

Reactions to accessing pornographic media can be classified into 2 groups—acceptable and not acceptable. The frequency of saying that accessing pornographic media is acceptable is more than twice as much as those who said it is not acceptable. For student participants in this study, male students in middle and high school and female high school students were likely to anticipate adults' acceptance of this behavior. Students expected that adults would understand that it is the appropriate age for students to be curious about sex.

“I was scared when I first did [access porn media] it. Sometimes, I put porn movies in my school bag. I was scared that my parents would find out. However, one day, they found my movies. They only asked few questions without any blaming. I think they understood that I had already grown up.” (A male high school student)

“They [adults] would say nothing because they used to do the same thing. When becoming a teen, it's the time to be curious.” (A male middle school student)

“If you are a boy, they [adults] should be fine with it because they understand that it is the nature of males to be interested in sex when growing up.” (A female middle school student)

Parents who thought that accessing pornographic media is acceptable gave a reason similar to students' expectation that adults understood that during the period of adolescence, it is natural for teens to be curious about sex and that accessing pornographic media is a way for them to explore.

“If I find out before my daughter watched porn media, I would not allow her to do so. However, if she has already watched it, I'd say it's fine but I'd prevent it from happening the next time. I will not punish her because it's the age when they are curious about sex. I shouldn't be too strict. Let her do it sometimes.” (A mother of a female high school student)

“I'll not get mad at or punish him but warn him instead. I'll point out advantages and disadvantages of doing so. If we don't allow teens to access porn media, teens will be repressed.” (A father of a male middle school student)

However, most parents did not want adolescents to obsess over pornographic media. Some of them also warned about the disadvantages of accessing pornographic media such as affecting their studies. Also, few parents said that they would teach their sons/daughters about safe sex if they found out that their sons/daughters had obtained pornographic media.

“Adults will not be mad at us if they know we watch porn movies but they will warn us not to obsess about them and ask us to pay attention mostly to our studies.” (A male high school student)

“I think adults will typically teach us by pointing out that it’s not good so you shouldn’t do it again [A]. For educated parents such as my friends’ parents, they both are doctors. They understood him and so they warned him not to obsess too much about it and focus on his studies. They didn’t blame him at all [B].” (Combined information from 2 male high school students, A and B)

“My husband found out that our son watches porn websites but he said nothing. So, I asked my son about it. He admitted he watches them sometimes. I took that opportunity to teach him by warning him that those websites could arouse his sexual feelings and he might want to have sex. I pointed out the negative effects of sexual involvement at an early age. I didn’t want him to follow sexual behaviors that he has seen in porn websites.” (A mother of a male high school student)

“If my son watched porn movies, I’d tell him not to watch them too often. He is a male so I’m not too worried. But, I’d warn him to use condoms if he has sex.” (A mother of a male middle school student)

The main reason for teachers to accept this behavior is an understanding of human growth and development. However, they did not want adolescents to obsess over pornographic media.

“I think it’s fine because anybody who starts to watch sex stuff always continues to watch them. However, only a few people watch them all day long. Because we can’t prevent them from it, I’ve warned my students not to be engrossed with pornographic media.” (A male teacher)

Community leaders perceived that accessing pornographic media is normal behavior for teenagers.

“It’s normal behavior if they are not too young. I think if they are 11th grade students and older, it should be fine. If they are middle school students, it’s too young.” (A male community leader)

Most information about the unacceptability of accessing pornographic media was provided by students. Many female students, especially those at the middle school level, expected various negative reactions from adults such as blaming, condemning, closely watching their behavior, and being angry.

“My parents have never known about it [watching porn media]. If they knew, it’d be like putting a bomb into my house [very angry]. Thus, I watch porn movies at my friends’ houses.” (A male high school student)

“If my parents find out that I access porn media, they will ask where I get it and blame me for my behavior.” (A male high school student)

“Adults would disagree with our behavior and blame us for it. Or, whoever has a computer at home would be checked by their parents, they would go over to see or sit with him/her when he/she gets on-line.” (A female high school student)

Only one mother said she would be angry and punish her teen son and daughter if she found out that they accessed pornographic media. However, she felt she would get angrier with her daughter than her son even though they behaved in the same manner.

“I’d be very angry and punish them [her son and daughter]. I’d beat them with a beating stick. I’d angrier with my daughter because women are not supposed to watch stuff like that [sexually explicit media].” (A mother of a male middle school student)

Whether or not the adults will accept this behavior also depends upon how conservative those adults are according to the student participants. If the family is old fashioned, they are less likely to accept this behavior.

“Some parents cannot accept this behavior but some can. It depends on the individuals. If they have modern views, they will accept it. They will understand adolescents.” (A male middle school student)

“My family is quite conservative so there is no porn stuff in my house. Sometimes, I showed my dad a picture of an actress in a provocative dress. I

thought she was pretty and sexy but my dad commented that she was too daring and improperly acted. A good woman doesn't dress like this.” (A female high school student)

Information across schools shows that none of students in School 2 expected anger or punishment as reactions from adults.

- **Having a boyfriend/girlfriend**

Sub-theme 4.2: *Having a boyfriend/girlfriend during adolescence is a quite common and acceptable behavior. However, adolescents should have some limitations in these relationships such as not engaging in premarital sex, paying more attention to their studies, and informing their parents of the relationship.*

When asked about reactions to having a boy/girlfriend relationship, the frequency of those saying it is acceptable is much higher than those saying it is not acceptable [50:23]. For those who thought this behavior is acceptable, both male and female students expected that parents would understand and accept their intimate relationships especially parents in modern families.

“I think parents would understand us especially when we tell them that we have a ‘fan’ because it means we are serious about the relationship and don’t want to hide it. Also, they should understand that even if they say ‘no’, we will have a hidden relationship.” (A female middle school student)

“Parents with a modern perspective will understand and accept their teens’ intimate relationships. They will probably provide them advice and not force them to stop the relationship.” (A female middle school student)

“My mom asked me how far we’ve gone in the relationship. We had a heart-to-heart talk. She reminded me to ask for permission when I wanted to hang out with my boyfriend.” (A female middle school student)

Two reasons reported in this study for why parents accept this behavior include: 1) parents understand adolescent sexual development; and 2) they are afraid that if they did not allow their son/daughter to have a boy/girlfriend, their son/daughter might resist them and act

even worse than they did before. Parents who were likely to accept this behavior were parents of male and female high school students.

“If my son told me that he had a ‘fan’ that would frighten me a bit. I’d advise him other than get angry with him. I’d ask him how far he’s gone in the relationship. We would talk openly.” (A mother of a male middle school student)

“I’d rather not blame my daughter because almost all of today’s teens have a ‘fan’. I’d warn my daughter that it’s not good to have a ‘fan’ this time but I’m not sure whether she would listen to me.” (A mother of a female high school student)

“Now, adults should not force them to stop a relationship because the children will lie and hide it from us. Some of them will run away from home as a way to act against us. I think adults should be calm to keep our children in our house to finish their studies.” (A mother of a male high school student)

One teacher pointed out that only some families can accept an intimate relationship among teenagers.

“There are many kinds of parents. Some parents who understand the adolescent age will discipline their children well. These parents will interact with teens as friends not parents.” (A female teacher)

One community leader mentioned that most parents who accept boyfriend/girl friend relationships do so because they understand their son/daughter. However, the problem is the gossiping among their neighbors about their son’s/daughter’s behavior.

“I think some teens have a ‘fan’ because they only need a close friend. Most parents in my community are likely to accept this behavior. However, the problem is that their neighbors always gossip if they know that any teen in the neighborhood has a ‘fan’. Their gossip is like: ‘this girl has a ‘fan’; she definitely has had sex’. This makes parents feel uncomfortable.” (A female community leader)

Although a boyfriend/girlfriend relationship seems acceptable to participants, almost all those who accepted this behavior had preconditions. There were 5 significant preconditions of acceptance reported by participants.

Having a relationship without sexual intercourse was the most common precondition predicted by students for adults' acceptance. Students thought it would be fine with adults if teens have a boy/girlfriend without a sexual relationship. Some of them shared their own experience of being warned by their parents.

"They will possibly allow us to have a relationship if we don't have sex or if we are only close friends [A]. Yeah..., my dad said I could have a girlfriend but no sex [B]." (Combined information from 2 middle school students, A and B)

Parents who raised this precondition were those parents with a teenage daughter.

Moreover, mothers were more likely than fathers to be concerned with this precondition.

"If my daughter has a boyfriend, I will ask her to introduce him to me. I can accept it as long as they don't have sex." (A mother of a female middle school student)

"When my first daughter was a teen, she let me know she had a 'fan'. I warned her to take good care of herself and not to have sex. I also asked her not to hang out one-on-one with her boyfriend at night. She could go watch movies or go to the mall during the daytime. If she wanted to go out at night, I would go with her." (A mother of a male middle school student)

"I will have to warn my son not to go too far to have sex. I will point out that he is still in school and has no job yet. Thus, there should be a limitation on the relationship. Anyway, I don't know whether he will listen to me. I will not ask him to stop but advise him instead." (A mother of a male high school student)

One school administrator revealed that a relationship without sexual intercourse is acceptable in her opinion.

"Actually, it is ok for love as a teenager if teens still focus on their study and don't go over the line [don't have sex]. I think it is normal behavior for teens." (A female school administrator)

The second precondition for accepting a boyfriend/girlfriend relationship is having safe sex: even though most adults do not want teens to get involved in sexual relationships, some of them still leave the opportunity open for teens (especially male teens) by reminding or teaching them about safe sex.

“My dad said that I could have a girlfriend but no sex. However, if I really wanted to have it, he would warn me to have good self-protection.” (A male middle school student)

“I am ok if my son wants to have a girlfriend. But, I’d ask him to use condoms when having sex. Some women are not careful about safe sex. I have to teach my son to protect himself and carry condoms with him just in case sex happens.” (A mother of a male high school student)

“I’d allow her to have a boyfriend but warn her not to have sex. In the event she wants to do so, I’ll teach her about safe sex.” (A father of a female middle school student)

Third, having a relationship but with full effort focused on their studies. Parents were the majority of participants who brought up this condition. Some parents would remind their teen sons/daughters to place more attention on their studies rather than on an intimate relationship.

“Some adults would allow us to have a ‘fan’ but warned us to pay attention to our studies. They don’t want us to ignore our studies.” (A high school student)

“I’d teach teens not too be in a hurry to have a ‘fan’. They can wait until after graduation.” (A mother of a female high school student)

“I won’t prevent her if she wants to have a ‘fan’. However, I will remind her to concentrate on her studies and future career. She should wait until after graduation.” (A mother of a female middle school student)

Fourth, allow the relationship to be open to adults’ eyes. Students expected that parents would want teens to introduce their boy/girlfriend to them. Some of them also expected that adults might then keep a closer watch than before. Mothers were more likely than fathers to say that they would want to keep their son’s/daughter’s intimate relationship in their view. One community leader said during the focus group interview that she thought that parents in her community wanted teens to introduce their boy/girlfriend to them.

“I think it depends on each teen. If they are good, adults will trust them and keep less watch on them. In contrast, for teens who are not reserved, adults will keep a close watch on them.” (A female high school student)

“I’d ask both of them to spend time together at my house. I would not approve of them to hang out somewhere else like a movie theater. I want them to be in my eyes. If they go other places, I’ll not know what is going on.” (A father of a female middle school student)

“I think adults should allow teens to bring their fan home. Let them do school work together at home where we can keep our eyes on them. However, I don’t know this way is practical.” (A mother of a female middle school student)

Finally, another precondition is having a relationship with a good person. A few students expected that adults would ask them to be selective. Adults would like teens to have a good boy/girlfriend who will not bring any harm to the relationship.

“Adults wouldn’t stop us but would warn us to select a good person who didn’t only want sex from us.” (A female middle school student)

“Parents would allow us to have a relationship and warn us to have a good and sincere ‘fan’.” (A female high school student)

Sub-theme 4.3: *Having a boy/girlfriend is not acceptable for adults who think that adolescents are too young. Negative reactions from adults include blaming, keeping close attention, and cutting of the relationship.*

Unlike participants who accepted this behavior, participants who said an intimate relationship during adolescence was unacceptable gave only one reason; that adolescents are too young to have an intimate relationship. Besides, having an intimate relationship can affect teens’ study performance as well.

“My dad has kept warning me that it’s not my time to have a ‘fan’. He gave an example of my relative who had a husband at too young age. He pointed out her unsuccessful life. This made me scared to not have a ‘fan’. My dad won’t accept it for sure.” (A female high school student)

“My parents would probably try to stop me from having a ‘fan’. Teens in my neighborhood didn’t pay attention to their studies after they had a ‘fan’. They skipped school. My parents always point this out as an example.” (A male high school student)

“I’ll absolutely ask my daughter to stop her intimate relationship because it’s not her time. Her only duty now is studying. I will support her study in any way.” (A father of a female high school student)

Reactions from this group of participants to a teenagers’ intimate relationship included: 1) a few students and a teacher who expected blaming from adults; 2) some students who anticipated closer attention from adults; and 3) some families who immediately cut off an intimate relationship among teens in their family.

“Some of my friends’ parents scolded, scolded and scolded when they found out that their kids had a ‘fan’. They used very bad and impolite words.” (A mother of a female high school student)

“Some adults will impede our relationship like keep a closer watch on us; they don’t allow us to go out; and reduce our phone calls. Anyway, I know they impede me but I still do it [laugh]. The more they keep their eyes on me, the more I sneak to do it.” (A male high school student)

“I don’t think that parents are open to accept an intimate relationship among teens. One example is my friend’s case. She is 14 years old. When her parents knew that she had a boyfriend, they would ask her to stop meeting him. She said she couldn’t so her parents confined her to a room.” (A female high school student)

- **Having Premarital Sex**

Theme 4.4: *Having premarital sex during adolescence is not yet acceptable among adults in Thailand today. Even though many adults said that it is acceptable for them, they admit that they do not really accept it but they cannot prevent this behavior. Also, many parents are afraid that their teenage sons and daughters will run away from home if they are not allowed to have premarital sex.*

Another area of analysis is adults’ reaction to adolescents’ premarital sex. The number of times participants said it is acceptable and it is not acceptable are 29 and 34 respectively. In the case in which premarital sex is acceptable, students thought that adults would accept this behavior since currently, it is fairly typical behavior. Also, if adolescents have already

engaged in sex, adults can do nothing but provide teens good solutions such as teaching family planning.

“At this time, people think it is a normal behavior. In the past, they would stigmatize premarital sex and not accept it.” (A male middle school student)

“First, they would be angry and blame us seriously. Then, they would calm down and accept it because it already has happened. They would teach us to prevent unwanted pregnancies. Our future will be destroyed if we get pregnant.” (A female high school student)

In terms of parents' views, the two-thirds who held the perspective that premarital sex is acceptable were parents who have a son. Most parents thought in a similar way as students in that if premarital sex had already happened, they could not turn back time and prevent it. Therefore, the best they can do is accept it. Some of them did not want to blame, discipline, or punish their teen son or daughter since they were afraid they would run away from home

“It is human nature. We can't prevent them from everything. To me, I prohibited my son from only alcohol and cigarettes.” (A mother of a male high school student)

“Parents have to admit it because now, premarital sex happens everywhere. If we too strictly prohibit teens from this behavior, teens might run away from home and leave school.” (A mother of a male high school student)

“If it did happen, what I would do is accept it. I'd not express my anger but calmly talk to my son. We should not be mad at teens because it could make the situation even worse.” (A father of a male middle school student)

Parents who have a daughter are likely to say that they can accept premarital sex only if it ends up in marriage. This is congruent with information from some students who mentioned that they used to see some families request marriage or engagement after they found out that their daughter had sex with her boyfriend.

“If my daughter did that, I'd have nothing to say but accept her decision. It's too late to prevent it so I'd try to help her marry that guy. I'd probably blame but not punish her for this because it did happen.” (A mother of a female high school student)

“The only choice for me is accept it and let it go. However, I’d talk to the guy’s family asking for him to take responsibility. They should get married as it should be in Thai culture.” (A father of a female high school student)

Almost all parents who had a son said that they would emphasize to their son to be concerned with having safe sex to prevent STDs and pregnancies. Parents believed that STDs and unwanted pregnancies are results of premarital sex that could affect their teens’ life and particularly affect the success in their studies.

“I’d asked my son whether he uses condoms. I don’t want him to lose his future life at this moment. There is a long way ahead of him in his life. It’s bad if his future is over due to having a family right now.” (A mother of a male high school student)

“I’d remind him that he is still in school and hasn’t been able to take care of himself at all. Another thing, I’d evaluate his girlfriend to see if she was a good girl. If not, I’d have to warn my son that she might not be only with him so he has to protect himself when having sex with her.” (A father of a male middle school student)

One teacher admitted that because premarital sex is not preventable it would be better to teach teenagers about safe sex.

“We can’t ask them to not have premarital sex at all because sex hormones sharply enhance during adolescence. Also, external stimuli, like pornographic media, are a lot. We can’t stop them from this behavior. Thus, it’s better to teach them to have safe sex.” (A female teacher)

A school administrator supported the view that acceptance should be the proper reaction. He also agreed with parents that negative reactions could lead teens to run away from home.

“Teens have had sex. Some of them even stay together. They sleep together at night and go to school during the day. Some parents who have only one daughter have to let a guy stay in their house because they are afraid that by not doing so, their daughter might not go to school or run away from home. This makes it seem like parents support this behavior.” (A female school administrator)

Community leaders revealed that premarital sex has happened in their community and that most of the time, families let it go without any solution. Only a few families held a wedding as a solution.

“Parents might let it be like nothing happened [laugh] [A]. If that was the reaction, parents would inevitably accept it and they would probably hold a wedding for them [B].” (Combined information from 2 community leaders, A and B)

One provincial official expected that parents would be more open to this behavior because the incidence of premarital sex is high now.

“Nowadays, I perceive that parents are more open-minded to accept this behavior. Some of them have taken their daughter to an antenatal care clinic themselves. I’ve often seen this.” (A female provincial official)

Sub-theme 4.5: *Adolescents should not have premarital sex because they are too young and engaging in premarital sex can affect their studies. Negative reactions from adults include anger, punishment, and forced-marriage.*

Students were the largest group in the study who said that premarital sex is not acceptable to parents. Two thirds of these students were females. Students expected a not-acceptance situation in conservative families. This response is associated with information provided by one school administrator. Two main reasons for not accepting premarital sex are: 1) an adolescent is too young to have sex; and 2) having sex can affect the success of teens’ education.

“It depends on the families. For conservative families, they might view sexually active teens as ‘bad’ teens.” (A female middle school student)

“I guess they would harshly scold us because we are too young—just 13-14 years old. It’s not our time yet. Like one conservative family in my neighborhood, they found out that their daughter had a ‘fan’, they yelled at her very loudly. The whole neighborhood could hear it.” (A male middle school student)

“They probably couldn’t accept it because we are too young. Or, if pregnancies happened, we’d be kicked out of school before we have been able to gain independence from our parents.” (A male middle school student)

Students also identified substantive reactions from adults if the adults found out that teens in their family have been sexually active. Common reactions are scolding, punishment, marriage, and separation. Regarding marriage as a reaction, all information came from female students.

“Our parents would be mad at us [A]. And harshly blame us as well. They might ask me like ‘don’t you feel pity to lose your virginity?’ [B]. They probably would kick me out of my house to live with my boyfriend [C].” (Combined from 3 female high school students, A, B, and C)

“For my dad, he would be very angry and disappointed. He’d probably punish me as well because he keeps telling me that he loves me very much. He put high hopes on me. If I disappointed him, he would be mad and sad [A]. For my parents, they would harshly punish me [B]. In my case, I would be punished for sure. They already did that to my sister [C].” (Combined information from 3 female middle school students, A, B, and C)

“I know that some teens were beaten but in most cases, parents of female teens went to talk with the guy’s parents to ask for marriage between their daughter and the other family’s son.” (A female middle school student)

“Parents might force them to separate [A]. If they had a daughter, they’d ask for responsibility from the guy’s family like getting married [B]. Parents might force them to get engaged and wait until school is finished to get married. If they had a son, they would probably punish him like beat him.” (Combined information from 3 female middle school students, A, B, and C)

Parents who did not accept premarital sex said that an intimate relationship without sex was acceptable. In their opinion, adolescents are too young to get involved in sex; and, premarital sex goes against Thai culture.

“It’d be a big problem if a girl got pregnant. If a guy didn’t take responsibility, that would be very bad. This would affect their studies as well. I know one high school student, her family forced her to get married to a guy she had sex with. Both of them dropped out of school without any arguing.” (A mother of a male middle school student)

“It’s not our culture to do so. Our culture wants us to have sex after getting married. Also, an intimate relationship should be under the watchful eyes of adults’.” (A father of a female high school student)

The only 2 reactions parents said would occur if teens in their family have been involved in sex are anger and punishment. However, their reactions vary according to the gender of the teens involved.

“First, I would be mad and punish my son if he did so. Then, I would have to accept it. But, if my daughter did so, I’d be very sad and very angry. I’d punish her a lot too. My reaction to my daughter would be more serious than to my son because a female has more to lose.” (A mother of a male middle school student)

Three out of six teachers disagreed with teens having premarital sex because it can result in the reduction of students’ performance in school. This information is similar to that of one school administrator.

“I think it is too early to have sex at this age. I have a daughter and don’t want her to have sex either. For students who have had sex, I would warn them as much as I can. I’ve tried to gain their trust so that they will come to me for advice.” (A male teacher)

“Adults have changed their attitude. They accept even students who have sex. Some pregnant teens are still allowed to be in school. We shouldn’t accept sex during school age because it can cause various problems like pregnancies and school dropouts.” (A female school administrator)

- **Homosexually-Related Behaviors**

***Sub-theme 4.6:** Homosexually-related behaviors are likely to be accepted because they are perceived as unpreventable and irrevocable. Thus, homosexual people should not be discriminated against. Nevertheless, this group of people should not be supported to exhibit their homosexually-related behaviors in public either.*

The other behavior participants reacted to is homosexually-related behavior. Participants gave information in 2 directions: acceptable and not acceptable. The frequency of those participants who said homosexuality is ‘acceptable’ is approximately 2 times higher than

those that said it is 'not acceptable' (23:10). The perception of 'acceptable' for females is 3 times higher than males. Students who perceived that homosexuality is acceptable said that they have not interacted with this group of students often. However, they have been friends with 'Ga teuy' students for some time so they are familiar with 'Ga teuy' students' behaviors.

"I feel so so with 'Ga teuy' friends because we are friends for a long time [A]. I feel so so too because 'Ga teuy' have their own group. We don't interact much [B]. Teachers also feel ok with them like they support 'Ga teuy' to do some school activities [C]." (Combined information from 3 middle school students, A, B, and C)

"There are lots of 'Ga teuy' in my school. At first, I felt strange with their behaviors but I've become familiar with them over time. I don't think that we discriminate against them, otherwise, they wouldn't dare to be 'Ga teuy'." (A male high school student)

Parents who accepted homosexual-related behaviors illustrated that they did not know how to prevent and resolve these behaviors. They did not perceive any harm from this group of teens. Thus, it is better to accept them instead.

"There is no 'Ga teuy' in my family. However, I see them in other families. They are pretty cute and bring no harm to anyone. They are always in their own group. Anyway, sometimes, they fight each other as well [laugh]." (A mother of a male middle school student)

"I can accept this behavior especially, if they were born with this character. They don't do anything bad. Most 'Ga teuy' have a talent in some orderly work like beauty-related activities." (A mother of a male high school student)

"If I noticed that my son possibly becoming a 'Ga teuy', I'd try hard to bring him back to being a man. However, if I couldn't make that happen, it'd be fine for me to accept him." (A mother of a female high school student)

Teachers and school administrators understood that homosexuality is accounted for by biological factors. Thus, they are likely to accept this behavior due to their sympathy rather than their actual acceptance. These teachers said that they always discipline these homosexual students to behave properly.

“This group of students seems to have higher self-confidence than other students. They like to show off and make themselves the center of attention. I don’t want to accept people who are sexually deviant but we can do nothing if it comes from hormones.” (A female teacher)

“If they are ‘Ga teuy’, we can’t change them so we should accept them; otherwise, they will become a social problem. I sympathize with them. This group of people is small compared to the rest of people. If we discriminate against them, they will be very repressed.” (A female teacher)

“Actually, schools don’t want to accept this behavior but we don’t know how to eradicate it. My school has tried not to treat this group of students differently from other students. We don’t give extra attention to them. I understood that putting too much attention on them can enhance their homosexual-related behaviors.” (A female school administrator)

Community leaders thought that homosexual people have brought no harm to the society so they should be accepted.

“In the past, we didn’t accept this behavior so ‘Ga teuy’ dared to reveal themselves. Now, we should accept that our society has opened up more for this group of people. We can do nothing to go back to the point when we hadn’t opened our minds. Actually, ‘Ga teuy’ haven’t brought any harm. Why not accept them?” (A female community leaders)

The perception that homosexuality is not acceptable was mostly stated by male participants. Some students revealed that they have seen that some families and teachers do not accept this behavior. One father admitted that he definitely could not accept this behavior and did not want others to accept it as well.

“Some families haven’t accepted ‘Ga teuy’ yet. They have forced their children to stop this behavior like one of my friends who was treated. Some teacher also couldn’t accept it. Some teachers harshly blame and keep watch on ‘Ga teuy’ students.” (A female middle school student)

“When I knew that my son was a gay, it was very painful in my heart like a pin pierced into my heart. I was very angry because I raised him and wanted him to be a guy. I didn’t punish him but his step-mom who raised him since he was a little kid couldn’t accept him so she dismissed him from our family.” (A father of a male high school student)

“Personally, I definitely don’t like this behavior. Unlike me, other people feel so so with homosexual people. I believe that my view of this problem is clearer than them. We should not accept it.” (A father of a male high school student)

One community leader also agreed that This should not accept this behavior but solve this problem instead.

“I wish it could be like in the past when we weren’t open-minded to accept this behavior [A]. If it happened to other people’s families, it’d be fine with me. But, if it happened in my family, I couldn’t accept it. I’d really try my best to bring my son back to be a male. One of my friends used to force his son to be a boxer. He forced him to change. Now, he is a real man. [B] I think at this time, it’s hard to prevent this behavior because of a problematic environment. [A]” (Combined information from 2 male community leaders, A and B)

At least one teacher for each school said that there was no solution for homosexual behaviors in their school because it is too complicated for schools to address this behavior.

“We have never formally discussed this problem in my school. We only talked among teachers like this year there are tons of ‘Ga teuy’. That’s it. We leave this problem there.” (A male teacher)

“We have never discussed about a ‘Ga teuy’ situation in our school because it involves many people.” (A male teacher)

Although there are both participants who accepted and did not accept homosexual behaviors, reactions to this group of adolescents are relatively positive. Information obtained did not show discrimination. Furthermore, this group of teens was supported to participate in school activities.

“Ga teuy’ in this school use female rather than male restrooms. When teachers found that out, they asked them to use male restrooms. But, they explained that they couldn’t because they felt embarrassed and some male friends teased them in the restroom. Now, they continue using ladies’ rooms. Teachers seem fine with it.” (A mother of a male middle school student)

“This group of students has a more stage-show talent than general students. We admit this so we don’t impede them to show their talents. If they want to join school activities like other students, we are fine to support them but not to overly encourage them. This is to help students in our school know how to adapt

themselves to live with other groups of people in the larger society.” (A male school administrator)

In addition, some teachers have kindly disciplined homosexual students and encouraged other students to treat their homosexual friends with understanding, concern, and dignity.

“I taught them to be aware of their real gender with the hope that they could prefer their real gender. I also disciplined them to properly behave like not to stay too close to female students because though they are ‘Ga teuy’, they are actually men.” (A female teacher)

“Male students like teasing and making fun of ‘Ga teuy’ students. I warned them to treat ‘Ga teuy’ friends as they do with other friends. I emphasized that they need to respect each other because they are friends. I also don’t want to force these ‘Ga teuy’ to do what they feel uncomfortable with. For example, in my physical health class, students are required to play some kind of sport. ‘Ga teuy’ don’t like doing vigorous exercise so I give them choices to do other things such as writing health papers rather than fail them.” (A male teacher)

Reactions to adolescents’ sexual behaviors is fairly obvious that there is a double standard among adults’ reactions to male and female teens even though they perform the same behavior—reactions to male teens was considered less serious. All groups of participants illustrated that it is because females have more to lose than males. Furthermore, females are supposed to be reserved (called in Thai ‘Rak nuan sa-nguan tua’); whereas, males do not have to be. These perspectives are not different between males and females and across schools.

“If my son watched porn media, I’d let him do so. But, if my daughter did, I’d not want her to do so. I think females have more to lose so I’ve taught my daughter to be ‘Rak nuan sa-nguan tua’. If something happens [loses virginity], she can’t retrieve it back, right?” (A mother of a female high school student)

“There is nothing to lose for men but women. Women can get pregnant and be stigmatized by society. Losing one’s virginity to a guy other than their husband can bring problems to their life.” (A female high school student)

“We should teach females not to have premarital sex but not males. We should teach males not to force women to have sex with them. Because asking males not to have sex is difficult, women should refuse sex if they don’t want it

[A]. Another reason is that women have more to lose than men [B].” (Combined information from 2 male community leaders, A and B)

“If they are males, adults will not discipline them as much as females because Thais believe that females must be more reserved than males.” (A father of a male high school student)

In conclusion, reactions to selected sexual behaviors are rather positive except for premarital sex behavior. Consequently, all negative reactions to selected sexual behaviors are not extremely harmful to adolescents either. Though many adults said that it is *necessary* to accept these behaviors, adults are likely to accept these sexual behaviors anyway. For any sexual behaviors, adults’ reactions to male teens are likely to be more positive than those to female teens. Some adults did not want to force teens to stop their sexual behaviors because of fear they would run away from home. Theme comparison is presented in Table 9.

Table 9: Theme Comparison Pertinent to Adults’ Reaction to Adolescents’ Sexual Behaviors across Groups of Participants and Study Schools

Themes and Sub-themes	Providers (*)	Comparison	
		Groups	Schools (S)**
Theme 4: Adults are likely to react more positively than negatively to adolescents’ sexual behaviors except for premarital sex. However, their reactions to male adolescents’ sexual behaviors are more positive than to female adolescents’.	1-6	×	×
Sub-theme 4.1: Accessing sexually explicit media is quite an acceptable behavior among adolescents as long as adolescents do not obsess over it.	1-6	Only female high school students did think adults do not accept this behavior.	×

Table 9: Cont.

Themes and Sub-themes	Providers (*)	Comparison	
		Groups	Schools (S)**
Sub-theme 4.2: Having a boyfriend/girlfriend during adolescence is a quite common and acceptable behavior. However, adolescents should have some limitations in these relationships such as not engaging in premarital sex, paying more attention to their studies, and informing their parents of the relationship.	1-6	- Parents with high school sons/daughters were likely to accept. - Mothers with a daughter were likely to mention about preconditions of the relationship	×
Sub-theme 4.3: Having a boy/girlfriend is not acceptable for adults who think that adolescents are too young.	1-6	×	×
Theme 4.4: Having premarital sex during adolescence is not yet acceptable. Even though many adults said that it is acceptable for them, they admit that they do not really accept it but they cannot prevent this behavior. Also, many parents are afraid that their teenage sons and daughters will run away from home if they are not allowed have premarital sex.	1-6	Parents with sons were more likely to accept premarital sex than those with daughters	×
Sub-theme 4.5: Adolescents should not have premarital sex because they are too young and engaging in premarital sex can affect their studies. Negative reactions from adults include anger, punishment, and forced-marriage.	1-6	Mostly mentioned by students and teachers	×

Table 9: Cont.

Themes and Sub-themes	Providers (*)	Comparison	
		Groups	Schools (S)**
<p>Sub-theme 4.6: Homosexually-related behaviors are likely to be accepted because they are perceived as unpreventable and irrevocable. Thus, homosexual people should not be discriminated against. Nevertheless, this group of people should not be supported to exhibit their homosexually-related behaviors in public either.</p>	1-6	Male participants were less likely to accept this behaviors than female participants	×

Note: * Groups of participants who provided information: 1 = students 2 = parents 3 = teachers
 4 = school administrators 5 = community leaders 6 = provincial authorities
 ** Study schools: S1 = School 1 S2 = School 2 S3 = School 3
 *** × = No difference

Adolescent Reproductive Health Problems and Awareness

All study participants were asked 2 questions concerning their perspectives toward adolescent health problems resulting from sexual behaviors. This study narrowed participants' perspectives down to 3 significant reproductive health problems: 1) sexually transmitted diseases (STDs); 2) unwanted pregnancy; and 3) abortion. Moreover, this study also examined to what extent participants were aware of these health problems.

- **Sexual Transmitted Diseases**

Theme 5: *HIV/AIDS is the most common STD of concern to all participants although there are no official statistics of HIV/AIDS rates specific to the teen age group.*

When asked about STDs, HIV/AIDS was the first topic to come to participants' mind. Thus, the information gathered in this study pertains mostly to HIV/AIDS. Very little information about other STDs was given. Parents and community leaders mentioned HIV/AIDS with the belief that it is a significant health problem threatening Thai teenagers. Some participants insisted that they have seen teen HIV/AIDS cases in Chanthaburi. Also,

they estimated that the size of the problem has been increasing though they did not know the actual statistics. One provincial official revealed that there are no reliable statistics of HIV/AIDS rates specific to the adolescent age group because an HIV test can only be done with pregnant teens who go to an antenatal clinic.

“Thinking of AIDS, it really scares me. I hope my son won’t get it. But, I’m worried about children in other families because there are tons of AIDS cases now. Even students get infected. The school informed me.” (A mother of a male high school student)

“From my perspective, the increased percentage of new HIV/AIDS cases is due to the increase in adolescent patients. Teens are curious about sex and want to have sex but don’t know how to protect themselves well. For other STDs, the situation is not as serious as HIV/AIDS.” (A mother of a female middle school student)

“I think there are lots of STD cases, especially HIV infections. Last month, I met my friend who used to study at...[a name of school]. My friend said that 20 middle school students had gotten an HIV infection. I’m not sure whether it’s the truth. However, my friend warned me to be careful if I want to have a ‘fan’ in that school. Middle school students in that school are the scariest.” (A male community leaders)

“We’ve never provided an HIV test to students. An HIV test is a baseline test only for pregnant women. For young males, we provide a test to draftees. We’ve tried hard to keep the rate of HIV/AIDS under 1%. I’m sure teens have become infected but I can’t tell how huge the number is.” (A male provincial official)

- **Unwanted Pregnancy and Abortion**

Themes 6: *Unwanted pregnancies and abortions are evident as negative results of premarital sex among adolescents. Although illegal, there are some abortion clinics available in Thailand. These abortion clinics are usually hidden in general family planning clinics.*

Most parents said that they heard about unwanted pregnancies and abortions among teens from TV reports. They think that the problem has occurred because adolescents do not

protect themselves well. Some parents also talked about abortion clinics and what they have heard about the cost.

“From news reports, I think the problem is serious. I wish the situation wasn’t serious like this because there are various kinds of contraceptives teens can use. I feel so sad.” (A mother of a male high school student)

“I’ve watched TV news report. Now, teens are more engrossed with sex and might not be aware of safe sex. Unwanted pregnancies and babies are a big social problem as a result of unsafe sex. I sympathize with them but don’t know how to help them.” (A father of a male high school student)

“Anytime I hear about unwanted pregnancies and abortions in youths, the first question that comes to mind is why didn’t they use contraception; Contraceptive pills are available everywhere. Why didn’t the girls take them? I know that there are abortion clinics in Bangkok. There is an abortion clinic in Chanthaburi as well. I’m not sure whether it is still open now. The cost for an abortion depends on the week of gestation, 1,000 baht [approximately \$25] per month of pregnancy. I’m sick with this. Why don’t teens prevent the problem before it happens?” (A mother of a male high school student)

Similar to information shared by parents, teachers and a school administrator said that the failure in safe sex practices accounts for this problem. Some teachers mentioned their experiences of dealing with pregnant students. One teacher also gave information about an abortion clinic.

“So far, there have been many known cases of pregnant students. This is because students are curious about sex but they don’t know how to accurately protect themselves. They are learning by doing like trial and error.” (A female teacher)

“I used to notice that one student looked pretty strange like she was pregnant. She didn’t tell anybody until one day I decided to talk to her. I kindly provided her with support so she told me about her problem. She was very scared to tell her parents. She was very overwhelmed trying to conceal the pregnancy from her family. I couldn’t tell her parents either. I gave her advice to try and work through her problem and encouraged her to tell her parents. I did my best to help her. However, she left school as other cases. It’s sad.” (A female teacher)

“I’ve never seen abortion cases myself but my husband did. My husband has a van for rent and he is sometimes a driver. Once, 4-5 female teens and their parents rented his van to go to Bangkok and he was a driver. He drove to a clinic

in Bangkok. Finally, he found out that these teens went there to have an induced abortion. He was surprised that it seemed so normal for these teens to do so and for their parents to accept it.” (A female teacher)

“This problem has happened many times to reserved students. Risqué students are always able to take care of themselves. They rarely make a mistake and get pregnant. Some teachers insist that students have enough knowledge to protect themselves. However, this might not be true for some groups of students like reserved students.” (A female school administrator)

In terms of community leaders’ responses, they insisted that unwanted pregnancies and abortions are a big problem occurring both in urban and rural areas. One of them suspected that the problem has increased because it is easier to have abortions now as compared to in the past. Also, there is an abortion clinic in Chanthaburi as well. The information they provided on the subject of the cost for an abortion was the same as that of parents.

“There are lots of abortion cases now. Some teens have even had abortions more than once [A]. They aren’t afraid of it. I heard that there are clinics in Bangkok [B].” (Combined information from 2 female community leaders, A and B)

“I’m sure there are a lot of abortion cases because it is easier to have abortions now as we have seen on the news reports [A]. I think there is an abortion clinic in Chanthaburi too. It’s a concealed clinic but run by a trained provider [B]. There are some typical family planning clinics where abortions are provided. They are legal clinics that are allowed to practice abortions [C].” (Combined information from 3 female community leaders, A, B, and C)

“The problem is very serious at this moment. I thought that the problem was only in the big cities. But, I was wrong. Recently, I went to visit my parents in my hometown. I am from a rural area. I found 4-5 pregnant teens in my village. All of them were pregnant and living without their baby’s father. This never happened in my generation.” (A male community leader)

“From newspaper reports, I can say there are plenty of unwanted pregnancies and abortions. It’s easy to get this service as well. Now, many medical clinics provide this kind of service. The cost is one month gestation for 1,000 baht; two months for 2,000 baht; it increases 1,000 baht for each month of pregnancy.” (A male community leader)

A provincial official admitted that the problem is more serious at the provincial level.

Nevertheless, adolescents and their parents seem to care less about this problem.

“There are no formal statistics for teen pregnancies and abortions in Chanthaburi. Data from the records in teen health clinics show a trend in increased student pregnancies. Also, students and parents seem to be fine with the problem. In former times, teens always cried when they found out they were pregnant. But, now, teens just come to the clinic to confirm they are pregnant. They don’t seem upset at all.” (A provincial official)

Many participants linked unwanted pregnancies to school problems. They reported that all pregnant teens ended up as school dropouts.

“A teen in my neighborhood, she was a 9th grade student. When she got pregnant, she was dismissed from her school.” (A mother of a female high school student)

“I’ve never seen any abortion cases but teen pregnancies. Like in my niece’s case, she had a ‘fan’ and had sex. She got pregnant and concealed it from her parents until the 5th month of her pregnancy. Her parents asked the guy to take responsibility. Then, both of them got married but had to leave school.” (A mother of a male middle school student)

“One of the teen problems found in our school is dropouts due to having sex and getting pregnant.” (A female school administrator)

Themes 7: *The nationwide school enrollment regulation only allows single students to be enrolled in the school system. In contrast, the national education act of legislation also requires that Thai people remain in school until 9th grade.*

Sub-theme 7.1: *There is no standard resolution for schools to deal with pregnant students. Thus, decision making to solve the problem depends on each school.*

Sub-theme 7.2: *Pregnant students mostly end up as school dropouts even though their school provides support to keep them in the educational system.*

A provincial official and a school administrator noted that one of the nationwide school regulations states that the marital status of students must be single. This causes difficulty for

schools to keep pregnant students in the educational system. Additionally, this school regulation contradicts the national education act which states that Thai people must be in school until 9th grade. The way to deal with pregnant students is up to the decision of each school.

“It is a school regulation that students must be single. If we knew that students got pregnant, we couldn’t keep them in school. However, schools are quite flexible to help students to continue their studies. School administrators ask students to leave school for a while until they gave birth and then have them come back to school. Schools must do this secretly because it is against regulations. Sometimes, we should give our students opportunities because everybody can make a mistake. Anyway, recently, the government enacted the national education act of legislation which states that Thai children must be in school until 9th grade. With this act, pregnant students should have the right to be in school however, this is still not clear. Thus, there is not a formal resolution for schools to deal with pregnant students. Each school has its own way.” (A male school administrator)

“A problem of student pregnancy makes us feel very uncomfortable because one of the school regulations clearly states that students must be single. Thus, according to this regulation, we have to drop all pregnant students. Anyway, we have helped our pregnant students by pretending that we didn’t know that they were pregnant. Students leave school until giving birth and then come back or move to another school. However, most students don’t come back. The government has a national policy that all Thais who want to be in school must have the opportunity to do so. The government should change the school regulations as well.” (A female administrator)

Information from teachers is similar to parents in regards to the support that schools in Chanthaburi give to pregnant students to continue their studies by allowing them to leave school until they give birth and then can come back to school afterwards. However, teachers reported that nearly all these students never come back to school.

“My school won’t support abortions because it is a big sin. We allow any pregnant students to stay at home and let their parents pick school assignments for them to work on at home. We schedule time for them to take exams separately from their peers. After giving birth, they can come back to school. But, almost all of them feel too ashamed to come back.” (A female teacher)

“I know that my son’s school allows pregnant students to continue their studies after giving birth. I think it’s good to give them the opportunity to those

who still want a good future. If schools didn't help them, those students would lose their chance at a good future." (A mother of a male high school student)

In regards to the issue of abortion and morality, some participants were conflicted over whether they should support abortions because abortions can solve social problems, or whether they should oppose them since they are immoral according to Buddhist precepts. Some participants supported abortions.

"I think it's very difficult to decide whether or not abortions should be legal. An abortion is definitely immoral. But, in relation to social problems, unwanted pregnancies can lead to many social problems. We have to make a trade off between morality and solving social problems." (A father of a female high school student)

"There are 2 ways of thinking. An abortion is a big sin based on Buddhist beliefs. However, if we let unwanted babies be born, we can't imagine how their life will be. The best way is to prevent unwanted pregnancies." (A male community leader)

"In my opinion, I support abortions if women are not ready to have a child. It is better than having them abandon their babies or abuse their unwanted children." (A female community leader)

"If my students get pregnant, I want them to have abortions. This is in the case that they have just recently gotten pregnant. However, I'll not advise or encourage them to do so but point out the pros and cons of having an abortion instead. Then, I will let them make their own decision. Some of my friends disagree with my idea. I think unwanted children are a pity." (A female teacher)

- **Awareness and Attitudes toward Adolescent Health Problems**

Theme 8: *Adolescent reproductive health is viewed as a family-level problem. Most participants especially mothers show their awareness of problems that might occur to teens in their family. The awareness is higher for female than male adolescents.*

Sub-theme 8.1: *Adults' awareness of problems is likely to decrease as their perception of teens' goodness and trustworthy increases.*

Sub-theme 8.2: *If teens have behaved problematically for a long time, their family is likely to be familiar with and hence ignore these problems.*

While providing information about adolescent health problems, some participants expressed their attitudes toward these problems. Two-thirds of participants in the study showed great concern for adolescent health problems while the other one-third showed little concern. Most of those with the greatest concern were mothers with at least one teenage daughter who were mainly worried about their own daughter rather than teenagers as a whole. They also said that they were more worried about female than male teens because of pregnancies and ensuing school problems. Some parents requested that schools move their daughters from a classroom where there were apparently problematic students to a new classroom. In terms of STD infections, all parents worried only about HIV/AIDS infection due to its severity.

“I am worried about female teens. How can we help them? Females can get pregnant. How can girls deal with their problem if they get pregnant without a father to take care of their baby? I’m afraid of social problems like abortions and discarded babies. I’m not worried about male teens in this case [reproductive health] but drug abuse.” (A mother of a male high school student)

“I am worried about the success of teens’ studies if they have a ‘fan’ and have a sexual relationship. Some of them don’t want to go to school anymore or some get pregnant and leave school early. I also have a daughter. I don’t know whether my daughter is going to be safe [laugh].” (A mother of a female middle school student)

“Some parents used to ask schools to remove their daughters from their current classroom to a new one. They said that a lot of students in their daughters’ current classroom always hung out at night and they didn’t want their daughters to be in the same class with them.” (A female school administrator)

“I used to see AIDS patients. I thought why do they let themselves get infected? They were teens. I saw children of other families get infected at age 13-14. This makes me worried about my son. If it happens to them, what can I do? Can I accept it?” (A mother of a male middle school student)

One school administrator said that school principals and teachers are concerned about teens' reproductive health problems. Moreover, a teacher in the same school as the administrator described her awareness of the problems by pointing out that students might not use the knowledge from sex education classes to practice healthy behaviors. Also, addressing students' reproductive health problems requires collaboration from all teachers in the school.

“Teachers in this school are very worried about these problems. However, it’s difficult to make students aware of these problems. We can’t only tell them don’t do this or don’t do that but we have to explain to them why they should not do it. It’s the responsibility of all teachers in the school to instill morality in our students and to point out the disadvantages of premarital sex such as pregnancies. Anyway, it’s up to students as well whether they will listen to our warning. Some of them don’t listen to us. They get pregnant and have to leave school.” (A female teacher)

“Not only me but also teachers in this school are very worried about teens’ sexual behaviors. We have tried to teach and warn our students. However, students don’t seem to realize that hanging out at night, having a ‘fan’, and having premarital sex are improper behaviors.” (A female school administrator)

One provincial official was concerned about teens' reproductive health problems because he viewed some determinants at the macro level and not only the micro level accounted for these problems. Another provincial official also asked schools for their cooperation to prohibit the sexual behaviors of students in their school.

“I’m worried about teens’ reproductive health. At present, there is a child protection law stating that parents can’t use physical punishment like they have in the past to discipline their children. Thus, teens will have more freedom to behave in the way they want and won’t be scared of punishment. Also, these problems might be attributed to poverty. Sex education is only one of the various ways to address teens’ reproductive health problems.” (A male provincial official)

“It’s one of the school’s burdens to control students’ behaviors. I always point out teens’ sexual behaviors in news reports to schools and ask them to keep a close eye on students in their school.” (A male provincial official)

All of the parents who were less worried about teens' reproductive health problems said that they were only worried a little because their teenage sons or daughters are good and trustworthy. None of the parents in this group viewed teens' reproductive health at the macro level but at their own family-level.

"I'm only a bit worried about teens and premarital sex because my son is a good boy. He hangs out with his friends sometimes but only during the day so I am relieved. Another thing, he is only 14 years old so this [premarital sex] should not happen [laugh]." (A mother of a female high school student)

"I don't know what to say about my worry for society as a whole. But, for my son, I'm not worried at all because I'm sure these problems will not happen to him." (A mother of a male middle school student)

"I'm worried a bit about teens and sexually explicit media. However, I tried to discipline my son and he is a good boy—obedient. So, I don't worry about him. We always talk and he shares everything with me." (A mother of a male high school student)

Another reason that parents don't worry about their teens' reproductive health problems was indicated by a school administrator. It is because these teens have behaved problematically for a long time so their family is likely to be familiar with and hence ignore these problems.

"I assume that some parents don't take good care of their children. They think that they send their children to school so it's the school's duty to take care of them. Their duty is to work and earn money. Another reason to ignore teens' problems is that teens have had problematic behaviors for long time and even though they have disciplined them, they have never improved. These parents don't want to come to school when we invite them because they know what they would hear from us and what their kids' problems are." (A female school administrator)

Some community leaders do not consider teens' reproductive health problems as problems of the community. Instead, they viewed these problems as family-level problems.

"When I warned teens in my community not to wear clothes that were too provocative, they said that I'm too old to understand the new fashion trends. We can't accept their behaviors, right? [No, all other community leaders replied] However, we can do nothing for them [A]. But, we can, at least, prevent these

behaviors from happening to teens in our own family [B].” (Combined information from 2 female community leaders, A and B)

In summary, HIV/AIDS is the most common STD among teens that was reported by participants. Participants agreed that unwanted pregnancies and abortion are a result of teens’ sexual behaviors. Moreover, unwanted pregnancies can cause school problems. Most participants showed their great concern for teens’ reproductive health problems especially parents who have a daughter/daughters. Theme comparison is presented in Table 10.

Table 10: Theme Comparison Pertinent to Adolescent Reproductive health and Awareness across Groups of Participants and Study Schools

Themes and Sub-themes	Providers (*)	Comparison	
		Groups	Schools (S)**
Theme 5: HIV/AIDS is the most common STDs of concern to all participants although there are no official statistics of HIV/AIDS rates specific to the teen age group.	1-6	×	×
Themes 6: Unwanted pregnancies and abortions are evident as negative results of premarital sex among adolescents. Although illegal, there are some abortion clinics available in Thailand.	1-6	×	×
Themes 7: The nationwide school enrollment regulation only allows single students to be enrolled in the school system. In contrast, the national education act of legislation requires that Thai people remain in school until 9 th grade.	3, 4, 6	×	×
Sub-theme 7.1: There is no standard resolution for schools to deal with pregnant students. Thus, decision making to solve the problem depends on each school.	3, 4, 6	×	×
Sub-theme 7.2: Pregnant students mostly end up as school dropouts even though their school provides support to keep them in the educational system.	3, 4, 6	×	×

Table 10: Cont.

Themes and Sub-themes	Providers (*)	Comparison	
		Groups	Schools (S)**
<p>Theme 8: Adolescent reproductive health is viewed as a family-level problem. Most participants especially mothers show their awareness of problems that might occur to teens in their family. The awareness is higher for female than male adolescents.</p>	2-6	Mothers of daughters were most concerned about adolescents' reproductive health problems.	×
<p>Sub-theme 8.1: Adults' awareness of problems is likely to decrease as their perception of teens' goodness and trustworthy increases.</p>			
<p>Sub-theme 8.2: If teens have behaved problematically for a long time, their family is likely to be familiar with and hence ignore these problems.</p>			

Note: * Groups of participants who provided information: 1 = students 2 = parents 3 = teachers
 4 = school administrators 5 = community leaders 6 = provincial authorities
 ** Study schools: S1 = School 1 S2 = School 2 S3 = School 3
 *** × = No difference

Although all parents in this study agreed that today's teenagers have more problematic sexual behaviors than those in previous generations, they currently may or may not provide sex education to teenagers in their family. However, all of them support school-based sex education. The next chapter presents the state of school-based sex education.

CHAPTER 5

RESULT 2: School-Based Sex Education

This chapter presents the findings in relation to the second research question (What are the perspectives toward school-based sex education from the viewpoint of adolescents, their parents, teachers, school administrators, community leaders, and provincial authorities?). These sections are classified according to the specific areas of investigation which derived deductively from the literature review:

- 1) Sex education provided in the home;
- 2) School-based sex education;
- 3) Parents' expectation about school-based sex education;
- 4) Community competencies in adolescents' reproductive health;
- 5) Adolescents' reproductive health support at a policy level; and
- 6) Suggestions for school-based sex education improvement

Sex Education Provided in the Home

Although the main interest of this study is school-based sex education, information about sex education provided at home was obtained to understand the parents' role as sex educators in the family. This information helps explain parents' support pertinent to school-based sex education. There were several reasons why parents provided or did not provide sex education to teenagers in their families. For families who provide sex education at home, parents

described their perceived abilities in providing sex education. The findings revealed 2 primary themes.

- **Availability of Family Sex Education**

Themes 9: Sex education is provided in approximately half of Thai families.

Sub-theme 9.1: Some parents want to discuss sex with their children when their children initially ask questions. Some teens do not dare ask sexually-related questions to their parents.

Sub-theme 9.2: The content of sex education in families includes warning them about proper sexual behaviors and advising them about good hygiene.

Sub-theme 9.3: The most common reason that parents do not address sex education is that they believe their teens are too young to learn about sex.

Parents and students were asked whether or not sex education was provided in their family. Additionally, these 2 groups of participants were asked to suppose whether Thai parents in other families teach sex education to their teen sons/daughters. The frequency of those respondents indicating families who provide sex education is almost equal to those indicating families who do not provide sex education (30:29).

For families who do not provide sex education, this information was revealed at least once in each student focus group interview except in the group with male students in School 3. Many students said that their parents never initiated talking about sex with them and they never asked their parents sexually-related questions either. Some parents gave reasons to their sons and daughters for not having them learn about sex.

“I’ve never learned anything from my parents. They have never talked about sex with me. And I don’t think that when I get older, they will teach me about sex. They will let me learn it myself like I have done so far for other things.” (A male high school student)

“My mom is fairly conservative so she told me not to think about sex but pay attention only to my studies. She said she has only one son. She doesn’t want me to have a ‘fan’. She has never mentioned anything about sex education.” (A male high school student)

“My parents never talk with me about sex. They might do that if I asked them, I guess. Anyway, I have never asked them so we’ve never had sex education in our conversations.” (A male middle school student)

“I’ve never learned about sex from my parents. All I’ve learned so far is from books and my teachers.” (A female middle school student)

A majority of parents admitted that they have never taught sex education to their teen sons/daughters. Also, some of them anticipated that many Thai parents in other families have the same practice—not teaching sex education in family.

“I could say that I have never talked about sex with my son though he sometimes mentions about a girl he has a relationship with. I don’t want to get too involved in his life. Sometimes, he shares with me about the sex education he learns in school. I just listen to him without any questions. I don’t feel comfortable to discuss sexual stuff with my son. Also, I’m afraid that he might feel embarrassed as well. And if so, both of us would be very awkward.” (A mother of a male middle school student)

“I don’t think that I will initially talk sex with my son because he might be embarrassed. If he doesn’t ask me, I won’t mention it. But, if he asks me, I can teach him.” (A mother of a male high school student)

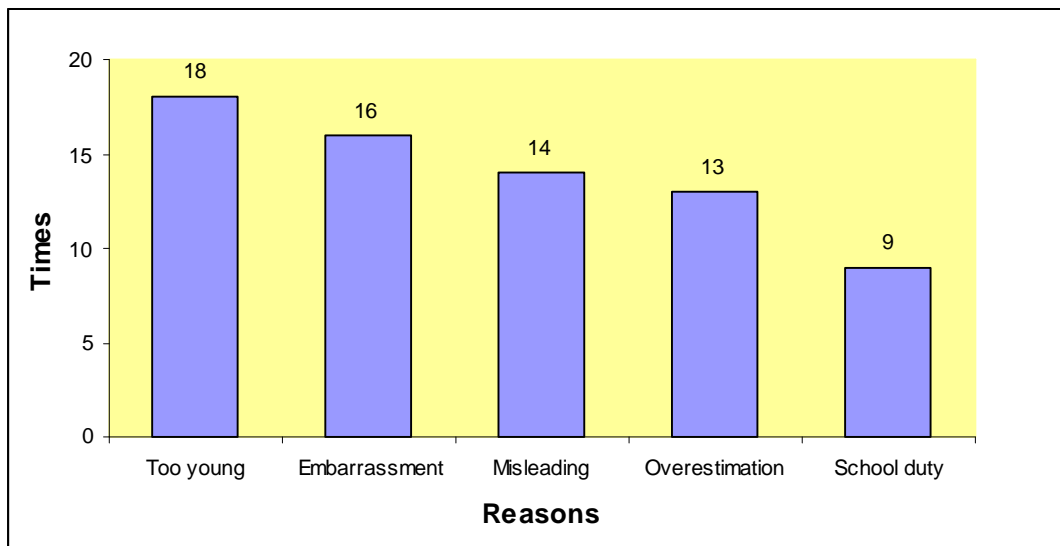
“I don’t think that Thai teens talk about sex with their parents and parents won’t teach them about sex either. We have the conventional belief that sexual things are very personal and taboo so we should not discuss them openly. Today’s parents are also influenced by this belief.” (A mother of a male high school student)

“Parents might not teach sex to their teen children because most parents have to work hard and don’t have time for their children. They get up in the early morning, get dressed, give their kids money, and then go out.” (A mother of a female high school student)

Five reasons for not providing or providing insufficient sex education by parents in families were also indicated by participants in this study: 1) teens are too young; 2) parents and students feel embarrassed; 3) parents and students are afraid of being misleading; 4)

parents overestimate their children; and 5) sex education is the school’s responsibility; The frequency of mentioning these aforementioned reasons is presented in Figures 10.

Figure 10: Reasons for No or Insufficient Sex Education provided by parents by the Number of Times Mentioned



The reason that teenagers are too young to learn sex education was the most common reason mentioned by participants. Most parents who did not talk about sex with their teen sons/daughters perceived that their teen sons/daughters were too young to learn about sex. Also, some of them said that adolescents can learn about sex naturally as they age.

“I notice that my son is becoming a teenager. However, he never asked me about sex so I haven’t mentioned it to him either. I think he is still a boy. He loves staying at home watching cartoons and doesn’t like to go out with friends yet.” (A mother of a male middle school student)

“I’m afraid that if I talk about sex with my son, he may think it’s the time for him to engage in sex [laugh]. I don’t want to teach about sex to my son. Like other parents, I always think my son is a boy and should not know stuff like this.” (A mother of a male high school student)

“I only emphasize to my daughters not to have premarital sex. I don’t teach them how to prevent pregnancies. I think sex is natural so I let them learn about it naturally. Letting them know too much at this age can induce them to have sex.” (A father of a female high school student)

Another reason was embarrassment. Some parents, students, and community leaders said that embarrassment is a barrier prohibiting sex education to be provided at home. Parents feel embarrassed to initially talk about sex with their teenage sons and daughters. Teens, also, feel embarrassed to ask their parents when they have sexually-related questions. Some school administrators and provincial officials gave similar information.

“Both of us feel embarrassed. As a listener, I would be embarrassed. I can imagine that my parents would be embarrassed too if I asked them about sex.” (A male high school student)

“I tell you the truth. I feel embarrassed and don’t know where to start. I’d like to teach my son because it’d be helpful to him. However, no one in my family ever started because we were too embarrassed.” (A mother of a male high school student)

“Sometimes, teens feel too embarrassed if they have to ask their parents question about sex. For parents, they should not be embarrassed because of their experiences [A]. But, the fact is that they are still embarrassed [B]” (Combined information from 2 male community leaders, A, and B)

“I don’t think that Thai parents talk about sex with their children because in Thai society, sex is a taboo topic and should not be discussed openly. It’s embarrassing.” (A provincial official)

Fear of being misleading was the third reason impeding sex education from being provided at home. Some parents were afraid that giving knowledge about sex could encourage teenagers to be sexually active. Furthermore, they wondered whether their children would misunderstand them and thought they are being sexually compulsive if they talk about sex with their teenage sons and daughters. Some students said in the same way that they were afraid that their parents would mislead and think that they are obsessed about sex and want to engage in sexual behaviors if they discussed sexual issues with their parents.

“Parents might think that teaching sex education is a double-edged sword. Teaching us about sex can encourage us to have sex.” (A male high school student)

“I can’t ask my parents about sex. They would scold me because they think that I’m curious about sex.” (A male middle school student)

“I taught my son about sex only to a certain level. I taught him only what I think is necessary for him to know at this age. I told him that he will learn more when growing up. Talking too much about sex might make him misunderstand that I’m engrossed in sex.” (A father of a male middle school student)

“I will not teach my sons or daughters unless they ask me first. If they don’t ask, I won’t dare to teach them because they may misunderstand that I feel fine if they want to engage in sexual behaviors.” (A male community leader)

The next reason was overestimation. Some students believed that some parents did not teach sex education to their teenage sons and daughters because they thought that teens had already received sex education in school. Parents also said that school-based sex education should be enough for their teen sons or daughters so they did not feel the need to have to teach them.

“I learned sex education from school. My mom never taught me because she thought that I could learn from other sources and take care of myself.” (A female middle school student)

“I warned my son not to have many sexual partners because STDs are so scary. Like AIDS, it is incurable. I didn’t teach him about condom use because I don’t think that I have to teach him. Today’s teens know a lot about condoms. They already know what condoms are for and how to use them.” (A father of a male middle school student)

“I never taught my daughter about contraceptive use. She is in high school. She should already know about this.” (A mother of a female high school student)

Finally, some parents left sex education in the schools’ hands. They believed that sex education is the school’s duty and teachers are more proper providers of sex education than they are.

“I agree that teens should learn sex education. However, I frankly tell you that I almost have no chance to talk about sex with my son. School is the proper place for teens to learn about sex education. Teachers have more competency than parents to teach sex education. It’s their duty to teach their students” (A mother of a male middle school student)

“I know that my son learns about condom use from school. I used to see his health education book so I assumed that he had already learned about it. Also, I’m too embarrassed to talk about sex with him.” (A mother of a male high school student)

“I think what they have learned from school is enough. Parents don’t have to reinforce it. Like in the past, we didn’t have to learn a lot. We could take good care of ourselves.” (A mother of a male high school student)

However, there are some Thai families where sex education is provided. Family sex education most often occurs in the form of warnings about proper sexual behaviors (e.g., practicing abstinence, using condoms, and dressing properly) and educating in terms of good hygiene (e.g., menstruation and good care for female teens). The data did not indicate that sex education in families sufficiently covers other sex education content. Many students said that their parents always warn them about sexual behaviors. Sex information provided by their parents is superficial and does not have enough details.

“My parents warn me about appropriate attire. They are afraid of rape. They also ask me to go out with many people rather than alone [A]. Me too, they warn me not to hang out at night and to avoid hanging out in isolated places [B].” (Combined information from 2 female middle students, A and B)

“My parents sometimes teach me when we watch TV together, like one day we watched a drama and there was a rape scene. They taught me a bit about how to be safe from rape. But, it’s very little, not like what we learn in school [A]. For me, one night, the TV program called ‘Black Hole’ presented on female teens and unwanted pregnancies. They grabbed me from my bedroom to watch it. They asked me to see the bad effects of unwanted pregnancies and warned me not to behave like those teens. They didn’t tell me how to have sex without unwanted pregnancies [B]. My family only warned me to focus on my studies and not think about sex at this time. Isn’t that funny? I can’t do that [laugh] [C].” (Combined information from 3 female high school students, A, B, and C)

“What we taught our son is to use condoms anytime he has sex because if a mistake happens [gets HIV infection], his life will be over. We didn’t teach him other things but condom use.” (A mother of a male high school student)

“I explained to my daughter that she doesn’t have to be in a hurry to have a ‘fan’. She should take some time to judge how good her ‘fan’ is. She is still young

so I don't want to teach her much. Just only don't want her to have an intimate relationship right now." (A mother of a female middle school student)

"I mostly talk with my daughter about body changes. For instance, when my daughter had her period, she came to ask me so I taught her about good hygiene and how to use sanitary pads." (A mother of a female middle school student)

"I told my sons that they can have sex but have to be careful about diseases. I'm very scared of the HIV infection. I only warned them to be careful but didn't teach them how to use condoms because I think they are old enough to know what to do to prevent diseases. They should have already learned this from school and the media." (A father of a male middle school student)

- **Parents' Sense of Competency as Sex Educators**

Theme 10: *Parents' sense of competency as sex educators is associated with the gender of their children, generation, career, and educational background.*

All parents were asked to evaluate their abilities to provide sex education to the family. Some parents said that they were able to talk about sex with their children. They explained that they feel comfortable with the 'sex educator' role. However, fathers feel more comfortable to talk about sex with their sons; whereas, mothers feel comfortable with both sons and daughters.

"If I have to teach my son about sex, I think I can do that pretty well because we are the same sex. I won't feel embarrassed. Any dad should not be embarrassed anymore." (A father of a male middle school student)

"I can teach my son sex education like condom use. I don't feel like it's embarrassing because it's a fact of nature." (A mother of a male high school student)

Parents' abilities as sex educators might depend on their generation and career. Some parents believed that parents of a younger generation are more likely to have higher competencies than those of older generations. Also, parents with a health-related career are more likely to perceive higher abilities than those with other careers.

“Some parents in my generation talk about sex with their children. But, those in older generations are less likely to do so. Most young parents are formally educated by schools about sex. Also, some of them are adept at using sophisticated technologies to search for sexually-related information.” (A father of a male middle school student)

“I feel very comfortable to talk about sex with my son. I give him accurate information to take care of himself. I talk openly because we are quite close. He shares what he learns from school as well. I think due to my work, I have enough knowledge to teach him. When there is new information about teens’ health coming out, I always update him.” (A mother of a male middle school student)

The majority of parents said that they did not feel comfortable about teaching their teenage sons and daughters about sex. Most of them felt embarrassed and could not decide when to start and where to start. In addition, many parents said that their knowledge regarding sex education was not sufficient. This decreases their abilities as sex educators.

“If you ask me whether I can talk about sex with teens comfortably, I’d say I can and I’ve quite often talked about a simple thing like condom use. However, I’m not confident with my knowledge because I teach them based on my experiences only. I am a low educated person as well.” (A mother of a male high school student)

“I don’t feel comfortable to talk about sex with my children because of 2 reasons: I don’t want them to know much about it and I am not confident to discuss these kinds of things [laugh]. It’s embarrassing. I get a little information about sex from TV. My educational level is only grade 4.” (A mother of a female high school student)

In brief, sex education is provided in some Thai families. Parents’ abilities as sex educators depend on their generation and career. However, most parents in this study did not feel comfortable to discuss sexual matters with their teenage sons and daughters. Theme comparison is presented in Table 11.

Table 11: Theme Comparison Pertinent to Sex Education Provided in Family across Groups of Participants and Study Schools

Themes and Sub-themes	Providers	Comparison	
	(*)	Groups	Schools (S)**
Themes 9: Sex education is provided in approximately half of Thai families.	1, 2	×	×
Sub-theme 9.1: Some parents want to discuss sex with their children when their children initially asked questions. Some teens did not dare ask sexually-related questions to their parents.			
Sub-theme 9.2: The content of sex education in families regards warning them about proper sexual behaviors and advising them about good hygiene.			
Sub-theme 9.3: The most common reason that parents do not address sex education is that they believe their teens are too young to learn about sex.			
Theme 10: Parents' sense of competency as sex educators is associated with the gender of their children, generation, career, and educational background.	2	N/A (one group only)	×

Note: * Groups of participants who provided information: 1 = students 2 = parents 3 = teachers
4 = school administrators 5 = community leaders 6 = provincial authorities
** Study schools: S1 = School 1 S2 = School 2 S3 = School 3
*** × = No difference

With the fact that sex education is formally taught in middle and high schools, some parents view sex education as a responsibility of the school and they believe that teachers are the most appropriate source of accurate sex related information. The main purpose of this study is to examine current school-based sex education in Thailand for the sake of improvement. The next section presents study findings in relation to school-based sex education.

School-Based Sex Education

With the belief that understanding of ‘sex education’ term might influence individuals’ perceptions of school-based sex education, participants were asked to define the meaning of sex education before their perspectives toward school-based sex education were examined.

- **Definition of Sex Education**

Theme 11: *Thais perceive sex education in 2 opposing ways: 1) sex education is sexual intercourse and safe sex; and 2) sex education is part of a broader sexuality context in which sexual intercourse is only a part.*

Sub-theme 11.1: *The perception by parents of sex education as teaching about sexual intercourse is a significant barrier for parents to provide sex education to their adolescent children.*

Sub-theme 11.2: *Teachers and high school students are more likely to provide a more complete definition of sex education than parents and community leaders.*

In this study, the definition of sex education was the introductory question when any interview moved from the area of adolescent sexual behaviors to the area of sex education. Thais have typically heard the word ‘sex education’ in their daily life through school curriculum, media, and public health campaigns and especially in the last 5 years when teen reproductive health has become a national issue. Nevertheless, the definition of sex education differs by groups of people. Sex education defined by participants in this study can be classified into 2 groups with the frequency of responses for the first definition as 31 and second definition as 6.

The first was the definition that regards sex education as only teaching about sexual intercourse and safe sex. Respondents in this group understood that sex education is

education about sexual intercourse and how to protect oneself from the possible negative effects from intercourse. All definitions in this group were provided by parents, the majority of whom were mothers.

“I’m not sure whether sex education is the same thing as sexual intercourse. What I’ve seen is that teachers showed students a videotape about people who have sex and taught students about safe sex. I think sex education is like this.” (A mother of a male middle school student)

“I don’t understand much about what it is. I think it’s all about sex like premarital sex and getting pregnant before marriage. That’s all I know.” (A mother of a female high school student)

“I heard about the word sex education and understand that it’s about males and females and how to sexually behave properly. I’m not sure what it is exactly. But, I have watched it on TV. It is about having sex and using protection so I understand that’s sex education. Nothing else.” (A father of a male middle school student)

“Sex education is knowledge about having intercourse and using good self-protection like condoms to prevent unwanted pregnancies and STDs.” (A father of a female middle school student)

“Yes, I used to hear this word [sex education]. Does it mean a male and a female live together and have sex? [Laugh] This is what I thought it was.” (A mother of a female high school student)

This definition for this group did not differ across schools. Moreover, one provincial official supported many parents’ view that sex education is teaching about sexual intercourse.

This perspective raises barriers to providing sex education to adolescents in Chanthaburi Province.

“Thais still view sex education as providing education about having sex. Thus, they perceive that sex educators are those individuals who are obsessed with sex. Thais don’t understand that sex education covers a variety of sex-related topics. Sex education is supposed to serve each age group. Sex education in Thailand hasn’t been properly provided because we don’t have an accurate understanding of what it is.” (A provincial official)

The second definition covers other content beyond intercourse and safe sex including sexual development (e.g., biological and emotional change); reproductive health (e.g., hygiene, STDs, and family planning); sexual behaviors (e.g., intimate relationships, premarital sex and risqué dressing); and social pressure about sexual health and behaviors (e.g., peer pressure and peer selection).

Only a small number of participants could define a complete definition of sex education. Teachers and high school students were more likely to provide a definition that covers the main areas of sex education.

“It is a subject that covers reproductive health care like good hygiene and also when boys grow up how they should deal with their sexual feelings—like practicing masturbation or having safe sex [A]. It’s also about having intercourse at an appropriate age and how to have safe sex like using condoms to prevent AIDS and unwanted pregnancies [B].” (Combined information from 2 female middle school students, A and B)

“Sex education covers learning about biological, psychological, and sociological changes in adolescence. The content is about anatomy change, love and an intimate relationship, family life; and safe sex.” (A mother of a female middle school student)

“Sex education teaches about family planning [A]. My daughter told me that she learned sex education at school about anatomy changes during puberty, the transitional period [B]. I think sex education is about family life, intercourse, STD prevention, family planning, and good hygiene [C].” (Combined information from 3 female community leaders, A, B and C)

“A couple of years ago, I understood that sex education was about sexual intercourse. Actually, it’s not only intercourse but also other sexual behaviors, reproductive health, and disease prevention [A]. And growth and development of the human body as well [B]. Also, it’s about how to practice safe sex.” (Combined information from 3 male community leaders, A, B, and C)

“Sex education is a subject that teaches about the growth and development of a teenager [A]; gender differences and how to behave properly in a relationship between 2 genders [B]; pregnancy prevention and changes in males and females—when we learned about this both males and females in my class became embarrassed [C]. At grade 11, sex education content covers how to use condoms correctly [D]. Emotional change during the teen period is also sex

education [F]. I learned about AIDS, gonorrhea, and other STDs as well [C].”
(Combined information from 5 female high school students, A, B, C, D, and F)

“Sex education is education regarding sex. It starts with sexual development—both physical and emotional development. When transitioning to the adolescent age, teens should learn about sexual feelings, proper sexual behaviors, STDs, disease prevention, reproductive health, good hygiene, intimate relationships, marriage, family planning, pregnancy, and some sexual deviations. That’s all sex education is supposed to be.” (A female teacher)

Information from the group who identified with this definition of sex education did not differ across schools and gender.

School-based sex education is formally provided in both middle and high schools in Thailand as a part of a broad health education curriculum. This study aims to understand school-based sex education in terms of: 1) benefits and costs; 2) how it is delivered; 3) strengths and weaknesses of delivery; and 4) parents’ anticipations of school-based sex education. This analysis has the potential to result in appropriate recommendations for the improvement of school-based sex education in Thailand. The findings revealed the following 6 primary themes:

- **Benefits and Costs**

Theme 12: *Participants agreed that the benefits of school-based sex education outweigh the costs.*

Sub-theme 12.1: *Even though all participants indicated benefits of school-based sex education, most of them mentioned its costs at the same time.*

Sub-theme 12.2: *It is believed that school-based sex education influences teens’ self-control over premarital sex; but, if they decide to have premarital sex, they will practice safe sex.*

Participants were asked to describe their perceptions of the benefits and costs of school-based sex education as well as to compare whether the benefits outweigh the costs or vice versa. Participants were further asked to evaluate their level of acceptance toward providing school-based sex education. The findings suggest that the frequency of indicating benefits is much higher than that of indicating costs (94:52). Regarding benefits, 14 out of 94 responses reflected broad benefits such as its usefulness to the future or its application to daily life.

“It’s good because it gives me new knowledge [A]. Yeah! At least, it reminds me what I should or shouldn’t do [B]. We can apply the knowledge to use in our life [C].” (Combined information from 3 high school students, A, B, and C)

“It’s essential knowledge for today’s teens. While we don’t teach them at home, they can get information from the media—and some media is not an accurate source of information” (A father of a female middle school student)

“Sex education brings knowledge to teens. I believe that with sufficient knowledge, they can practice safe sex accurately.” (A female teacher)

“I think it’s good for teens to learn sex education in school. It’s like they are prepared to be adults [A]. I agree because in the future they have to get involved in this kind of thing [sex]. It’s better to educate them in advance.” (Combined information from 2 male community leaders, A and B)

Other specified benefits can be grouped into 4 main categories: 1) preventing STD infections and unwanted pregnancies; 2) promoting proper sexual behaviors; 3) broadening knowledge of sexual development; and 4) increasing sexually-related self-care.

All groups of participants believed that with school-based sex education, adolescents will have greater knowledge and skills about how to prevent STD infections and unwanted pregnancies.

“It helps remind us to be concerned about safe sex. This also helps prevent STD infections.” (A male middle school student)

“It acknowledges to us how sexual feelings occur so we can behave properly like avoiding staying alone with our ‘fan’ in private places. Or, if we want to have

sex, we know that we should use condoms to prevent STDs and pregnancies.” (A female middle school student)

“It’s essential knowledge. It teaches teens about disease prevention. Let’s think about sexually active teens. If they don’t know how to practice safe sex, they might get pregnant. On the other hand, if they know, this problem will be prevented. This is a big advantage of sex education.” (A father of a female high school student)

“I think it’s very important especially for males. We can’t prohibit them from having premarital sex so we must emphasize safe sex.” (A male teacher)

“Teens will use prevention skills to protect themselves from disease and pregnancies [A]. Parents benefit too because they don’t have to worry if they know that their teens have enough knowledge to take good care of themselves. [B]. (Combined information from 2 female community leaders, A and B)

“I agree that sex education is necessary. It is a part of life. It’s important to know how to prevent disease and teen pregnancies.” (A provincial official)

Another benefit is related to social manners. Students said that sex education helps them act properly in their intimate relationships. At least, it makes them aware of what they should and should not do.

“It’s useful to educate me how to behave properly when I and my ‘fan’ are in public. This makes my parents accept my intimate relationship with my ‘fan’.” (A female middle school student)

“There are males and females in my high school classroom. Sex education teaches us to act properly between genders.” (A male high school student)

Other groups of participants also agreed with the students’ views. However, they said that sex education is beneficial for family life as well.

“It is definitely good and essential to be provided in school. Our school teaches not only the general content of sex education but also warns teens about proper social manners pertinent to sex.” (A male school administrator)

“Another benefit is about gender roles of males and females. I teach them to value and respect each other in a relationship. It’s helpful because it’s kind of learning life skills. If teens learn sex education accurately, they are likely to succeed in their family life.” (A male teacher)

“Teens can apply this knowledge to their family life. Sex education is a buffer for family-life problems.” (A provincial official)

Some parents, community leaders, and students believed that school-based sex education encourages teens to think about whether they should engage in risky behaviors such as premarital sex. This can help postpone their engagement in premarital sex or help them be aware of safe sex.

“I believe sex education reminds teens to think over and over because they already know what they should or should not do. Also, if they decide to engage in sex, they will engage in it with awareness of being safe.” (A mother of a male high school student)

“We should view sex education in a positive way. We should not conceal teens anymore. We need to educate them properly and openly. I do believe that if teens accurately understand sexual matters, they will behave well. Reproductive health problems such as STD infections and unwanted pregnancies will decrease.” (A male school administrator)

“At least, teens will better protect themselves from premarital sex like using negotiation skills. Also, if negotiation doesn’t work, they know how to protect themselves from STDs and pregnancies.” (A female community leader)

The last significant benefit is that school-based sex education is an opportunity for adolescents to learn about sexual development and how to take good care of themselves regarding their reproductive health (e.g., personal hygiene and getting annual cervical cancer screening).

“It helps us adjust ourselves when transitioning to adolescence so we are not too frustrated when our body changes. We don’t feel ashamed when our breasts get bigger. My sister was nervous a bit when she had her first period. She knows that this will happen to all women but it was the first time for her and she never experienced using sanitary products. This is why I think sex education is important.” (A female middle school student)

“It provides knowledge about how to practice good hygiene of the genitalia. Also, teens will learn about reproductive diseases—not only STDs but other non-communicable diseases such as cervical cancer. Lots of Thai women don’t have regular pap tests.” (A male teacher)

“It’s helpful in terms of understanding sexual development. For example, female teens will know what to do when they get their period or male teens will not be frightened when they have their first wet dream. Also, they will know who they can turn to for advice when having problems.” (A female teachers)

Information about the benefits of school-based sex education is not different across genders and schools. Only the frequency of mentioning the benefit of increased knowledge of sexual development and self care occurred most from participants in School 1.

Sub-theme 12.3: *Encouraging sexual involvement is the only cost of school-based sex education. However, it is believed that this cost is not applicable to all adolescents.*

The only negative consequence of school-based sex education raised by all participant groups was the possible encouragement to be sexually active. Participants presumed that school-based sex education can accelerate teens’ curiosity about sex and their decision to get involved with sex.

“It’s possible that when teens know a lot about sex and safe sex, they want to try it. If they have a ‘fan’, they might have sex [A]. I agree that they might try to do things beyond their knowledge. This can cause problems [B].” (Combined information from 2 female middle school students, A and B)

“I’m afraid that my daughter might misunderstand that I will allow her to have sex if I teach her about pregnancy prevention like contraceptive pills. It’s a kind of encouragement.” (A mother of a female high school student)

“It can be an inducement to premarital sex. Some students might want to have sex but don’t dare to do so. After being educated about safe sex, they might decide to have sex. This is bad. Also, teaching safe sex can imply the acceptance of sex among teenagers.” (A female teacher)

“Costs? For those who already are involved in sexual behaviors, they might continue and have more sex and sexual partners than before because they now know how to prevent diseases and pregnancies.” (A male school administrator)

Although many participants anticipated that sex education might encourage teenagers to engage in sex, they believed that it depends on individuals and the possibility of this negative consequence of sex education is applicable to only some teens. For those teens who are

mature and well disciplined by their families, they would be able to make good judgments and behave properly. Thus, school-based sex education would be beneficial to them. In contrast, sex education could possibly influence high-risk teens who for instance, love to hang out at night, have a boyfriend or girlfriend, and access sexually explicit media.

“Only a small number of students are harmed by sex education. For example, when we teach condom use, only a few students will actually try to use condoms. Most of them are not sexually active yet.” (A female teacher)

“Some students might want to try to have sex because they are curious about what they have learned from their sex education class. However, I think it’s a small number.” (A father of a female middle school student)

“I don’t think that the group of students who want to get involved in sex after learning sex education is big.” (A provincial official)

Male students in this study estimated that approximately 25% of adolescents get involved in having sexual intercourse, in part, due to school-based sex education. However, female students only presumed this negative consequence without any evidence that teens actually engage in sex as a result of school-based sex education.

“My estimation is that around one-fourth of students might want to try having sex due to school-based sex education.” (A male middle school student)

“I don’t think lots of students are encouraged to get involved in sex by taking sex education [A]. For me, I think 40-50% of students might feel excited to try having sex but only a small number of them really do it [B]. That’s true. I think it’s around 20% of them who dare to do so [A].” (Combined information from 2 male high school students, A and B)

“We think some students might want to get involved in sex, especially males. However, I’ve never seen even one friend who really does it.” (A female middle school student)

Nonetheless, some participants totally disagreed with this potential negative consequence (that school-based sex education encourages sexual activity) and held 2 significant beliefs: 1) if sex education is taught properly, it will be effective in preventing

sexual behaviors; and 2) teens are influenced by many kinds of sexually-related media. Thus, sex education is only one small influence.

“If sex education accounted for teens’ sexual behaviors, it would have very little accountability. The major influences should be sexually explicit media and peer pressure.” (A female middle school student)

“I don’t believe that sex education will encourage sex among teens because when teaching sex education, teens will be educated about proper behaviors like how they should and shouldn’t behave. This manner should not stimulate teens to have sex.” (A mother of a female middle school student)

“No, it doesn’t encourage sex among teens. In contrast, sex education teaches them to know how to protect themselves from risky behaviors. Teens should be well educated about sexual matters rather than being naïve about them.” (A female teacher)

“I absolutely disagree that sex education encourages sex among teenagers. Sex education provides all kinds of information about sex. It’s not teaching about intercourse. Teens are encouraged to engage in sex all the time by lots of influences around them, not by sex education.” (A provincial official)

Last but not least, even though almost all participants pointed out both the benefits and costs of school-based sex education, all of them concluded that: 1) its benefits outweigh its costs; 2) the costs of not having school-based sex education are much greater than having it; and 3) school-based sex education should be given to adolescents in school.

“Its benefits are more than its costs. I agree that sex education possibly encourages sex among teens. Anyway, teaching it is better because having sex without protection can bring more costs.” (A female middle school student)

“Sex education has more benefits than costs. Teens should learn it. However, we have to point out how teens should and shouldn’t behave.” (A mother of a male middle school student)

“At this time, teaching sex education provides more positive than negative results. We can’t stop teens from getting involved in sex so we must educate them to protect themselves [A]. Yeah! That’s right [all other participants in a focus group].” (Information from a focus group with female community leaders)

“Its benefits are much more than its costs. I definitely support school-based sex education. From my work, I’ve seen lots of youth becoming victims of sexual

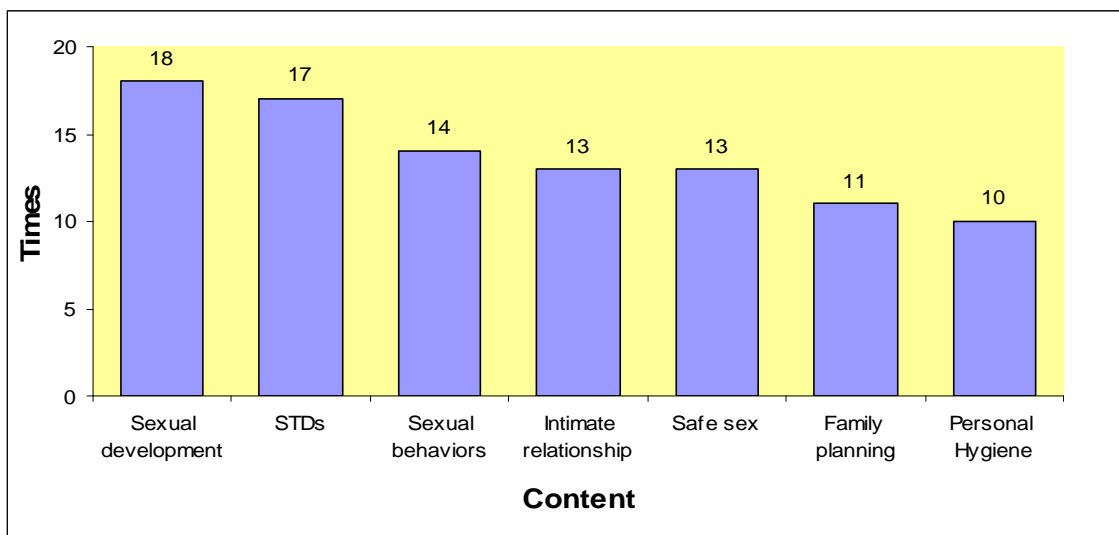
assault. I believe that sex education will enhance their wisdom to protect themselves from the negative effects of sexual behaviors.” (A provincial official)

- **The Content of School-Based Sex Education**

Theme 13: *The content of school-based sex education serves the learning objectives stated by the Ministry of Education; however, there is insufficient detail for some topic areas.*

All students and teachers were asked to identify the sex education context and content provided in their school. Four main areas of context and seven sex education topics were indicated including: 1) sexual development (physical and emotional development); 2) sexual behaviors (intimate relationships and proper sexual behaviors); 3) STDs and self protection (STDs, safe sex, and contraception); and 4) personal hygiene. The number of times these topics were mentioned is presented in Figure 11.

Figure 11: The Content of School-Based Sex Education by Number of Times Mentioned



Physical and emotional development during adolescence is the most typical topic provided in all schools. However, the focus of content depends upon the gender of the

students in that class, for example, in the classes where there are only male students, sexual development in males is a main focus.

“We learned about the reproductive system. Our teachers showed us a picture of a uterus and the process of embryo implantation in the uterus of a pregnant woman [A]. Also, we learned about the changes in the teen’s body and emotions [B].” (Combined information from 2 female middle school students, A and B)

“Teachers taught about the body and hormonal changes [A]. Teens’ emotions and how to adjust ourselves to these changes as well [B].” (Combined information from 2 male high school students, A and B)

“There are topics pertinent to hormonal and body changes. For changes in females, my class didn’t learn much because there were no females in my class.” (A male middle school student)

“I’m responsible for sex education content regarding reproductive health including sexual development, personal hygiene, intimate relationships, and family planning.” (A male teacher)

Sub-theme 13.1: *HIV/AIDS is the primary STD emphasized in school-based sex education.*

Students and teachers said that the content pertinent to reproductive diseases such as STDs and cervical cancer is provided. However, HIV/AIDS is the main focus for this topic area. Most students could recall HIV/AIDS and other STDs such as syphilis, gonorrhea, and chlamydia.

“STDs are repeated in every grade level especially AIDS, I’ve learned about that since the 6th grade.” (A male middle school student)

“Yes, of course! We learn about STDs. For example, my teacher taught us about soft chancre and gonorrhea like what causes these diseases and how one got infected.” (A female middle school student)

“I can’t recall other STDs but AIDS [A]. I don’t think that we learned about other STDs. Anyway, my teacher taught about another reproductive disease, cervical cancer [B].” (Combined information from 2 male middle school students, A and B)

“AIDS is the only STD I can remember [A]. We learned about some other diseases as well such as syphilis and gonorrhea but the content was not as much as with AIDS [B].” (Combined information from 2 male high school students, A and B)

“We teach about many STDs but the detail about some diseases is not as thorough. For example, gonorrhea and syphilis are taught very little because it’s our school policy not to focus on other diseases besides AIDS. Although other STDs don’t cause death, teens can get infected. Thus, I think students should learn more about them.” (A female teacher)

An ensuing topic typically mentioned with STDs is using condoms to prevent disease.

“My teachers this year taught us safe sex. Anyway, even if they didn’t teach us, we’d be able to use condoms because we have been taught about condom use every year.” (A male high school student)

“In my 11th grade class, we learned about condom use—how to put it on and how to take it off; when buying condoms, we were taught about looking for the expiration date and selecting a proper size.” (A female high school student)

Another topic is related to proper sexual behaviors. This topic reminds adolescents to behave properly with awareness of Thai culture such as not expressing intimate feelings in public and resisting behaving sexually.

“My teacher said that we shouldn’t be in a hurry to have a ‘fan’. And, if we want to have a ‘fan’, we shouldn’t have premarital sex. My teacher also warned us not to hold hands in public because doing so can discredit us as well as our school.” (A female high school student)

“My teacher taught us proper social manners such as warning us to be ‘Rak nuan sa-nguan tua’ [meaning: preserving oneself from engaging in sexual behaviors] and not staying with a guy in private places.” (A female middle school student)

“We learned about how males and females should behave properly in Thai society.” (A male high school student)

“We talk a lot about STD prevention and how to behave properly like social manners pertinent to sex. These 2 topics are the main focus in our school.” (A female teacher)

However, some high school students in School 1 requested that schools emphasize more proper manners in Thai society and warned students to value Thai culture to reduce the influence of Western values.

“I want my school to emphasize social manners more. For example, today’s teens aren’t concerned with Thai manners so some of them aren’t quite polite according to the Thai viewpoint [A]. Some of my friends love wearing risqué clothes in order to be a part of the fashion trend. They should be warned by school to dress more appropriately [B]. Also, teachers should instill more of the Thai culture and warn teens not to imitate the Western lifestyle too much [C].” (Combined information from 3 female high school students, A, B, and C)

School-based sex education also provides knowledge about intimate relationships which include both how to have a proper intimate relationship without premarital sex.

“For 11th grade students, I teach them about STDs, family planning, intimate relationships, and self-protection skills to save themselves from dating harm.” (A female teacher)

“One topic in my class is about negotiating skills to resist having premarital sex.” (A male middle school student)

“We learned about emotional changes during adolescence [A]. Our teacher asked us not to stay alone with our ‘fan’ because the electricity can spark [laugh] [meaning: sexual feelings can become stimulated and can eventually lead to premarital sex] [B].” (Combined information from 2 female high school students, A and B)

Students also learn about family planning methods including contraceptive pills, intra-uterine devices, condoms, and the rhythm method.

“We learned how to count days during the month when a female cannot become pregnant, condom use, contraceptive pills, and how to use pregnancy test sets available in the drug stores.” (A female middle school student)

“Students have already learned about STDs and prevention at the middle school level. When they are in grade 10, we teach them additionally about family planning.” (A male teacher)

“I teach very thoroughly about family planning. For females, the most common method is contraceptive pills so I teach them how to take pills accurately. For males, I demonstrate condom use.” (A female teacher)

Sub-theme 13.2: *The content of family planning methods is insufficient and unclear and does not include some family planning methods.*

Some students said that they never learned new family planning methods like emergency contraceptive pills. Also, they were confused about the rhythm method even though it was already taught in class.

“I wish my teacher would teach us about a new contraceptive pill used after having sex and a chemical fluid used for vaginal washing to kill sperms after having sex.” (A female high school student)

“We learned about contraceptive pills. My teacher told us that to use contraceptive pills we have to take one pill everyday according to how the arrows are pointed in the back of a package. I didn’t know exactly how to take them. What do those arrows mean? How about if I forget to take a pill? [A] Also, counting the period during the month when it is safe to have sex is confusing [B]. I asked my teacher but it’s still not clear to me. But, I know how to count[C].” (Combined information from 3 female high school students, A, B, and C)

The last topic is about proper hygiene of genitalia. Many students mentioned that they learned about how to take care of their genitalia.

“My teacher also taught us about how to clean and care for male and female genitalia.” (A female middle school student)

“Regarding reproductive health, we emphasize proper hygiene of genitalia. Students need to know how to take a good care of genitalia so that they can practice this in their daily life.” (A male teacher)

Sub-theme 13.3: *Most teachers are satisfied with the coverage of school-based sex education content provided in their school and with the idea that the depth and breadth of sex education should be limited in order to discourage engaging in sexual behaviors.*

Teachers in Schools 2 and 3 but not in School 1 thought that the sex education they provided in their school was enough because they believed that providing too much detailed information might encourage students to get involved in sex.

“I think the content we provide is enough. No additional content is needed. For teaching materials, what we have in our hands now is fine. We don’t need more. I don’t need to present too much from the media because it might encourage sex among students. I mostly use the lecture and discussion technique.” (A male teacher)

“The current sex education content taught in my school is appropriate because more content is added as the grade level increases.” (A female teacher)

However, teachers in school 1 said they add some additional sex education content based on current circumstances though the existing curriculum well serves the learning objectives provided by the Ministry of Education.

“I think the existing content well serves the learning objectives. However, I do add some other content based on current circumstances. For example, if there is a news report about sexual assault, I teach them a bit about sexual violence laws which are not typically included in the existing content.” (A female teacher)

One father commented that school-based sex education in most schools he has seen never provides clear or enough details.

“It’s a fact that none of the teachers dare to teach sex education openly. So far, I’ve seen only one school in Bangkok that teaches sex explicitly like showing the students a penis model. They made a big model so that students can see it when demonstrating condom use. Teachers need to teach teens openly and shouldn’t afraid of encouraging sexual behaviors.” (A father of a male middle school student)

Sub-theme 13.4: *Most of the content of school-based sex education at the middle school level is repeated at the high school level. However, the depth and breadth of content are greater at the high school level.*

Students and teachers said that the context and content of sex education are fairly similar in both school levels. Nonetheless, the content is deeper and broader at the high school level. Also, new topics are added that are tailored to students’ age level as well.

“We’ve learned all about sex since grade 7 until now [grade 11]. The content is quite similar in each grade level. Very few new things are added.” (A male high school student)

“The content is repeated and so it seems to me that the sex education content is limited. However, the depth and breadth of the content is greater at the high school level. For example, based on the current curriculum, sex education for grade 10 is about the reproductive health system; grade 11 is about STDs and prevention; and grade 12 is about family life and family planning. This content is also taught in a middle school level with less depth and breadth.” (A male teacher)

“I can say that the sex education content is quite similar between the middle and high school levels but its depth and breadth are different.” (A female teacher)

High school students in School 3 believed that their teachers taught less sex education because they assumed that the sex education students learned in previous grades was enough. Moreover, community leaders said that they heard complaints from some students that school-based sex education is repetitive and boring.

“At the high school level, the sex education content is far less than other health topics like nutrition and diseases [A]. Teachers don’t thoroughly talk about sex education content [B]. They might think that we have already learned it at the middle school level [C].” (Combined information from 3 male high school students, A, B, and C)

“Once, I heard some students discussed that the sex education given by their teachers was very boring. They complain that the teachers should bring them new knowledge.” (A male community leader)

Sub-theme 13.5: *Teachers play a key role in judging the depth and breadth of the content of school-based sex education.*

Teachers admitted that they take the role in deciding the context and content of sex education that should be provided to their students to satisfy the learning objectives stated by the Thai Ministry of Education.

“Decision-making regarding the content of sex education belongs to the teachers. Each teacher can design the content based on the learning objectives provided by the Ministry of Education. The depth and breadth of the content depend on the teachers and the time we have for each topic.” (A male teacher)

“We have a meeting among health education teachers in my school to identify the context and content of sex education in my school. Actually, I want

school administrators to get more involved with our curriculum design.” (A female teacher)

“Learning objectives provided by the Ministry of Education are used as a guide to design the context and content of sex education classes. The curriculum is designed by the school not the Ministry of Education.” (A female teacher)

- **Teaching Strategies Used**

Themes 14: *School-based sex education is mainly provided by health education teachers using a combination of teaching strategies.*

Sub-theme 14.1: *Teaching strategies vary by the availability of teaching materials in each school. If teaching materials are limited, the lecture method is likely to be used.*

Teachers mentioned the use of a variety of teaching strategies used. However, the most 2 common strategies used are lecture with teaching materials (audio and print media) and discussion.

“I mostly lecture them and leave some minutes for Q&A. Sometimes, I use a discussion technique. I use a teacher-centered approach, not a student-centered approach. I rarely use media when teaching.” (A male teacher)

“Teaching strategies are employed in relation to the type of teaching media we have. Any topic without the availability of teaching media will be taught using a lecture technique.” (A male teacher)

“In the past, I was always a lecturer. However, now I assign students to find information on their own and bring it to class to share and discuss with their friends. Students become the center of information. This way is more interesting.” (A female teacher)

“I try not to be a speaker in my class but let my students take that role. Sometimes, I record a section of a TV drama to present to my students and let them discuss it. For example, I recorded a scene of a male and a female in a dating relationship having dinner in a restaurant. I asked my students to discuss the proper social manners between males and females. Students like it.” (A female teacher)

School 1 invited a guest speaker to provide sex education every semester. Yet, School 2 used this strategy only once in a while. However, School 3 never invited any guest speakers.

“My teaching this year is much easier because I have one student whose father is a doctor so I invite him to be a guest speaker for some topics like condom use and STDs. He has various kinds of good teaching materials which are not available in my school. Sometimes, he has a slide presentation and demonstration. Students are very excited to have a guest speaker. It’s good that he is also willing to help us.” (A female teacher)

“We have invited guest speakers every once in while—every other year or when we have an exhibition on AIDS day. Not all students can attend the guest speaker’s class because the time does not fit their schedule.” (A male teacher)

“We never invite guest speakers because of time constraints. Guest speakers don’t get to come teach very often so when they do, we have to gather lots of students. We have a hard time gathering students from other classrooms to attend the guest speaker’s class. It’s difficult to do.” (A female teacher)

One significant problem with using a guest speaker is that sometimes, schools have too many students enrolled in a class and as a result the method is not very effective.

“Sometimes, schools invite a staff member from the provincial health center to be a guest speaker. However, they always set up too big class like 200-300 student attendants. This way is not effective for teaching sex education. It seems to me that schools don’t really want to provide sex education but only want to have an activity to serve the requirements of a national reproductive health policy.” (A provincial official)

There are other teaching strategies used occasionally such as demonstrations, role plays, and reports. Strategies used once a year are often field trips and annual exhibitions.

“Sometimes, I assign students to do a group report. I give them the topics such as STDs and let them find information then present it to the whole class. This method is not really good because some students don’t put any effort into the group work.” (A male teacher)

“When teaching about family planning methods, I divide students into small groups and assign each group to search for information on each method and present or demonstrate what they found to the class. Regarding AIDS, one year, we took students to visit ‘Pra baat num pu’ Temple [the AIDS shelter where care and treatment are provided to HIV/AIDS patients].” (A female teacher)

“I demonstrate using a condom use with a penis model and let students follow-up with their own demonstration. Some students are very excited to practice with the model. However, some of them feel embarrassed.” (A female teacher)

“For negotiating skills, I use the role play technique. Students can practice to refuse sex or negotiate condom use in the class with their friends. It’s fun. My students like it.” (A female teacher)

“Occasionally, there is a peer training program provided by other organizations. We usually send some students to the training. These students will work as peer health advisors in school. It’s good to have peer health advisors because teens prefer to talk with friends to teachers.” (A female teacher)

Information across schools pertinent to teaching strategies used showed that School 1 and 3 utilized various teaching strategies, whereas, School 2 used predominantly lectures and reports as teaching strategies.

- **Focuses of Content of School-Based Sex Education**

Themes 15: *School-based sex education provided in participating schools is a combination of abstinence-only and comprehensive sex education (safe sex).*

Participating teachers and students similarly revealed that school-based sex education provided a combination of 2 perspectives: 1) discouraging premarital sex; and 2) promoting safe sex. Teachers are more likely to emphasize abstinence than safe sex especially for middle schools students.

“My teachers emphasized to us not to have sex at this age. However, they also said that if we want to have sex, we must have it safely [A]. They always warned us to protect ourselves by not engaging in sexually explicit behaviors like dressing in risqué clothes, staying physically too close to a guy, and things like that [B].” (Combined information from 2 female high school students, A and B)

“I remind my students that teens at their age should not get involved in premarital sex because it can bring on lots of problems especially pregnancies and afterwards school dropouts. However, I also give them a choice. If they can’t avoid premarital sex, they should have it safely to prevent diseases and unwanted pregnancies. I emphasize both ways because I know that it’s difficult to prevent teens from having premarital sex due to their hormones and sex drive. It’s necessary to educate them to have safe sex. Anyway, for middle school students, I emphasize more about being abstinent.” (A female teacher)

“In my school, we combine both perspectives. First, we ask students not to engage in sex when they are school age. However, we also understand that some

teens can't avoid it so it's our duty to help them have sex safely." (A male school administrator)

- **Strengths of Providing School-Based Sex Education**

Themes 16: *Three significant factors supporting school-based sex education are: school administrators' awareness of teens' health, organizational collaboration, and the gender of students in school.*

Sub-theme 16.1: *Schools Administrators are aware of adolescent sexual problems and consider school-based sex education as one way to address the problems.*

Information from teachers and school administrators showed that administrators in each participating school are concerned about reproductive health problems among teenagers. Thus, they do not challenge school-based sex education.

"Our school administrators remind all teachers that we have a duty to discipline our students to behave properly including not getting involved in sexually explicit behaviors. Although this is just a school administrators' vision and not the school's formal mission, the majority of teachers here take it seriously to look after our students." (A female teacher)

"My school director is very great to support any kind of education in school. Her vision is wide and modern." (A female teacher)

"I support school-based sex education as much as I can. We integrate sex education content in other relevant courses as well, such as biology. My school holds a weekly meeting to discuss students' problems including sexual behaviors and sexual deviation—effeminate male students. We discuss this with the health education teachers in order to provide sex education properly." (A male school administrator)

Sub-theme 16.2: *Schools collaborate with the provincial health center for sex education support.*

School administrators were asked to indicate strengths that promote the success of school-based sex education in their school. Two out of three schools considered the provincial health center as a good source of guest speakers and innovative equipment useful

for teaching sex education such as posters, sex education DVDs, and condoms. They said that they have built a strong collaboration and receive good support from the provincial health center. The other school does not collaborate specifically with the provincial health center for sex education support but collaborates to accomplish school-based health promotion goals in general.

“We have a close-knit relationship with the provincial health center where we can access good guest speakers. We invite guest speakers for some sex education topics” (A male school administrator)

“Our school collaborates with the provincial health center for some health campaigns in the school including sexual behavior campaigns. We’ve received good support from the provincial health center, especially use of good teaching materials and equipment. For example, we can get free condoms from them to use in our class.” (A male teacher)

“We work with schools. Sometimes, they invite us to work with them. Sometimes, we contact them to implement some programs in those schools. Overall, a relationship with schools is good except for a few schools that have negative views toward school-based sex education.” (A provincial official)

Sub-theme 16.3: *Sex education might be communicated more openly and with a higher degree of comfort in classes that serve only male students.*

Sub-theme 16.4: *The abstinence-only messages are more emphasized than comprehensive sex education in classes that serve only female students.*

Three participating schools in this study are different in the gender of middle school students: School 1 serves only female students; School 2 serves only male students; and School 3 serves both male and female students. Information from school administrators revealed that sex education might be communicated more openly and with a higher degree of comfort in classes that serve only male students. However, a school that serves female students might have an image of a ‘well-behaved-girl’ school as its strength. In this case, a school administrator described that the image of all-girl schools that students are supposed to

refrain from sex so her school emphasizes more the abstinence-only message than comprehensive sex education. In any sex education class, students are reminded to be concerned with the school's image and are warned not to get involved in sexual behaviors. Most students are concerned with the school's image and so are unlikely to engage in improper behaviors.

“Our school mainly serves male students so I think it's easier to communicate sex education to male students than female students. Females are more embarrassed about discussing sex.” (A male school administrator)

“The image of the female school can be our strength to impede sexual behaviors. I understand that male, female, and both-gender schools provide sex education differently. Actually, in my school, we teach safe sex but emphasize the abstinence-only direction. I don't think that parents would appreciate it if we seriously taught their daughters how to practice safe sex. As an all-girl school, we don't accept premarital sex as a common behavior. Because of this image, it's easy to warn our students to preserve our image by refraining from practicing sexual behaviors.” (A male school administrator)

- **Weaknesses of Providing School-Based Sex Education**

Themes 17: *Weaknesses of school-based sex education were rooted in 3 key factors: teacher, curriculum, and school.*

Health education teachers as sex educators in school, school administrators, and students identified weaknesses of school-based sex education in their schools. Those weaknesses mentioned can be classified into 5 groups: teaching strategies, teachers' competencies, curriculum, parents' and community's support, and school image.

Sub-theme 17.1: *Health education teachers use improper teaching strategies and equipment to teach the condom-use lesson.*

Some teachers did not demonstrate condom use because there was no penis model available in their school. Some teachers believed that showing a picture presentation was a

clear enough approach to teach condom use. However, students complained that they preferred a demonstration. This information was not different across schools.

“In my class, a teacher only described how to wear condoms but didn’t show a demonstration [A]. My class either, a teacher didn’t demonstrate at all [B].” (Combined information from 2 female middle students, A and B)

“My teacher demonstrated how to wear a condom by wearing a condom on his finger. He didn’t have a penis model to show us.” (A male middle school students)

“When we learned how to use condoms, we learned from pictures in a book [A]. There should have been a penis model [B]. My teacher used a banana. I don’t think we have a penis model in my school [C].” (Combined information from 3 male high school students, A, B, and C)

Sub-theme 17.2: *Lack of availability of teaching materials and equipment in schools discourages health education teachers from using them in their teaching methods though they know that these teaching materials and equipment are helpful.*

Information from teachers, school administrators, and students showed that schools lack innovative teaching equipment. In some schools, the budget is insufficient to purchase teaching equipment.

“Whether I am using teaching materials and equipment is up to availability. If we don’t have them, I have to give only lectures. Most teaching materials we have now are pictures which might not be much helpful. I need models and audio equipment like DVDs. I know that there are lots of teaching materials and equipment produced each year. However, we don’t know where to buy them. Nowadays, we mainly borrow them from the provincial hospital.” (A male teacher)

“Teaching materials and equipment are shared among teachers in my department. Sometimes, we are short of them. We need more but the fiscal budget might not have allocated funds for more.” (A female teacher)

“Teaching equipment is insufficient. Some kinds of equipment are expensive. We borrow some audio equipment from the provincial hospital. It’s an inconvenience. Actually, the principal provides good support to buy equipment, but there are too many students to provide enough materials and equipment.” (A female teacher)

Information from 3 classroom observations also supports this sub-theme. Two out of three classes did not use any sex education teaching equipment. One class taught about safe sex; however, the teacher only mentioned condoms and did not demonstrate condom use.

Sub-theme 17.3: *Health education teachers' competencies for teaching sex education are limited in regards to knowledge level and teaching skills. This might be because teachers who teach sex education have never been particularly trained in the area of sex education.*

All health education teachers who teach sex education said that they have never been specifically trained to teach sex education. They rarely receive trainings relevant to sex education. They mainly use their own knowledge and skills gained from their college training. They periodically search for updated information. Only teachers in School 1 said they periodically participated in sex education-related trainings.

“Trainings related to sex education are provided only once in a blue moon for health education teachers. I think they are provided every 5-7 years. More trainings would be good to update our knowledge and skills.” (A male teacher)

“I mainly use my knowledge from my college training and also use updated information from books. Sex education-related trainings are rarely provided. I attended one once 7-8 years ago and another one last year. I think it should be provided more often because it helps enhance teachers' competencies.” (A female teacher)

“Sex education-related trainings are provided periodically. Teachers in my department take turns attending those trainings so all of us attend some trainings periodically. Especially, in the last 4-5 years when Thailand faced the problem of school aged children engaging in sex, trainings are provided more often.” (A female teacher)

A school administrator revealed that only a few organizations provide trainings on sex education; thus, trainings are offered only once in a while. This makes teachers' development in this field insufficient.

“There are a few trainings to reinforce sex education teachers. I mean there are few organizations providing this kind of training. Thus, teachers mostly search for updated information themselves from books and the media.” (A female school administrator)

“The school administrator responsible for staff development doesn’t consider empowerment of sex education teachers as important for staff development.” (A male school administrator)

Provincial officials admitted that sex education-related trainings are often not provided due to a limited budget. Most training provided is pertinent to HIV/AIDS in particular and not sex education in general.

“There are trainings provided periodically. However, trainings specific to health education teachers peaked about 4-5 years ago. After that, there have been few trainings for teachers due to financial constraints. However, these trainings are not real sex education trainings. Most training is HIV/AIDS-focused.” (A provincial official)

“Teacher trainings are provided every year. However, it depends on what our focus is for each year. There are 8 main subjects in schools so training has to serve all of them. For example, this year it is for health education; next year it is for other subjects.” (A provincial official)

Sub-theme 17.4: *Teachers lack updated knowledge of sex education. They are likely to use a textbook required for students as the only source of information.*

Students said that their health education teachers teach based on a book required for the class. There is no information added from other sources.

“Sometimes, it seems to me that my teacher doesn’t have much knowledge about sex education. My teacher always follows only the books. This might be because my teacher wasn’t specifically trained to be a sex educator.” (A female high school student)

“What my teacher teaches is from the course book. Sometimes, the content is not different from that given by non-trained people.” (A female high school student)

Some health teachers admitted that their knowledge about sex education is insufficient. They claim themselves as novice providers because they were never exclusively trained in this area.

“Unlike those who are specifically trained in this area, I think teachers don’t have enough knowledge. Doctors, nurses, and health folks are experts and more reliable than teachers like me.” (A female teacher)

“Whether teachers can teach sex education well is up to their attitude toward this subject and up to the information they have. Some teachers love reading and searching for new information to share with students. However, some don’t, so these teachers only teach whatever the course book says.” (A female teacher)

School administrators wondered whether some health education teachers might have less sex education information than students.

“I can say that current school-based sex education is not yet effective because the teachers’ have less sex education information than their students. I tell you the truth. Our students are more technologically advanced than their teachers. Teachers don’t even know how to access the Internet. So, their sex education information is so simple and absolutely based on the course books. On the other hand, our students get both accurate and inaccurate information from the Internet every day. Teachers can’t keep up with them to prevent their risky behaviors.” (A male school administrator)

There was no difference across schools regarding this theme.

Sub-theme 17.5: *Health education teachers lack teaching skills to provide sex education properly.*

Some students complained that their teachers were deficient in knowledge and skills about how to communicate about sex properly. Their teachers frequently used indirect words to communicate sex education concepts. This sometimes made it difficult for them to understand what their teachers wanted to communicate.

“We sometimes have guest speakers in our class. I like it because for some topics, it’s hard to understand my teacher’s teaching. Guest speakers are experts so their teaching is very understandable.” (A female middle school student)

“I want my teacher to use simple words when communicating about sex education. I know that some words are kind of a bit impolite but there are no other good words to replace them. When my teacher tries to replace them with other words, it is very confusing. Also, I want my teacher to give some time for students’ questions.” (A female middle school student)

“My teachers don’t talk about sex explicitly. They make a detour [laugh]. They don’t go directly to the point [A]. Also, when we have questions, we ask but sometimes we don’t understand our teachers’ answers.” (Combined information from 3 male high school students, A and B, and C)

A health teacher also revealed that some teachers use vague words to communicate about sex education concepts. Some teachers make their teaching fun by using sexually equivocal words—the class is uproarious but it provides less academic content.

“I used to see that teachers in some schools use vague words to communicate sex education. Vague words are improper because they can mislead students. For example, teachers always call the penis ‘that thing’. I don’t understand why they don’t use a formal word to call the penis. Moreover, some male teachers have their own style to communicate about sex with students. Their style is to make a class fun to gain attention from the students. Students sound fun but I think sexual matters might not be well delivered that way. It’s fun but has less content.” (A female teacher)

School administrators and provincial officials provided similar information. They said that health education teachers lack skills to communicate about sex education.

“Based on my role as a supervisor, I periodically observe teachers’ teaching. I notice that most sex education teachers don’t communicate sex education explicitly. They don’t go directly to the point. I provide them with feedback and ask them why they didn’t talk about sex explicitly. They said there were lots of reserved students in the class so they should not discuss sex openly.” (A male school administrator)

“I think a school-based sex education curriculum is fine but the way sex education is communicated in school needs improvement. Teachers need training to be good sex educators.” (A provincial official)

Information from 3 classroom observations revealed that sex education teachers’ teaching skills varied from 2-4 (0 for no skills and 5 for sufficient skills). One teacher had superior communication skills. This teacher periodically used slang words while teaching. During the

interview, this teacher was highly confident in the role as a sex educator. This teacher used slang words to make the class more relaxed and fun and to help him feel closer to the students.

Sub-theme 17.6: *Some health teachers lack confidence to teach sex education openly because they doubt whether it is appropriate.*

Some health education teachers said that they are confident and comfortable to teach sex education. This information is similar to information collected from classroom observations. The teachers' confidence scores from the classroom observations are in the range of high to very high.

"I've never been worried about teaching sex education. I know I'm teaching teens so I adapt myself to be closer to them. If we want to learn about teen problems, we need to understand them and have a close relationship with them." (A male teacher)

"I'm very confident to teach sex education. I teach based on the curriculum. However, if there is anything new, I update my students as well. I have lots of experience in this field. Also, I'm married. This brings me confidence." (A female teacher)

"If you asked me many years ago, I'd say I'm not confident because I was young and didn't have much experience in this field. Now, I am older and have collective experiences. I've gained confidence over time. Now, I feel like I am a mom teaching my daughters and sons. Anyway, I think my confidence is greater if I'm teaching female students." (A female teacher)

However, some health teachers in this study revealed that they are not sure how explicitly they should provide sex education. Sometimes, they feel reluctant to openly teach sex education because they are afraid of parents' disapproval. Thus, to be safe, these teachers are unlikely to teach sex education openly to their students.

"I sometimes feel uncomfortable to communicate sex education with my students because I'm not sure whether it's proper to teach this way or that way. I'm afraid of students' negative feedback that might come to me after teaching."

I'm also worried about parents—whether parents will disapprove of my teaching and come to blame me at school.” (A female teacher)

“Sometimes, I'm not sure whether my teaching is too explicit for students at this age. I take a risk to communicate sex education explicitly. My students might not think my teaching is acceptable. Or, if they tell their parents about my teaching, what their parents' reactions are is uncertain to me. However, so far so good, I've never had any problems with parents.” (A female teacher)

Information from students supported the notion that some health education teachers did not teach sex education openly. Students believed that it is because their teachers were worried about the appropriateness of communicating sex education explicitly.

“Some teachers clearly demonstrate how to wear condoms but some only show pictures. I guess teachers who don't demonstrate it clearly might realize that doing so is too open and improper.” (A male middle school student)

Sub-theme 17.7: *Some health education teachers feel embarrassed so they do not discuss sex matters openly with their students.*

Some students mentioned that their health teachers seem embarrassed to provide sex education to them. These teachers sometimes did not cover all details for some topics because of their embarrassment. One student gave evidence that her teacher stopped or skipped teaching certain concepts when students made fun of the teacher or of the content provided in the class.

“My teacher sometimes shows her embarrassment during her teaching. She becomes stunned when we show that we know a lot about the topic she is teaching [A]. When we learned about male ejaculation, my male friends made fun of her teaching. She changed the topic immediately and came back to it later [B].” (Combined information from 2 middle school students, A and B)

“I think sometimes some of my teachers feel embarrassed. I notice that sometimes my teachers skip or stop teaching some parts suddenly. It's like they don't want to talk. They let us learn by ourselves.” (A male middle school student)

A few health teachers and school administrators admitted that some health teachers cannot be considered proper sex educators because they are too embarrassed to talk about sex comfortably.

“Some teachers are still embarrassed to communicate about sex education so they use words that are too formal [complicated] and students don’t understand them.” (A female teacher)

“Female single teachers might not be confident enough to provide sex education. Female teachers might not be as comfortable as male teachers in communicating about sex education.” (A male school administrator)

Information to support this sub-theme was derived from Schools 1 and 3 data. For School 2, both students and teachers provided congruent information that teachers are comfortable and not embarrassed to teach sex education.

Sub-theme 17.8: *The sex education curriculum is unclear in terms of the depth and breadth of the content because health education teachers rather than the Ministry of Education are those who determine the depth and breadth of sex education in their school.*

A school administrator said that each school has the privilege to specify the depth and breadth of sex education to serve the learning objectives stated by the Ministry of Education.

“Yes, teachers are the persons who decide what content should be provided in order to fulfill learning objectives stated by the Ministry of Education.” (A female school administrator)

Health education teachers pointed out that the curriculum in their school is unclear to identify the depth and breadth of sex education content. Although learning objectives are provided by the Ministry of Education, teachers themselves take on the role of judging the depth and breadth of the content. Also, there is little involvement from school administrators to identify the depth and breadth of the content. Moreover, content at the middle and high school levels is repetitive but different in terms of the depth and breadth. However, health

education teachers rarely have meetings to clearly identify the appropriate content for each grade level.

“We have a meeting among (health education) teachers in my department to assign sex education content to each teacher. We have to make it clear regarding the depth and breadth of content for each school level. We do this without the administrators’ involvement. Actually, we do want school administrators to identify the depth and breadth for us.” (A female teacher)

“We have a meeting to assign content to each teacher. After that, each teacher individually develops a teaching plan. We don’t know how deep and broad the sex education content will be for each teacher. We make our own decision.” (A male teacher)

“I want staff from the provincial health center to help us design a sex education curriculum. We can distribute this curriculum to all schools in this area so that we can teach sex education similarly. I sympathize with health education teachers. At this time, they have to be worried about the appropriate depth and breadth of the sex education content for their classes.” (A female school administrator)

Also, conflicts with parents make it difficult for schools to identify the appropriate depth and breadth of sex education content. Information across schools showed that conflicts between schools and parents are obvious in School 3.

“I don’t know how thoroughly I should provide sex education. If it is too detailed, parents may go against it. I used to face this problem. I taught grade 11 students about the reproductive system and function. Of course, I taught it thoroughly. One of my students told her mom what she learned from my class. Her mom questioned me as to why I had to teach that thoroughly. Her reaction was quite negative. After that, I didn’t dare teach it deeply. I assigned my students to read about it themselves.” (A female teacher)

The curriculum of some schools has recently been modified. This results in unfamiliarity with the modified curriculum among the health education teachers. It is as if their teaching is in a stage of trial and error.

“At present, I’m not confident about my teaching because the curriculum has just been modified. It’s kind of new for me. I need some time to understand it.” (A male teacher)

“The curriculum is not clear. Moreover, it’s even worse with the new curriculum we’ve just modified recently. Teachers have to equip ourselves with this modified curriculum. Frankly, teachers haven’t been able to equip themselves yet.” (A female teacher)

Only health education teachers in School 1 said that they hold a team meeting every year to assign health education content to each teacher to prevent the repetition of content between middle and high school levels. Also, information from classroom observations showed that only the observed teacher in School 1 developed a teaching plan for the observed sex education class. Health education teachers in the other two schools said that the content taught is based on school course books.

“We are very careful about the repetition of content. We have meetings in our department to brainstorm to identify the context and content of sex education. We develop the teaching plans together to prevent the repetition of content. We develop clear teaching plans and we teach the content as planned.” (A female teacher)

Sex education topics delivered in participating schools are presented in Tables A3-1 and A3-2. (See Appendix III)

Sub-theme 17.9: *Health education is less important than other courses. Thus, the time given to a health education course is insufficient to teach sex education effectively.*

Health education class is a 50-minute period class provided one period per week (20 periods per semester). All health education teachers in this study similarly complained that a 50-minute period is too short to teach sex education effectively. One teacher pointed out that because health education is not an important course (it is not a subject required for university application), the amount of time given to this course is only one period per week

“My school supports school-based sex education pretty well. However, there are too many students per class. Moreover, this class is provided only during one period a week [50 minutes]. It’s too little time. Health education should be given 2 consecutive periods a week. I wish the health education subject would be as important as mathematics, science, and social science. Health education is not a

required subject to get into a university so students look over and pay little effort to this subject.” (A female teacher)

“Time is too short for the class. Let’s say, it takes 10 minutes for all the students to get settled in the class after moving from another class, so only 40 minutes is left. My teaching is not as thorough as it should be due to the shortage of time.” (A male teacher)

“There is no problem of time at the middle school level because health education is provided over 40 periods during a semester. However, at the high school level, 40 periods are reduced to 20 periods a semester. Time is very limited.” (A male teacher)

A school administrator explained that sex education is only a part of a broad health education curriculum so the amount of time given to sex education lessons is quite small.

“The most significant barrier of teaching sex education is time. Sex education is only a part of a broad health education subject. Thus, sex education content is provided only as time permits. We solve this problem by integrating sex education content in other subjects such as biology and the social sciences. This helps somewhat in terms of the time constraints.” (A male school administrator)

“Sex education is only a small part of a broader health education curriculum. I can say that we haven’t been as concerned about the importance of sex education as compared to other subjects.” (A female school administrator)

Information supporting this sub-theme was not different across schools.

Sub-theme 17.10: *The number of students per class is high. This might reduce the effectiveness of teaching sex education effectively.*

Teachers and school administrators in Schools 1 and 2, as well as a provincial official, commented that in general the current class size is too large to teach sex education effectively.

“I have to say that the number of students per class is too high, fifty-something a class. A proper number should be 20 to 30. Too many students in a class affect the learning process of students.” (A male student)

“My school is a big school. There are around 60-70 students in a class. I admit that sometimes we can’t take good care of all students.” (A female school administrator)

“Most of the times when we provide sex education in school, classes are too big. I think it would be more effective if they divided students into small classes. We prefer going to school more often to teach smaller classes.” (A provincial official)

Sub-theme 17.11: *A school’s norm toward sex education may affect comfort of health education teachers to teach sex education*

A school administrator and provincial official stated that sometimes a negative attitude of school staff toward sex education and sex educators can also affect the confidence of sex education teachers to communicate about sex education openly.

“It’s fairly evident in my school some teachers negatively view sex education teachers. They think that sex education teachers are too daring and teachers are not supposed to be daring like that. This perspective mostly comes from old-fashioned folks. Anyway, they aren’t against sex education. They just don’t really appreciate it. However, the negative views like this can make sex education teachers feel uncomfortable.” (A male administrator)

“Teachers, as sex education communicators, might not be comfortable about teaching sex education because of their own attitudes toward this subject and the organizational culture of their school.” (A provincial official)

Sub-theme 17.12: *Less parental involvement in school-based sex education leads to parents’ objections to school-based sex education. This in turn reduces the teachers’ confidence and willingness to provide sex education thoroughly and openly.*

Information from School 2 revealed that the school involves parent representatives to critique the school curriculum. Therefore, there is not evidence of parents going against any courses provided in the school.

“It’s not only the sex education curriculum but other curriculum subjects written by the school as well. We can’t include parents in the process of writing the school’s curriculum. However, we invite some parent representatives to critique our curriculum after it is developed. We show them what we are going to teach in our school and hear whether they are okay with it.” (A male school administrator)

“I, as a teacher, never personally get in touch with parents. Also, parents never talk to me about my teaching. Parents never have any problem with my teaching.” (A male teacher)

However, a school administrator in another school encountered a negative experience three years ago with parents opposed to the school-based sex education curriculum. That experience made the whole school not want to emphasize school-based sex education.

“Before I moved to this school, around 3 years ago, my school invited parents to give suggestions about our curriculum. When we informed them that we would invite a nurse as a guest speaker for our sex education class, one father absolutely disagreed. He said that schools encourage students to get involved with sex. He used very strong words like ‘I can’t imagine a single teacher like you accepts premarital sex’. Our purpose was to educate our students to protect themselves in case they have sex but parents didn’t seem to understand us. After that situation, I am very careful about providing school-based sex education. Since I moved to this school, we haven’t discussed this with parents but only with our teachers. I’ve never thought about inviting guest speakers either.” (A female school administrator)

Sub-theme 17.13: *There is no collaboration between schools and the larger community to promote the reproductive health of teenagers.*

Teachers and school administrators in all schools studied disclosed that their school almost never involves communities in any school activities because it is difficult to collaborate with communities. At the same time, community leaders in all the communities studied said that schools in their community have never asked for any cooperation from the community though they are ready to work with schools. Some community leaders and members are involved in some school activities as parents of students but not as community representatives.

“Talking of the school-community relationship, typically the community contacts us for a couple of things: when they want to use the school location to hold community activities; when we ask them for help to enhance the school’s physical environment; and occasionally, the community provides our students some scholarships. That’s it. The community has never been involved in the education mission and requirements of the school. It’s difficult to involve

community to work with us because most of them aren't concerned with their role in educational development. They understand that it should be the school's duty. Involving parents is difficult enough; but, involving community is even worse." (A female administrator)

"No, we never work with schools in our community. We never have any collaboration. The only connection the community has with the schools is the parents in our community sometimes receive questionnaires sometimes to study their teens' behaviors at home." (A male community leader)

"Schools never collaborate with the community. We are invited as parents to join a parent meeting once a semester. If schools ask us to collaborate, we will be happy to work with them." (A female community leader)

In sum, most participants agreed that school-based sex education is beneficial though some of them were skeptical that it might somehow harm adolescents. School-based sex education curriculum is developed and mostly provided by health education teachers. The curriculum does not seem clear in terms of the depth and breadth of content. The focus of school-based sex education is a combination of abstinence-only sex education and comprehensive sex education with greater emphasis on an abstinence-only dimension. So far, school-based sex education has few strengths and many weaknesses. Theme comparison is presented in Table 12.

Table 12: Theme Comparison Pertinent to School-Based Sex Education across Groups of Participants and Study Schools

Themes and Sub-themes	Providers (*)	Comparison	
		Groups	Schools (S)**
<p>Theme 11: Thais perceive sex education in two opposing ways: 1) sex education is sexual intercourse and safe sex and 2) sex education is part of a broader sexuality context in which sexual intercourse is only a part.</p>	1, 2, 3, 5	<p>- Teachers and students were likely to provide a complete definition.</p> <p>- Most parents and community leaders understood that sex education includes only sexual intercourse and safe sex.</p>	×
<p>Sub-theme 11.1: The perception by parents of sex education as teaching about sexual intercourse is a significant barrier for parents to provide sex education to their adolescent children.</p>			
<p>Sub-theme 11.2: Teachers and high school students are more likely to provide a more complete definition of sex education.</p>			
<p>Theme 12: Participants agreed that the benefits of school-based sex education outweigh the costs.</p>	1- 6	×	×
<p>Sub-theme 12.1: Even though all participants indicated benefits of school-based sex education, most of them mentioned its costs at the same time.</p>			
<p>Sub-theme 12.2: It is believed that school-based sex education influences teens' self-control over premarital sex; but, if they decide to have premarital sex, they will practice safe sex.</p>			
<p>Sub-theme 12.3: Encouraging sexual involvement is the only cost of school-based sex education. However, it is believed that this cost is not applicable to all adolescents.</p>			

Table 12: Cont.

Themes and Sub-themes	Providers (*)	Comparison	
		Groups	Schools (S)**
Theme 13: The content of school-based sex education serves the learning objectives; however, there is insufficient detail for some topic areas.	1, 3	×	×
Sub-theme 13.1: HIV/AIDS is the primary STD emphasized in school-based sex education.	1, 3	×	×
Sub-theme 13.2: The content of family planning methods is insufficient and unclear and does not include some family planning methods.	1	N/A (one group only)	×
Sub-theme 13.3: Most teachers are satisfied with the coverage of school-based sex education content provided in their school and with the idea that the depth and breadth of sex education should be limited in order to discourage engaging in sexual behaviors.	3	N/A (one group only)	Information was provided by teachers in S2 and 3 not S1.
Sub-theme 13.4: Most of content of school-based sex education at the middle school level is repeated at the high school level. However, the depth and breadth of content are greater at the high school level.	1, 3	×	×
Sub-theme 13.5: Teachers play a key role in judging the depth and breadth of the content of school-based sex education.	3	N/A (one group only)	×
Themes 14: School-based sex education is mainly provided by health education teachers using a combination of teaching strategies.	3	N/A (one group only)	×
Sub-theme 14.1: Teaching strategies vary by the availability of teaching materials in each school. If teaching materials are limited, the lecture method is likely to be used.			

Table 12: Cont.

Themes and Sub-themes	Providers (*)	Comparison	
		Groups	Schools (S)**
Themes 15: School-based sex education provided in participating schools is a combination of abstinence-only and comprehensive sex education (safe sex).	1, 3	×	×
Themes 16: Three significant factors supporting school-based sex education are: school administrators' awareness of teens' health, organizational collaboration, and the gender of students in school.	3, 4, 6	×	×
Sub-theme 16.1: Schools Administrators are aware of adolescent sexual problems and consider school-based sex education as one way to address the problems.	3, 4	×	×
Sub-theme 16.2: Schools collaborate with the provincial health center for sex education support.	3, 4, 6	×	×
Sub-theme 16.3: Sex education might be communicated more openly and with a higher degree of comfort in classes that serve only male students.	4	N/A (one group only)	Information obtained from S2 only
Sub-theme 16.4: The abstinence-only messages are more emphasized than comprehensive sex education in classes that serve only female students.	4	N/A (one group only)	Information obtained from S3 only
Themes 17: Weaknesses of school-based sex education were rooted in 3 key factors: teacher, curriculum, and school.	1, 3, 4, 5	See sub-themes 17.1-17.13	See sub- themes 17.1-17.13
Sub-theme 17.1: Health education teachers use improper teaching strategies and equipment to teach the condom-use lesson.	1, 3	×	×

Table 12: Cont.

Themes and Sub-themes	Providers (*)	Comparison	
		Groups	Schools (S)**
Sub-theme 17.2: Lack of availability of teaching materials and equipment in schools discourages health education teachers from using them in their teaching methods though they know that these teaching materials and equipment are helpful.	3	N/A (one group only)	×
Sub-theme 17.3: Health education teachers' competencies for teaching sex education are limited in regards to knowledge level and teaching skills. This might be because they have never been particularly trained in the area of sex education.	1, 3, 4	×	×
Sub-theme 17.4: Teachers lack updated knowledge of sex education. They are likely to use a text book required for students as the only source of information.	1, 3, 4	×	×
Sub-theme 17.5: Health education teachers lack teaching skills to provide sex education properly.	1, 3, 4	×	×
Sub-theme 17.6: Some health teachers lack confidence to teach sex education openly because they doubt whether it is appropriate.	1, 3	×	Information obtained from S3 only
Sub-theme 17.7: Some health education teachers feel embarrassed so they do not discuss sex matters openly with their students.	1, 3	×	Information obtained from S1 and S3
Sub-theme 17.8: The sex-education curriculum is unclear in terms of the depth and breadth of the content because health education teachers rather than the Ministry of Education are those who determine the depth and breadth of sex education in their school.	3, 4	×	S1: curriculum meetings and teaching plans exist. S3: Conflict with parents occurred.

Table 12: Cont.

Themes and Sub-themes	Providers (*)	Comparison	
		Groups	Schools (S)**
Sub-theme 17.9: Health education is less important than other courses. Thus, the time given to a health education course is insufficient to teach sex education effectively.	3, 4	×	×
Sub-theme 17.10: The number of students per class is high. This might reduce the effectiveness of teaching sex education effectively.	3, 4, 6	×	×
Sub-theme 17.11: A school's norm toward sex education may affect comfort of health education teachers to teach sex education	4, 6	×	Information obtained from S1 only.
Sub-theme 17.12: Less parental involvement in school-based sex education leads to parents' objections to school-based sex education. This in turn reduces the teachers' confidence and willingness to provide sex education thoroughly and openly.	4	N/A (one group only)	Information obtained from S3 only
Sub-theme 17.13: There is no collaboration between schools and the larger community to promote the reproductive health of teenagers.	3, 4, 5	×	×

Note: * Groups of participants who provided information: 1 = students 2 = parents 3 = teachers
4 = school administrators 5 = community leaders 6 = provincial authorities
** Study schools: S1 = School 1 S2 = School 2 S3 = School 3
*** × = No difference

Information revealed that both parents who teach and do not teach sex education at home support school-based sex education. However, they have some expectations about school-based sex education. The next section presents parents thoughts regarding how school-based sex education should be taught.

Parents' Expectations about School-Based Sex Education

Themes 18: *Parents support school-based sex education; however, they expect that it should be provided with appropriateness in regards to the focus and explicitness of the content, its sense of morality, and cultural concerns.*

All parents in this study agreed that school-based sex education should be provided to adolescents in middle and high school. Many parents said that they are confident that teachers have sufficient competencies to teach sex education.

"I'm confident that teachers can teach sex education well. Also, everything in school is good to support education, like the environment is good and the teachers are good." (A mother of a male high school student)

"It's no doubt that teachers are the proper people to provide sex education. I believe that the school is well equipped to fulfill the role of educating students. Teachers never teach bad things to students." (A father of a male middle school student)

Many parents know that sex education is provided in school; however, almost none of them have seen their sons' or daughters' health education books or discussed with their sons or daughters what sex education content is provided.

"I have never looked at my son's books. Also, we have never discussed what he learned from his sex education class." (A father of a male middle school student)

"Yeah! My daughter told me a bit about what she learned from her sex education class. However, I have never looked through her health education books only her books on other subjects." (A mother of a female high school student)

- **Focus of Content**

Sub-theme 18.1: *Parents expect that the focus of school-based sex education content should be a combination of abstinence-only and safe sex with more emphasis on abstinence-only.*

This study classified the focus of sex education content in 3 main groups: 1) abstinence-only; 2) comprehensive sex education (safe sex); and 3) both 1 and 2. Parents, community leaders, and provincial officials were all asked to describe their expectations of what the focus of sex education should be. Two out of fourteen parents agreed with comprehensive sex education. The other 12 parents said that a combination of abstinence-only and safe sex would be the most appropriate direction. However, these parents want schools to strongly emphasize to students to avoid premarital sex.

“I prefer both directions but more emphasize should be placed on abstinence. However, we don’t know whether we can prevent teens from sex so we should teach them about safe sex as well.” (A mother of a female middle school student)

“It should be both abstinence and safe sex. But, abstinence should be strongly advised. Safe sex should be taught a bit just in case teens can’t avoid sex.” (A father of a female high school student)

“Teachers must ask students not to have premarital sex. They can teach safe sex just as general education. Teachers should not say ‘if you want to have sex, you should...’ but they should only say ‘don’t have sex at this time’.” (A father of a female high school student)

Information from all focus groups with community leaders was similar to that from parents. Community leaders wanted teachers to impede students from getting involved in sex. However, safe sex should be provided as an option.

“Teachers should warn students not to have sex though teach them how to practice safe sex [A]. They should instill an abstinence value into students’ minds. However, they should not say ‘don’t do this; don’t do that’ because teens will go against it [B].” (Combined information from 2 female community leaders, A and B)

“First, teachers have to emphasize abstinence-only [A]. Yeah! I agree that first, we have to prevent them from having sex. However, to protect them from disease, they should learn safe sex [B].” (Combined information from 2 male community leaders, A and B)

All provincial officials interviewed correspondingly mentioned that an abstinence-only focus should go hand-in-hand with comprehensive sex education.

“No doubt, abstinence is the best option. However, if teens want to have sex, they need to know how to have it safely. Thus, they should be educated in both ways.” (A provincial official)

“School-based sex education should be provided in both directions. It would be great if students stayed away from sex because it’s not their time to engage in sex. However, some of them can’t avoid it, so students should learn about safe sex as well.” (A provincial official)

- **Explicitness of Content**

Sub-theme 18.2: *Parents want teachers to teach sex education openly and explicitly for all topics except for sexual intercourse. Also, teachers should strongly support students to be abstinent.*

Parents also anticipated the explicitness of sex education content. A couple of parents said that teachers should teach sex education without concealing any content. They believe that teaching sex explicitly and openly is beneficial.

“To me, the clearer the better. I’m not afraid of the harm of explicit teaching. On the other hand, I think ambiguous teaching can bring more harm. I don’t believe that explicit sex education accounts for encouraging sex. Clear content is good for students to identify what they should or should not do.” (A mother of a female middle school student)

“We should clearly teach teens everything about sex. Teens shouldn’t be concealed from everything because with clear and thorough knowledge, they can judge well what is good or bad.” (A father of a male middle school student)

The majority of parents wanted school-based sex education to be clearly provided because they understand that this way is more beneficial than providing vague content. However, this group of parents did not want teachers to explicitly discuss sexual intercourse.

“Teachers can teach everything about sex except for sexual intercourse. It’s too much if they are discussing intercourse.” (A mother of a male middle school student)

“Not all sex topics teachers should teach. I mean they can teach about sex matters in general but should not mention about how to have sex.” (A mother of a female high school student)

“I doubt if teaching teens everything about sex will encourage them to have sex. There should be some limitation. Content about sexual intercourse should not be provided.” (A mother of a male high school student)

A few parents did not oppose explicit sex education; but, they wanted teachers to encourage abstinence by pointing out the worth of being abstinent at this time and the negative effects of having premarital sex as a teenager.

“Teachers can teach everything but must seriously warn students to think over and over if they want to have premarital sex. Teachers might have to scare students by emphasizing the negative effects of premarital sex to prevent them from doing so.” (A mother of a female middle school student)

“Teachers should teach sex education explicitly because sex is human nature. However, when teaching, teachers should tell students what they should or shouldn’t do. For example, teachers should warn students that they shouldn’t have sex at this age; it’s not their time yet.” (A father of a female high school student)

- **Morality and Cultural Values**

Sub-theme 18.3: *Parents requested schools to conscientiously instill morality and Thai cultural values in their students in order to discourage them from engaging in sexual behaviors in general and to prevent them from being encouraged to get involved in premarital sex by school-based sex education in particular.*

As previously mentioned, many participants thought that school-based sex education possibly encourages students to be curious about sex. Some parents, school administrators, community leaders, and provincial officials suggested that if schools seriously instill morality and Thai culture into students’ mind, this harm will be eliminated. Moreover, instilling morality and Thai cultural values will enhance students’ awareness of what they should or should not do. This in turn promotes teens’ proper behaviors in general.

“Providing sex education in school is good. But, it must be real education and not encouragement of sex. Thus, we have to instill morality and Thai culture at the same time. I want schools to strongly emphasize morality education.”

Teachers should be trained to provide morality education as well.” (A father of a female high school student)

“It’s hard to describe how sex education should be provided. I think we should discipline students to be good persons who are always aware of what is good to practice. Providing only knowledge of sex education is not enough to ensure proper practice. If I were a sex educator, I’d discipline them with morality as well to make sure that my students can make good decisions to get involved or not get involved in any sexual behaviors.” (A male school administrator)

“Teens receive sex information from everywhere not only at school. That means they receive both correct and incorrect information. Providing school-based sex education is not enough. It’s necessary to integrate morality education so that they can bring sex education to practice in a proper way.” (A provincial official)

A school administrator revealed that the Ministry of Education no longer includes a morality subject in a school curriculum but requests schools to integrate morality features in all subjects instead. However, most teachers mainly focus on only academic content and not morality.

“At the present, there is no longer morality education in the school. There is only the subject of religion which seems boring for students. You know that religious words are hard to understand. What our school has done is integrate morality education in all courses. We ask teachers to discipline students to be good persons with high morality. However, so far, I’ve found that teachers try to complete only the content of their subject because it’s necessary for examination to get into university. Teachers ignore instilling morality. I think parents have to help us with this.” (A female administrator)

In brief, parents support school-based sex education that provides students with the notion of abstinence and safe sex with the main emphasis placed on abstinence-only. Sex education content should be clear but should not include sexual intercourse. Parents also want schools to strongly instill morality and Thai cultural values in their students. Theme comparison is presented in Table 13.

Table 13: Theme Comparison Pertinent to Parents' Expectations about School-Based Sex Education across Groups of Participants and Study Schools

Themes and Sub-themes	Providers (*)	Comparison	
		Groups	Schools (S)**
Themes 18: Parents support school-based sex education; however, they expect that it should be provided with appropriateness in regards to the focus and explicitness of the content, and its sense of morality, and cultural concerns.	2	N/A (one group only)	×
Sub-theme 18.1: Parents expect that the focus of school-based sex education content should be a combination of abstinence-only and safe sex with more emphasis on abstinence-only.	2, 5, 6	×	×
Sub-theme 18.2: Parents want teachers to teach sex education openly and explicitly for all topics except for sexual intercourse. Also, teachers should strongly support students to be abstinent.	2	N/A (one group only)	×
Sub-theme 18.3: Parents requested schools to conscientiously instill morality and Thai cultural values in their students in order to discourage them from engaging in sexual behaviors in general and to prevent them from being encouraged to get involved in premarital sex by school-based school education in particular.	2, 4, 5, 6	×	×

Note: * Groups of participants who provided information: 1 = students 2 = parents 3 = teachers
4 = school administrators 5 = community leaders 6 = provincial authorities
** Study schools: S1 = School 1 S2 = School 2 S3 = School 3
*** × = No difference

Concerning influences at the macro level, this study also examined the community's and provincial officials' roles in adolescent health and school-based sex education. Information regarding the community's and provincial officials' roles is presented in the next section.

Community Competencies on Adolescents' Reproductive Health

Theme 19: *Communities lack competencies to promote reproductive health of adolescents. There is no community activity to promote reproductive health of adolescents in communities due to the lack of: 1) community participation; and 2) competencies to access resources.*

Community leaders from 2 participating communities are aware of adolescent sexual behaviors. However, they consider the problems family-level rather than community-level problems. Community leaders disclosed that their community lacks involvement from community leaders. Furthermore, community leaders anticipated that although they offer health promotion interventions, adolescents might not be interested in those programs.

“We realize that teens’ sexually-related problems are very serious [A]. We are worried about their future and we often discuss these problems among families in our communities. But we never came up with any solution. We only discuss among ourselves [B]. Participation of community members is weak. Also, we think although we have programs to help teens in our community, teens might not cooperate well because teens have their own world and don’t like to do things with adults [C].” (Combined information from 3 female community leaders, A, B, and C)

“We just complain among ourselves about teens’ behaviors like male and female teens rent a room and live together [A]. Now, each of us only takes care of teens in our family. We never talked about what we should do for our community as a whole [B]. I want to have a community solution because there are many children in our community and they grow up everyday [C].” (Combined information from 3 male community leaders, A, B, and C)

“We, as a community, have never discussed about teens’ problems because nowadays, each family lives individually. Some families don’t get to know the family next door [A]. We only complain in a small group about teens’ behaviors like why today’s teens behave poorly like this [B]. But, we don’t think it’s a community but individual problem. It might become a community problem, if the head of community begin to roll the ball [C]. Another thing is that unlike communities in a rural area, our community is in a city-like region so community participation is low [B].” (Combined information from 3 male community leaders, A, B, and C)

In terms of supportive resources, community leaders said that there used to be some agencies that implemented health promotion programs in communities. Those agencies worked with the community as experts who brought interventions to the community without community involvement in intervention development. Currently, those agencies no longer work in communities because their work was completed. Communities could not maintain any interventions because community leaders and members were not empowered by those agencies. Also, they did not employ human resources available in their community. Besides, community leaders said that lack of financial support prohibits them from any program to promote teen's reproductive health.

“There were some health agencies coming to educate us about AIDS. Our community never had our own programs. There were only the programs provided by the provincial health center [A]. I think if we want to help our teens, we should gather them and discuss with them about proper and improper behaviors they should be concerned. Long time ago, border police used to help us to take care of teens in our community. Now, we no longer have a connection with them so all the programs were stopped as well [B]. If we want to do something to help our teens a budget must be provided to us [A].” (Combined information from 2 male community leaders, A and B)

“Actually, there are some “local-wisdom” people in our community. I think they are our strength. However, we never recognized those people so teens don't know them at all. Teens should learn the pride of their community.” (A female community leader)

“We have 12 community leaders and one community chief. We never received any money from the province to do any programs in our community.” (A male community leaders)

Adolescents' Reproductive Health Support at a Policy Level

Theme 20: *At a policy level, both support and barriers to promote adolescents' reproductive health exist.*

Sub-theme 20.1: *There are some supportive policies at national and provincial levels to promote reproductive health of adolescents in Chanthaburi Province.*

Provincial officials mentioned that at a national level, even though there is no specific policy to support sex education as a whole, there are some outstanding national policies pertinent to HIV/AIDS prevention. Regarding school-based sex education, it is a part of national education required for middle and high school students. Also, the Ministry of Education asks all schools to prevent risky sexual behaviors of students by improving the physical environment of schools.

“Sex education is included as a part of a broad health education so it is national policy to educate Thai teens about sex matters. The Ministry of Public Health also has a national policy to deal with HIV/AIDS in Thailand. As we have seen, there are HIV/AIDS-related programs launched periodically. The Ministry of Education wants schools to prevent drug abuse among students. For sexual behaviors, schools are asked to improve physical environment to prevent sexual behaviors such as there should not be privacy areas where students can sneak to have improper behaviors.” (A provincial official)

“As provincial leaders, we must focus our work on HIV/AIDS prevention because it’s a national policy. The government requires us to collaborate with other organizations to educate people about HIV/AIDS and safe sex.” (A provincial official)

At the provincial level, there have been some health trainings provided for teachers and students in Chathaburi Province. These trainings are, in part, pertinent to reproductive health promotion among teenagers. The other significant support from the provincial officials is that for the upcoming fiscal budget, provincial officials have a mission to allocate funds to support any potentially beneficial programs including health programs.

“One obligation of my organization is providing health education to enhance good health and well-being. We work with schools and other organizations. We support human resources as well as health education media and equipment. The main sex education we have done focuses on AIDS.” (A provincial official)

“This year, I provided some financial support to some organizations to work on HIV/AIDS education. Actually, I didn’t totally agree with all those programs because I think teaching about HIV and safe sex is the resolution at the downstream. I want to hold a meeting with school representatives to brainstorm ways to enhance students’ thinking process. Because the world’s technologies are

continuously prosperous, I want children in our province to have good judgments and proper reactions to any situation in their life. So far, the provincial budget has been provided for infrastructures. However, next year, the budget will be mainly used on social interventions such as a program to enhance the quality of life of elderly and teens' health. I'm willing to support any programs that have high potential to be successful. Any organization can propose their programs and ask for funding.” (A provincial official)

Sub-theme 20.2: *A limitation of the provincial budget is a significant barrier to promote adolescent reproductive health especially when it is not a priority.*

A provincial official said that for adolescent health promotion, drug abuse not reproductive health is a current provincial priority. Thus, currently provincial funds are mostly used to support drug abuse programs. Another provincial official pointed out that since the Thai government has launched a universal health insurance program, the health-promotion budget has been cut to support medical treatment. This results in reduced overall health promotion programs. Another provincial official described that the budget provided to schools through the Ministry of Education to support school administration is also limited. This budget is allocated to all subjects in school. Hence, some years, school-based sex education is not fully supported.

“The government’s policy to improve teens’ health primarily focuses on drug prevention and physical activities. My team and I have been working on these 2 areas to serve the national policy. Teen reproductive health is not our first priority. However, I am willing to support any good teen health programs.” (A provincial official)

“If we have money, we’ll be able to do everything to serve the national health policies. Since the government has launched the universal health insurance, our health system has changed. Things have changed. We can’t ask for support as much as we used to. A huge budget is spent on treatment. We don’t have money so many health promotion programs can’t be implemented.” (A provincial official)

“If the budget is sufficient, we can provide sex education trainings for both students and teachers. However, other than health education, this budget must be allocated to other subjects as well. The fiscal budget is little. Schools have to use this money to support all subjects provided in school.” (A provincial official)

A mother provided information supporting the argument that reproductive health is not a provincial priority.

“My son’s school invites parents to an annual parents meeting. Last-year’s meeting mostly emphasized teens’ problems of drug abuse and road accidents. Parents were asked to often discipline teens in their family and closely observe their behaviors. Sexual behaviors were not strongly focused on.” (A mother of a male high school student)

In conclusion, adolescent reproductive health and school-based sex education has been supported by some policies at both national and provincial levels. Adolescent reproductive health is not a priority in Chanthaburi Province. Also, the limits of the provincial budget are an important barrier to promoting adolescent reproductive health. Theme comparison is presented in Table 14.

Table 14: Theme Comparison Pertinent to Community’s and Provincial Officials’ Roles across Groups of Participants and Study Schools

Themes and Sub-themes	Providers (*)	Comparison	
		Groups	Schools (S)**
Theme 19: Communities lack competencies to promote reproductive health of adolescents. There is no community activity to promote reproductive health of adolescents in communities due to the lack of: 1) community participation; and 2) competencies to access resources.	5	N/A (one group only)	×
Theme 20: At a policy level, both support and barriers to promote adolescents’ reproductive health exist.	1, 4, 6	See sub-themes 20.1-20.2	See sub-themes 20.1-20.2
Sub-theme 20.1: There are some supportive policies at national and provincial levels to promote reproductive health of adolescents in Chanthaburi Province.	4, 6	×	N/A (one school only)

Table 14: Cont.

Themes and Sub-themes	Providers (*)	Comparison	
		Groups	Schools (S)**
Sub-theme 20.2: A limitation of the provincial budget is a significant barrier to promote adolescent reproductive health especially when it is not a priority.	2, 6	×	N/A (one school only)

Note: * Groups of participants who provided information: 1 = students 2 = parents 3 = teachers
4 = school administrators 5 = community leaders 6 = provincial authorities
** Study schools: S1 = School 1 S2 = School 2 S3 = School 3
*** × = No difference

The closing question for this study was to obtain participants' suggestions regarding how to improve school-based sex education. Information regarding this area of investigation is presented in the next section.

Suggestions for School-Based Sex Education Improvement

Theme 21: Participants provided suggestions to improve school-based sex education in 3 main areas: 1) sex-education providers (proper sex educators; teacher and teaching improvement); 2) sex education curriculum (clarity; parents and community involvement); and 3) sex-education receivers (proper age to learn sex education; gender of students in a sex-education class).

- **Proper Sex Educators**

Participants were asked to identify persons they considered to be proper sex educators. Most participants identified more than one person. Parents were the first proper sex educators who came to most participants' minds though the frequency of identifying teachers as proper sex educators was the highest.

Sub-theme 21.1: Parents are the first persons identified as proper sex educators for adolescents because of a close-knit relationship with their teen sons and daughters.

When asked to identify proper sex educators, most participants indicated parents as the first person who comes to their mind. Students of all participating schools except male high school students in School 3, two-thirds of participating teachers, some parents and community leaders said that parents are the best sex educators for teens because they are the closest persons in teens' life.

“Parents are the most proper persons because we are in the same house [A]. Yeah, I agreed with you but I want them to initially teach us—don't have to wait until we ask them [B]. Teachers are not as close as parents. They teach us because it's their duty [A]. Yes, we are comfortable to answer all questions from our parents but not from our teachers. Teachers are kind of outsiders[C].” (Combined information from 3 male middle school students, A, B, and C)

“The first persons are parents. Most children ask their parents questions like where did I come from? In the past, parents might not be able to answer those questions properly but now, parents are more educated so they know how to communicate sexually-related issues with their children. Parents and children live together all the time. Teachers are not that close.” (A female teacher)

“Parents are the most important persons because parents are the closest person to children. They raise their children. Sex education is a part of child nurture. Parents are the only person who can see growth and development of children in their family so they can teach sex education to serve teens' needs. Teachers can teach sex education but they are not as close as parents.” (A mother of a female middle school student)

Sub-theme 21.2: *Due to their knowledge and close relationship with students, teachers are the most common persons identified as the proper sex educators for adolescents. Moreover, most parents understand that teen students are more likely to obey and listen to their teachers than their parents.*

The frequency of mentioning teachers as proper sex educators was the greatest. The main reasons to identify teachers are because teachers have knowledge and spend daytime together with teens in school 5 days a week

“The first persons are parents. I also think teachers are important too because teens typically spend 8 hours in school. Actually, it's teachers' duty to

deliver sex education. Teachers have knowledge—probably more than parents [laugh]. They might be more daring than parents in sex discussion [laugh].” (A mother of a male middle school student)

“I want teachers to help parents teach sex education as well because teachers might have better information than parents do. I want my teen sons and daughters receiving information from many sources.” (A mother of a female middle school student)

“Teachers such as sex education teachers and some sciences teachers should be the proper persons because they are trained in sex education fields.” (A female school administrator)

Half of participating parents recommended teachers as the main sex educators. These parents believed that their teen sons or daughters obey and follow teachers’ words more than theirs. Thus, sex education provided by teachers is more likely to be successful.

“Other than parents, teachers should be good sex educators because they are pretty close to students—they meet students at school everyday. Also, I think that nowadays, teens are more likely to believe and listen to their teachers than their parents.” (A mother of a female high school student)

“I think schools have an important role to provide sex education to teens. Lots of my friends always complain that their children obey, listen to, and follow their teachers more than them.” (A mother of a male middle school student)

Some school administrators seemed to disagree by pointing out that most adolescents especially problematic students are not likely to listen to teachers.

“When we discipline problematic students, I don’t think that they listen to us. Most students don’t believe their teachers. They believe others like friends.” (A male school administrator)

Sub-theme 21.3: *Trained professionals are considered the other proper sex educators because they are well trained in the health field including sex education.*

Some participants thought that professionals trained in health such as doctors, nurses, and others should be the sex educators since these people are recognized and believed as health experts.

“Another group of people is health professionals such as doctors and nurses. These people have great knowledge. Sometimes, our parents’ knowledge is not as much as them. Schools should invite health professionals as guest speakers in sex education classes.” (A female high school student)

“I think doctors are the most proper ones due to their knowledge and skills in this field. Doctors’ knowledge and skills in sex education field is better than teachers. Some teachers are not good sex educators at all.” (A father of a female middle school student)

Sub-theme 21.4: *The majority of adolescents rarely discuss sex education with their parents, teachers, and guest speakers. On the other hand, they turn to their close friends when they want advice because they feel more comfortable communicating with friends.*

Although most students agreed that their parents are the proper persons to provide sex education to them, they admitted that they almost never talk about sex with their parents. In other words, parent-adolescent communication on sex education rarely occurs. Students said that they feel embarrassed and are afraid of their parents “blaming” them; whereas, parents said that they are also embarrassed, lack knowledge, and believe that their teen sons or daughters might not listen to them. Information pertinent to parent-adolescent communication about sex education is presented under the section ‘Sex education provided in the home’. (See page 134)

Teachers and guest speakers principally take the role of lecturers but not counselors. Students formally learn from their sex education teachers, and guest speakers are seldom invited. However, students never seek sexually-related consults from these 2 groups of people because they do not perceive that they are close enough to those people.

“Oh! Definitely, we mostly talk sex with our close friends. Teachers have the only duty to teach us in classes. They taught everything in classes. However, my questions are beyond their teaching. Some questions are too sexually deep so I don’t know how to find proper words to communicate with my teachers. But, it’s ok to share with friends.” (A male high school student)

“NO! We don’t ask our teachers about sex [all participants in a focus group said]. We are not that close to our teachers and we don’t trust them [A]. My teacher is quite reserved and not talkative so we don’t feel close to each other [B].” (Combined information from 2 female middle school students, A and B)

“I and my sex education teacher are not close. We meet once a week in my health education class. I don’t trust her [A]. Our teachers teach not only our class but also 8 other classes in the same level. It’s hard to get close to teachers enough to share personal stories and feeling like sex issues [B]. Some teachers can’t even recognize students’ names [A].” (Combined information from 2 female high school students, A and B)

Students from 2 participating schools suggested that there should be a sex counselor in school to provide confidential counseling to students.

“I think it would be good if there was a sex counselor in my school. We have a teacher team working as academic counselors. Why don’t we have a sex counselor who we can go to seek advice without giving our personal information such as name and school level? Also, we could call this counselor whenever we need.” (A female high school student)

“We should have a counselor and a counseling room where we can seek advice confidentially. We need one-on-one counseling because it’s about sex.” (A male middle school student)

Most students revealed that they commonly discuss sex with their close friends though they do not think that those friends are helpful. They decide to discuss sex with their friends other than sex educators because they feel more comfortable to share their problems with friends. They do not expect good solutions but good listeners. However, their friends might be able to give some advice if they experienced a similar problem before.

“We commonly discuss sex with our close friends [A]. I feel comfortable with my close friends too because they are trustworthy. We spend most of our time with our friends so there is no embarrassment to talk sex with friends [B]. Not all of friends are helpful. I can say only few of them are good informants—if they have some experiences. [A]” (Combined information from 2 male middle school students, A and B)

“Ask friends [all participants a focus group replied]. Why? Because we are close to friends; let’s say, we get up and go to school—spend the whole day at school. In the evening, we typically spend little time with parents. For teachers,

they come to the class and teach. That's it. But friends, we spend time together almost the whole day [A]. Yes, when we feel close, we feel trust as well. Some advices from friends are ok but some are not. We have to choose the good ones [C]. I don't care whether my friends have knowledge enough if I know they've had experiences [B]. For me, I select the good and close friends. We just want to share things with them. We don't expect excellent advices [D]." (Combined information from 4 male high school students, A, B, C, and D)

"We mostly talk with friends, but most of the time we don't anticipate helpful answers. We only want to have another person to help us think [laugh] [A]. I choose to talk with those who are close and can keep my stories secret [B]. I choose the one who has quite a lot of experiences [laugh] [C]." (Combined information from 3 female high school students, A, B, and C)

Other groups of participants gave similar information that adolescents prefer discussing sex with their friends to other people. Parents and teachers believed that friends often do not have sufficient and accurate knowledge.

"Most teens don't dare to talk about sex with their parents. And, I don't think they are comfortable to talk with their teachers either. They probably go to their friends. If some of them have knowledge, it will be good because they can help other friends." (A father of a male middle school student)

"Teens might think their friends know a lot. Actually, their knowledge and experiences are limited due to their age. Teens like to discuss about sex among their friends. They don't realize that it's not helpful." (A mother of a male high school student)

"Friends are the most common sex counselors for my students even though they can't help each other. Some of my students come ask me and bring my advice to their friends. Students seem afraid to come directly to their teachers when having sexually-related problems." (A female teacher)

Some schools are aware of peers' role in school health promotion. Thus, a peer advisor program is provided in those schools. Some students are sent to receive training to work as peer educators in their school. However, this program has never been evaluated. A school administrator doubts the effectiveness of this kind of program.

"Some years ago, my school implemented a peer program. For example, we have a program called 'Friends remind friends' which selects class representatives to attend training about STDs and prevention. Then, these

representatives will work as peer educators delivering information about STDs and prevention to their friends in their class.” (A female teacher)

“I’m not sure whether the programs that require students to receive training will work. Good students are sent to attend the training. Problematic students never get the chance to be representatives. Schools are afraid of losing face if they send problematic students to participate in such a good training. You know, good and problematic students never do any activities together. They have a distant or no relationship. How can they help each other?” (A male school administrator)

- **Teacher Improvement**

Sub-theme 21.5: *Three main areas of improvement for sex education teachers include: 1) teachers should teach sex education openly; 2) teachers should receive training to enhance knowledge and skills to teach sex education; and 3) teachers should be good role models in terms of sexual behaviors.*

Some students and a provincial official requested that teachers openly discuss sex education and use simple words to communicate sex education with their students. Students anticipated explicit sex education.

“I wish my teachers would be more open-minded and more comfortable to teach sex education [A]. I want my teachers to use simple and direct words when teaching us [B].” (Combined information from 2 female middle school students, A and B)

“I hope teachers would help us to feel comfortable to discuss any sexual issues. Some teachers are conservative and view sexual communication as a disgusting thing. This makes us feel uncomfortable when we want to ask questions. Or, sometimes we ask but get very out-of-date answers [laugh]. I call for easy-going, simple, and explicit sex education.” (A male high school student)

“To date, I think sex education is quite acceptable in our society. We think it is necessary for our teens to learn. I believe that teachers have some fundamental knowledge to deliver sex education. However, they might have to change their perspective toward sex education that sex education is taboo and improper to talk.” (A provincial official)

Some parents want teachers to behave properly in order to be good role models for their students.

“I think we should emphasize teacher development. Teachers’ knowledge is enough but behaviors of some teachers need improvement. They should be good role models for their students. Some teachers teach about morality but drink alcohol every evening. How can student listen to their teaching? I’ve seen some effeminate teachers in schools. They might be a model of sexual deviation in schools.” (A mother of a male middle school student)

“Some teachers can be considered good sex educators but some can’t. For instance, some male teachers have sex with their students. We have seen sometimes in TV news.” (A mother of a male middle school student)

All participating teachers and a school administrator in School 3 called for sex education trainings for sex education teachers and other teachers in school. These teachers thought that sex education should be provided anytime as necessary, not only in a sex-education class. Thus, all teachers in school should be trained in sex education area so that all teachers will be aware of students’ sexual behaviors and can educate students properly.

“Sex educators should be trained to update their knowledge and skills. Indeed, I want all teachers in my school to receive training in this field because most of the teachers are homeroom teachers and students are closer to them than their sex education teachers. These teachers can give some sex education during a homeroom period.” (A female teacher)

“I want to receive training to obtain new knowledge and teaching strategies. This will help my teaching be more interesting. Sex education training should be provided periodically. I also want homeroom teachers to receive training too because each of them takes care of 40-50 students in his/her classroom. They can give advice to their students. It’s not necessary that only sex education teachers can provide sex education.” (A female teacher)

“I want the Ministry of Public Health to provide sex education training for all teachers in both middle and high school levels.” (A female school administrator)

- **Teaching Strategies and Material / Equipment Improvement**

Sub-theme 21.6: *Teaching strategies should be improved by more often inviting guest speakers to sex education classes. Teaching materials should be up to date. Schools should obtain enough teaching materials and equipment to serve students in schools. Moreover, technology should be taken into account to improve school-based sex education.*

Information regarding this theme was mostly provided by students. Students want their school to invite guest speakers to sex education classes more often. A teacher also agreed with this recommendation.

“Guest speakers should be invited to teach sex education more often because their teaching is more understandable. Most of them are doctors and nurses. They are experts.” (A female high school student)

“My school should sometimes invite the guest speakers to provide sex education. Although those guest speakers are outsiders, they have lots of experiences to share with us. Teachers sometimes teach only from the books.” (A female middle school student)

“If we could sometimes invite the guest speakers like nurses, it would be good. The quest speakers are helpful because they are experts in this field.” (A female teacher)

Furthermore, students recommended their teachers to consider using some high technologies such as websites to improve their sex education teaching.

“Some modern strategies like websites should be used. It’d be good if we have a school’s website where students can access to ask questions and somebody can answer us. We don’t need to know who that person is and that person won’t know who we are either. We can have an open-hearted communication [A]. That’s a good idea. A sex-education hotline can be another option [B].” (Combined information from 2 male high school students, A and B)

Students in School 3 thought that the peer advisor program in their school is a good program to educate students about sex matters. However, only some students are selected to

attend the training. They suggested that all students should have the opportunity to attend the training.

“It’s good that sometimes training is provided for students. Unfortunately, only some students are selected to attend. Those who used to attend the training never shared what they learned with me. All of us should be allowed to attend because the training provides knowledge we can apply to our daily life. [A]. Even though we don’t use this knowledge now, all of us will use it in the future for sure [B].” (Combined information from 2 male high school students, A and B)

Some parents, teachers, and school administrators suggested that textbooks required for sex education classes should be revised to include up-to-date information and pictures. Also, sufficient teaching materials and equipment should be available in schools.

“Now, it’s the year of 2006. Class books need some revision. New content should be added; otherwise, it won’t be able to serve current situation. Pictures in the books should be updated as well.” (A father of a male middle school student)

“If my school can hear my recommendation, I want my school to improve teacher development by providing more reinforcement trainings. And, if my school can supply enough good and modern teaching materials and equipment that would be wonderful.” (A female teacher)

“My school has received good support from the provincial health center when we borrow sex education media and equipment. However, I think it would be better if the provincial health center can produce some media, materials, and equipment and provide to schools in our province. Schools are willing to buy them anyway.” (A female school administrator)

- **Curriculum Improvement**

Sub-theme 21.7: *The depth and breadth of sex education content should be clearly defined in a health education curriculum by the Ministry of Education or by a school as a whole not only by sex education teachers.*

Two teachers and one school administrator requested a sex education curriculum that clearly specifies the depth and breadth of content. They provided 2 suggestions to improve a sex education curriculum: 1) instead of providing only learning objectives, the Ministry of

Education and the Ministry of Public Health should collaborate to develop a national sex education curriculum for middle and high schools; or 2) schools collaborate with the provincial health center to develop a provincial curriculum to serve schools in each province.

“The Ministry of Education or school principals should help teachers identify the depth and breadth of sex education content. We need to know how far we should go in our sex education classes. This is to save teachers from parents’ blaming. We can clarify to parents that we teach this content because it’s required by the Ministry of Education. Otherwise, if our teaching is too deep and broad, parents can report our teaching to the Ministry of Education and that will cause a serious problem for us.” (A female teacher)

“If we can collaborate with the provincial health center to deliver school-based sex education like we have done with the school health promotion program that would be great. I want their staff to help us develop the clear curriculum, support us with some teaching materials and equipment, and sometimes, evaluate our sex education teachings and give us the feedback”. (A female school administrator)

- **Parents and Community Involvement**

Sub-theme 21.8: *Parents and communities are willing to be involved in schools’ activities. They want schools to allow them to be involved more in school activities.*

Many participating parents and community leaders said that they never had opportunity to be involved in school’s curriculum development though they want to do so. They want to know what education schools will provide to their sons and daughters.

“I’d love to go to school to observe my daughter’s sex education class if the school allows me to do so. I want to know what the teacher teaches my daughter. I am never invited by school to discuss the curriculum.” (A mother of a female high school student)

“Of course, we are willing to work with the school to develop a sex education curriculum. We might be able to give the school some ideas. Lots of our community members send their teen sons and daughters to school. They should know what their children will be taught.” (A female community leader)

“School should develop a curriculum then invite us to discuss its worth and merit. They should have invited us a long time ago.” (A male community leader)

A teacher said parents should be invited to help the school develop a sex education curriculum. A school administrator of a school that has never involved parents in their curriculum development had the idea to invite parents; however, no action has been taken.

“If my school has activities related to sex education, I plan to invite parents to share their thoughts. I’ve seen this in some other schools. We should give parents more roles in school to increase a parents-school relationship. Anyway, this is only a plan; there is no action yet.” (A female school administrator)

- **Appropriate Age to Receive School-Based Sex Education**

Sub-theme 21.9: *School-based sex education should be provided to students starting in grade 7 because it is a transitional period from childhood to adolescence and many students have their first intimate relationship at this time.*

Participants recommended 3 different appropriate times to provide school-based sex education to adolescents: lower grades 7, grade 7-9, and grade 10 and higher. The frequencies of recommending each of these grades are 16:30:3, respectively. Information from all focus groups with students showed that participating students agreed that the proper grade to provide school-based sex education to teenagers is grade 7.

“I think the appropriate age should be 13 or grade 7 because it’s the time we move from a secondary to middle schools. Lots of changes come to our life at that time so we should learn sex education [A]. We have particularly sexual development like having a first period and having a ‘fan’ so we should learn to take care of ourselves [B].” (Combined information from 2 female middle school students, A and B)

“I think 14 years old is the time to learn [A]. Grade 7 is the good time to start learning because sexual development is obvious. It’s better learning than letting teens learn by themselves [B]. I agree that grade 7 is the proper time because it’s the period of sexual curiosity [C]. Teens feel frustrated when body and emotional changes occur [B].” (Combined information from 3 male high school students, A, B, and C)

Twelve out of fourteen parents also thought that grade 7 is the appropriate time for the onset of school-based sex education because parents noticed that their teen sons or daughters

get involved in some sexual behaviors such as having a boyfriend or girlfriend. Parents feel worried about teens' behaviors and think that it is the time to educate them.

“I think grade 7 or 12-13 years old is the good time because I notice various changes in teens; for example, they have a ‘fan’; female teens begin to make up and dress up in a trend of fashion.” (A father of a male high school student)

“Grade 7-8 students must learn about sex education because of their hormonal and body changes. Some of them get involved in sexual behaviors very early. Anyway, I don't think that we should teach them at younger ages because it can stimulate them to engage in sex.” (A father of a female high school student)

Teachers in School 2 and 3 recommended school-based sex education at grade 7; whereas, teachers in School 1 thought that school-based sex education should begin in secondary schools.

“According to the national education policy, students are required to learn sex education at grade 7. I think it's the proper time. Grade 6 is a bit too young to learn. However, we can distill them about family bonding like how their parents form the family and caring with love among family members. Deeper and broader sex education should begin at grade 7.” (A male teacher)

“Sex education must be taught when children transition to a reproductive age so I think 12 years old is the good time. Teaching teens when they are too young is not very helpful.” (A female teacher)

Community leaders is the other group of participants who agreed with school-based sex education at grade 7

“I think when children finish their secondary school and go to a middle school, they should be educated about sex at that time because they are old enough to learn and at that age, they are more curious about sex. Teaching them at a younger age might not be useful because they haven't paid attention to sex yet.” (A male community leader)

Nevertheless, some participants said that today's children become adolescents earlier so school-based sex education should be provided at an earlier age. Thus, it should be provided in secondary rather than middle schools.

“Some grade 4 [ten years old] students have a ‘fan’ and some grade 5-6 students begin to have sex. Sex education should be considered to deliver earlier like in a secondary school level.” (A female middle school student)

“Ten-twelve years old is the proper time because they are old enough to understand sex matters. We should prepare them in advance before they get involved in sex. It’s not necessary to wait longer since it might be too late.” (A mother of a female high school student)

“Oh! Today’s children grow up very fast. Secondary school is the good time to learn [A]. Some ten-years old have their first period. So, teens should learn sex education since 10 years old girls [B]. Their body grows up and looks like adults so they need some sex education to protect themselves.” (Combined information from 2 female community leaders, A and B)

A provincial official judged the proper age to learn sex education by noting the age at which sexually-related crimes sometimes occur. The rate of sexually-related crimes sharply increases at the age of 15 and higher. Thus, this provincial official recommended school-based sex education for 15-year-old teenagers.

“According to criminal court cases, perpetrators who commit sexually-related crimes typically begin to commit crime at the age of 15. Thus, sex education is strongly recommended for teens in this age group. In my opinion, younger groups are too young to learn about it.” (A provincial official)

Sub-theme 21.10: *Sex education content provided should serve students’ age groups.*

Many participants not only recommended school-based sex education at grade 7 but also suggested that content of sex education should be provided in series that serve students’ age groups. For example, young adolescents should learn only about body growth and sexual development because they are in a transitional period. For older adolescents, they should learn more about STDs and safe sex because they are likely to engage in premarital sex.

“I want teachers to deliver sex education content step by step in accordance with teens’ age groups. At the present it seems to me that the same sex education is provided for all grade levels. Teachers should select specific content for middle school or high school level.” (A female middle school student)

“Sex education should be given little by little. For example for young teens, they should learn about body growth and sexual development because this content will serve teens’ needs at that age. Other deeper and broader content should be added as teens become older. Teaching this way won’t encourage teens’ curiosity about sex.” (A mother of a male middle school student)

“Don’t be too hurry to teach them. I mean sex education content should be provided in series [A]. For grade 7-8 students, they should learn about changes during adolescence. For grade 8-9 students they should be well educated about safe sex and something like that [B].” (Combined information from 2 male community leaders, A and B)

- **Gender of Students in a Sex Education Class**

Sub-theme 21.11: *There are 2 different perspectives toward students’ genders in sex education classes. The first one is that there should be only one gender in one class to reduce embarrassment. The second one is that there should be both genders in one class to promote self adaptation between genders.*

Suggestions on students’ genders in one class were provided by many participants. The frequency of suggesting both genders and one gender is 23:18. Participants who supported a mixed-gender class argued that sex education is general education and not an embarrassing class. Having both genders in one class helps students adapt themselves between genders. Besides, male students are more likely to share information and ask questions in the class that female students sometimes do not feel comfortable asking questions. Suggestions of a mixed-gender class are not different across schools.

“I think having both male and female students in the same sex education class is fine because, nowadays, males and females can be friends and it’s good for both genders to learn from each other. It’s also their chance to learn how to behave properly between genders. They might be embarrassed; however, I still think that it’s better having both genders in the same class.” (A father of a male middle school student)

“I prefer having both genders in a sex education class. This will help us improve self-adjustment between genders [A]. Sometimes, male students are helpful because they are daring to ask questions. Female students can learn from

their questions as well [B].” (Combined information from 2 female middle school students, A and B)

“We are friends so we don’t feel embarrassed. It’s kind of fun. I’ve never seen my female friends feel uncomfortable or embarrassed. They ask questions in the class. We share male and female sexually-related knowledge and experiences in our sex education class. It’s good.” (A male high school student)

In contrast, some participants thought it is better having one gender in one class. They justified that male students always make fun in the class and female students might feel embarrassed. Some teachers said that they would be more comfortable if there were only male or female students in their class. Also, they believed that a single gender class can promote a maximum learning.

“My class is fun because there are only males in the class. If there were female as well, the class atmosphere would be different [A]. If there are females, we might not be daring to ask questions or might be embarrassed if we have to demonstrate condom use in front of female friends [B].” (Combined information from 2 male middle school students, A and B)

“We have both males and females in my class. Females are somewhat embarrassed but males aren’t. They ask questions and sometimes ask female students as well. Once, our teacher taught about female genitalia. My male friends looked at us and smiled. We were embarrassed. To me, a separated class would be better.” (A female middle school student)

“A single-gender class is a good option because female students might be embarrassed. This will be good for teachers as well. Teachers can teach sex more explicitly if there are only male or female students. Let’s ask teachers whether they can talk about sex openly when there are both male and female students in their class.” (A mother of a female middle school student)

“For some but not all classes, one gender is better because both males and females are embarrassed to ask questions or fully discuss sex education content. Most female students feel embarrassed and male students always make fun in the class. It’s very difficult for a teacher to control such a crazy class like this. That is why a single-gender class is better. Anyway, it doesn’t mean all classes are like this. Some mixed-gender classes are really good.” (A female teacher)

Suggestions of one gender were mostly provided by participants in School 3 where there are both male and female students in one class in both middle and high school levels. All

students from School 1 who suggested one-gender classes are those in a high school level where there are both males and females in their class.

In summary, participants provided various suggestions for improving school-based sex education. They suggested that training should be offered to improve teachers' teaching competencies as formal sex educators. Teaching strategies and materials need some modification. Existing sex-education should be improved in term of the depth and breadth of content and this should involve parents and communities as a part of curriculum development. Finally, most participants recommended providing sex education to grade 7 students and higher grades. Moreover, both male and female students can attend the same class. Theme comparison is presented in Table 15.

Table 15: Theme Comparison Pertinent to Suggestions for School-Based Sex Education Improvement across Groups of Participants and Study Schools

Themes and Sub-themes	Providers (*)	Comparison	
		Groups	Schools (S)**
Theme 21: Participants provided suggestions to improve school-based sex education in 3 main areas: 1) sex-education providers; 2) sex-education curriculum; and 3) sex-education receivers.	1-6	See sub-themes 21.1-21.11	See sub-themes 21.1-21.11
Sub-theme 21.1: Parents are the first persons identified as proper sex educators for adolescents because of a close-knit relationship with their teen sons and daughters.	1-6	×	×
Sub-theme 21.2: Due to their knowledge and close relationship with students, teachers are the most common persons identified as the proper sex educators for adolescents. Moreover, most parents understand that teen students are more likely to obey and listen to their teachers than their parents.	1-6	×	×

Table 15: Cont.

Themes and Sub-themes	Providers (*)	Comparison	
		Groups	Schools (S)**
Sub-theme 21.3: Trained professionals are considered the other proper sex educators because they are well trained in the health field including sex education.	1-6	×	×
Sub-theme 21.4: The majority of adolescents rarely discuss sex education with their parents, teachers, and guest speakers. On the other hand, they turn to their close friends when they want advice because they feel more comfortable communicating with friends.	1-6	×	×
Sub-theme 21.5: Three main areas of improvement for sex-education teacher include: 1) teachers should teach sex education openly; 2) teachers should receive training to enhance knowledge and skills to teach sex education; and 3) teachers should be good role models in terms of sexual behaviors.	1-6	×	Sex education trainings were mostly requested by S 3.
Sub-theme 21.6: Teaching strategies should be improved by more often inviting guest speakers to sex education classes. Teaching materials should be up to date. Schools should obtain enough teaching materials and equipment to serve students in schools. Moreover, technology should be taken into account to improve school-based sex education.	1-6	Most information was obtained from students	×
Sub-theme 21.7: The depth and breadth of sex education content should be clearly defined in a health education curriculum by the Ministry of Education or by a school as a whole and not only by sex-education teachers.	3, 4	×	Information obtained from S3 only.

Table 15: Cont.

Themes and Sub-themes	Providers (*)	Comparison	
		Groups	Schools (S)**
Sub-theme 21.8: Parents and communities are willing to be involved in schools' activities. They want schools to allow them to be involved more in school activities.	2, 5	×	×
Sub-theme 21.9: School-based sex education should be provided to students starting in grade 7 because it is a transitional period from childhood to adolescence and many students have their first intimate relationship at this time.	1-6	×	Only teachers in S1 did recommend sex education for students under grade 7.
Sub-theme 21.10: Sex education content provided should serve students' age groups.	1-6	×	×
Sub-theme 21.11: There are 2 different perspectives toward students' genders in sex education classes. The first one is that there should be only one gender in one class to reduce embarrassment. The second one is that there should be both genders in one class to promote self adaptation between genders.	1-6	Students who used to be in both-gender classes are likely to prefer one-gender classes.	×

Note: * Groups of participants who provided information: 1 = students 2 = parents 3 = teachers
 4 = school administrators 5 = community leaders 6 = provincial authorities
 ** Study schools: S1 = School 1 S2 = School 2 S3 = School 3
 *** × = No difference

In the next chapter, the information obtained is interpreted and discussed in order to understand the sex-education circumstance in Chanthaburi Province in accordance with the research questions of this study. Finally, recommendations for practice and future research are provided.

CHAPTER 6

DISSCUSSION AND RECOMMENDATIONS

Data for this qualitative study were collected from January 4, 2006 to July 28, 2006. A total of ninety individuals participated in 28 in-depth interviews, 12 focus groups, and 3 classroom observations. (*See Table 4 page 47*) Content analysis was the approach used for analysis of study data. The Atlas-Ti Version 5 software was utilized during the data coding and theme retrieving stages. Results from the content analysis are presented in 2 separate chapters in accordance with the 2 research questions. This chapter presents the discussion pertinent to these results and recommendations for future practice and research. The discussion section is presented below in 2 sections which relate to the research questions — adolescents' sexual behaviors and school-based sex education.

Adolescent Sexual Behaviors

Research question 1: What are the perspectives toward adolescents' sexual behaviors from the viewpoint of adolescents, their parents, teachers, school administrators, community leaders, and provincial authorities?

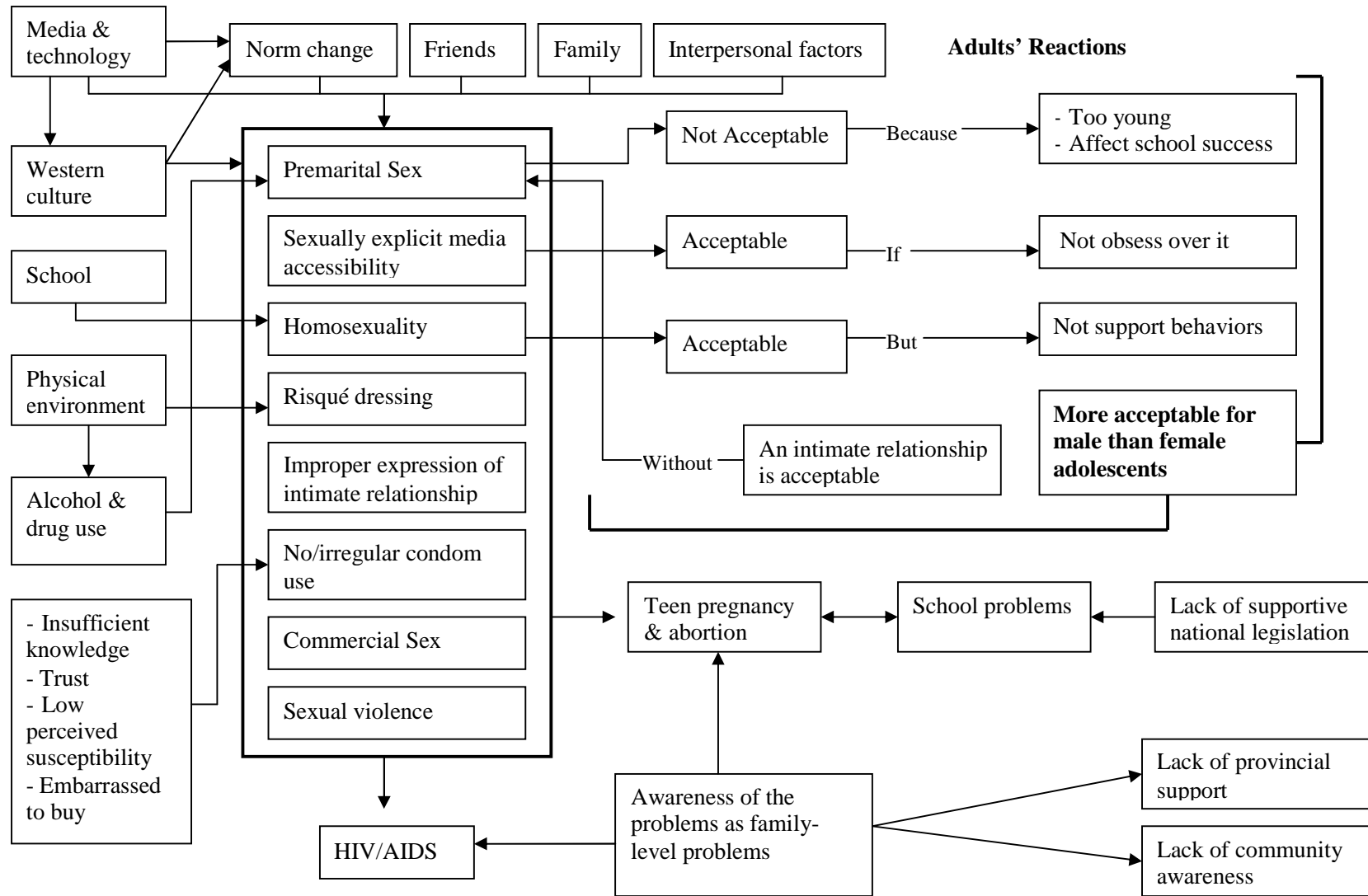
The summary of perspectives toward Thai adolescents' sexual behaviors found in this study reveal that today's Thai adolescents engage in various kinds of sexual behaviors such as accessing sexually explicit media, risqué dressing, and engaging in premarital sex. Media and technology are considered the greatest influence directly and indirectly promoting sexual behaviors among Thai teenagers.

While most Thai adults in this study were open-minded to accept adolescents' sexual behaviors except for premarital sex, their acceptance came with some preconditions. In addition, there is a double standard regarding the acceptance of sexual behaviors. All sexual behaviors described in the study were more likely to be acceptable for male adolescents than female adolescents.

All participants agreed that sexual behaviors can cause reproductive health problems (STD infections, teenage pregnancies, and abortions) among adolescents and expressed that the ensuing consequences of these problems become a school problem. Additionally, while participating adults were aware of adolescents' reproductive health problems, they perceived these problems as family-level problems. Thus, they perceived no need or support for problem resolution at the macro level—community and provincial levels. The relationship among themes related to Research Question 1 is depicted in Figure 12.

Figure 12: Perspectives toward Adolescent Sexual Behaviors (Research Question 1)

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- **Adolescents' Sexual Behaviors and Influences**

It is believed that most Thai adolescents access sexually explicit media through some kind of technology. The **media and technology** most commonly accessed include: 1) the Internet; 2) pornographic DVDs and videos; and 3) cell phones, which allow teenagers to easily disseminate sex information among friends. This perspective is also congruent with information from a national survey from 2004-2005 which reported that almost 40% of Thai adolescents in secondary and high schools had seen sexually-explicit movies and websites. Moreover, 65% of middle and high school and university students own a cell phone.(Child Watch Thai. & Ramajitti Institute., 2006)

Accessibility to sexually explicit media among Thai adolescents might be encouraged by an interaction of personal and environmental factors.(Sallis J.F. & Owen N., 1997) In terms of personal factors, biological and psychological changes during adolescence increase teenagers' curiosity about sexual matters.(Udry J.R., 1990) From an environmental standpoint, sexually explicit media is available virtually 'everywhere', relatively cheap, and easily accessible to adolescents.(ABAC Poll Research Center., 2004; Nakorntap A., June 16, 2004; Suan Dusit Poll Center., 2005) The evidence of youth using technology as a channel to access sexual information exists in many countries. Worldwide, it is estimated that one-third of Internet visits by older adolescents and adults are to sexually-oriented websites for information searching, sexual image viewing, chatting, and discussions about sex.(Toomey K.E. & Rothenberg R.B., 2000)

Media and technology can directly encourage sexual behaviors such as premarital sex and other promiscuous behaviors as supported by studies from the US and other countries such as the Nigeria, where it was found that sexually-related mass media and technology (e.g., TV,

music, and Internet) increased sexual behaviors.(Adebayo D.O., Udegbe I.B., & Sunmola M., 2006; Brown J.D. et al., 2006; Cooper A., McLoughlin I.P., & Campbell K.M., 2002)

Television is another form of media that directly impacts adolescents' sexual attitudes and behaviors. A recent survey showed that around 95% of undergraduate students in Bangkok spent 4 or more hours a day watching TV where their favorite programs were soap operas.(ABAC Poll Research Center, 2006) Thai soap operas may bring harm due to the constant presentation of explicit love scenes, premarital sex plots, sexual violence and effeminate men as predominant characters. As Social Cognitive Theory posits that individuals learn from observation and thus, good role models are important, Thai adolescents can absorb, accept, and imitate improper sexual behaviors from these soap operas. (Baranowski T., Perry C.L., & Parcel G.S., 1997)

Media and technology also indirectly enhance adolescents' sexual behaviors by being a gateway to the influx of Western culture, movies, and television shows. A number of participants perceive a rapid acculturation of Western values occurring among youth today in Thai society. Furthermore, their perspectives toward Western culture are somewhat negative especially in reference to sex-related behaviors. This might be because they perceive Western culture as fairly open-minded about sex-related behaviors (e.g., having premarital sex and expressing sexual feelings) which are not compatible with traditional Thai culture. Much evidence in Thailand shows that adolescents' sexual behaviors are related to certain Western cultural practices. For example, one study disclosed that almost 40% of Thai teenagers thought that having sex with their lover on Valentine's Day was acceptable.(Suan Dusit Poll Center., 2003) Similarly, youth from another study said that they intended to have sex on Valentine's day.(ABAC Poll Research Center, 2005)

Furthermore, Thais, including adolescents, admire and follow a Western lifestyle. Recently, a report from the Thai Ministry of Culture called for the preservation of Thai culture as a result of findings from a survey among children and youth in 14 provinces which revealed that 36% of Thai children and youth prefer an English nickname to a Thai nickname. One rural village in the northeast of Thailand was mentioned as an example where almost all of the parents in that village nicknamed their children with English names such Tom, Joe, Boy, Jane, and Michael.(Dailynews Reporter., Feb 26, 2005) Another study on Western media and smoking behavior among Thai high school students revealed that teen smokers were more likely to be exposed to Hollywood movies than non-smokers. Moreover, teen smokers were more likely than non-smokers to report wanting to spend a certain period of time during their adolescence in the US.(The Nation reporter--Srivoranart V., May 12, 1999) This study reflects the strong influence of media as a channel for the massive influx of Western culture and the extent to which a Western lifestyle can affect the attitudes of Thai adolescents.

Admiration of Western culture and lifestyle can diminish **the value of Thai culture**. The increasing presence of Western values in Thailand contributes to the attitude that Thai culture is out of date. This has resulted in wide acceptance of sexual behaviors among young people which were once considered to be inappropriate, especially the notion of not preserving their sexual morality, which can lead to engagement in all types of sexual behaviors indicated by participants in this dissertation study.(Office of Welfare Promotion Protection and Empowerment of Vulnerable Groups., 2005; Suan Dusit Poll Center., 2004b)

In addition, media is used to advertise luxury merchandise. This kind of business marketing in turn promotes the value of materialism in Thailand. Materialism is perhaps a

possible influence encouraging sex for money since one main reason reported by Thai teenagers for engaging in commercial sex was their preference for an expensive lifestyle (e.g., owning a cell phone, wearing brand name clothes).(E-Lib: Health Library for Thai., 2001)

Parents were mentioned as important persons accounting for adolescents' sexual behaviors. Parents are important for forming aspects of their child's personality such as self identity, self-confidence, and self-control, through discipline and the instillation of moral values and norms.(Thies M.K. & Travers J.F., 2001) However, some participants thought that nowadays, due to economic constraints, Thai parents don't take as strong a role as discipliners of their children because both parents now have to work hard to provide for their family and have less time to take care of their children.

In terms of the family relationship, some studies have shown that a close relationship and communication about sex between adolescents and their parents helped promote positive sexual behaviors such as condom use and postponement of sexual initiation.(Council of Economic Advisors., 2000; Voydanoff P. & Donnelly B.W., 1990; Whittaker D.J. & et al., 1999) Unfortunately, family bonding which used to be the strength of the Thai family has declined over time. The degree of close relationships in the family has decreased from high to moderate during 1996-2002.(Office of Women's Affairs and Family Development., 2004) The situation of parents today in Thai families was reasonably confirmed by study participants who believed that Thai parents, in part, account for problematic sexual behaviors among Thai adolescents.

Another significant way in which the social environment plays an important role in encouraging adolescents' sexual behaviors is through **peer relationships**. Several participants, especially parents, believe that peers greatly influence teenagers' engagement in

sexual behaviors because most adolescents follow the norms and behaviors of their peers. According to Jessor, risk-taking behaviors including sexual behavior involvement have a purpose in the social development of adolescents. Two significant reasons for teenagers to take risks are to gain acceptance and respect from peers and to develop autonomy from one's family. (Igra V. & Irwin C.E., 1996) Developing a sense of autonomy from one's parents by affiliating with friends might be noticed by Thai parents and cause their concern. This can explain why parents rather than other groups of participants in this dissertation study were more likely to point out the significance of peer influences on adolescent sexual behavior. Many previous studies specific to peer influences and sexual behaviors conducted in the US and Thailand also provided consistent results that adolescents' sexual behaviors are attributed to the influence of their friends. For instance, results from the adolescent health survey in the US reported that adolescents ages 12-17 said that they did not postpone their sexual activities due to peer pressure. (Voydanoff P. & Donnelly B.W., 1990). Additionally, in Thailand middle-class students feel a lot of peer pressure to have the same luxury items as rich students. Some of them become sex workers in order to own these items. (The Nation Reporter., Feb 2, 2003)

There was not clear evidence as to the extent to which Thais accept homosexuals. Some circumstances imply that Thais have a liberal and sexually open culture in terms of public tolerance of homosexuals and transgendered men and women. For example, Thailand has hosted an annual 'Miss Queen' (a world beauty pageant of transvestites). However, sometimes discrimination is evident. For instance, in 1996, there was a declaration from the Rajabhat Institute Council, the collective governing body of all of Thailand's teachers' colleges, banning homosexuals from enrollment in any of its colleges nationwide. The

announcement was denounced later after strong criticism that the ban was a human rights violation.(Bangkok Post Reporter., December 26, 1996) Most participants in this dissertation study sympathized with effeminate males and ‘tomboy’ females and said that they wanted society to treat these groups as ordinary males and females. Overall, they believed that **teachers** were the key persons to blame for encouraging sexually confused students (especially effeminate male students) by making these students the center of attention in school. This encouragement could make these students even more prevalent in school and motivate others to reveal themselves. Yet, further examination of an association between teachers and students’ sexually confused behaviors is needed to better understand this issue.

The key **physical environment** factor influencing adolescent sexual behavior found in the study was nighttime entertainment establishments. On average, there are 200 nighttime entertainment establishments per province where teens can hang out, access alcohol and drugs, and engage in sexual behaviors.(Office of Welfare Promotion Protection and Empowerment of Vulnerable Groups., 2005) A national report revealed that almost half of Thai adolescents visit nighttime entertainments at least once a week.(Child Watch Thai. & Ramajitti Institute., 2006) Although it is illegal for individuals under 18 to visit night spots, from December 2000 to January 2001, more than 2,000 underage students were caught in a famous nighttime entertainment complex in Bangkok.(The Nation Reporter-- Bao-ngern K., Feb 10, 2001)

In addition, alcohol is completely accessible in nighttime venues. It is also illegal for people under 18 to consume liquor. Given the easy accessibility, it is more likely than not that teenagers are able to drink alcohol when visiting these night spots. Owners of these

establishments clearly do not obey the law regarding underage drinking, which may be due to the fact that the penalty for breaking the law is not serious.

Moreover, drugs such as amphetamines, ecstasy, and cocaine are used mostly by teens and young adults who frequent nighttime entertainment establishments.(Khaosod Reporter., July 21, 2006) Some recent studies in both Thailand and the US similarly have shown that using alcohol and drugs can contribute to sexual intercourse and other sexual behaviors.(Kaiser Family Foundation., 1998; Komchadluek Reporter., Dec 28, 2006)

Finally, as with other studies in Thailand, irregular condom use was reported by study participants as another problematic sexual behavior.(Shevajumroen U., Feb 7, 2003; Thato S., Charron-Prochownik D., Dorn L.D., Albercht S.A., & Stone C.A., 2003; Wibulpolprasert S., 2005) The main reasons for not using condoms included high perceived barriers, low perceived susceptibility, low perceived benefits, and trusting their sexual partners. (Jenkins R.A. et al., 2002; Thato S. et al., 2003) Irregular condom use among Thai teens can be explained with the Health Belief Model which posits that individuals will perform advised behaviors (e.g., condom use) if they perceive that they are vulnerable to the health condition and the advised behaviors are beneficial and have few costs.(Janz K.N., Champion V.L., & Strecher V.J., 2002). In other developing (Sub Saharan Africa) and developed countries (the US), the perceived barriers and benefits of condom use also play an important role in predicting condom use among teenagers.(Hounton S.H., Carabin H., & Henderson N., 2005; Poureslami M., Roberts S., & Tavakoli R., 2001) A sense of low perceived susceptibility to STD infection among Thai adolescents was expressed by participants in this study and is likely related to trust between adolescents and their sexual partners. Many participating students pointed out that their friends might not use condoms if they perceive their sexual

partners as 'good' girls. They explained that a 'good' girl is judged by how sexually preserved she is. This kind of judgment can be very dangerous because in general, individuals are likely to underestimate their own risk (the so-called "optimistic bias"). Moreover, the lower the risk perception, the less the risk precaution.(Thornton B., Gibbons F.X., & Gerrard M., 2002) Some previous studies have provided identical findings that Thai teenagers and youth who trust that their acquainted partners (e.g., lovers and serious partners) do not carry any diseases, are less likely to use condoms when having sex with them. In contrast, they are more likely to use condoms when having sex with unacquainted partners (e.g., sex workers and casual partners).(ABAC Poll Research Center, 2005; Jenkins R.A. et al., 2002; Mahuttano K., O-Prasertsawat P., & Taneepanichskul S., 1997) Trust as a barrier to condom use also appears in several studies from the US and various countries in Africa.(Bauman L. & Berman R., 2005; Population Services International., 2002)

Another interesting finding is the strength of the stigma around condom use. Stigma is attached to condoms because condoms reflect a sense of promiscuousness. Even though there have been changes in norms regarding the acceptance of premarital sex among Thai adolescents, social sanctions of promiscuous women continue to this day in Thai society. This social sanction contributes to the condom stigma. A nationwide survey among Thai youth showed that being branded as promiscuous is a main reason females do not carry condoms.(Shevajumroen U., Feb 7, 2003).

- **Adults' Reactions to Adolescents' Sexual Behaviors**

This dissertation study examined adults' reactions to four sexual behaviors: having a boyfriend or girlfriend, accessing sexually explicit media, engaging in homosexually-related behaviors, and having premarital sex. Thai adults' reactions were quite positive towards all

of the aforementioned sexual behaviors except premarital sex. Because the value of virginity is still very influential in Thai society, any behavior that is linked directly to the loss of virginity is in great opposition to traditional Thai culture and is hence considered unacceptable. (The Nation Reporter--Ekacha S., August 2002). In addition, compared to other sexual behaviors, having premarital sex can cause more serious consequences such as unwanted pregnancy, STD infection, and school dropout.

Nonetheless, in actuality, information from many adults in this study has demonstrated that they do not really accept any of these sexual behaviors. Yet, they feel compelled to accept them because they believe these behaviors, in part, root from uncontrollable factors such as biological changes during adolescent development and an unsupportive environment (e.g., sexually explicit media available everywhere). These responses imply that these adults view biophysical and environmental factors as influences on adolescents' sexual behaviors. With the concern of uncontrollable factors, it appears that many Thai adults are probably more open-minded towards accepting adolescents' sexual behaviors. However, many adults interviewed for this study stated a precondition for involvement in each sexual behavior. For example, adolescents can have an intimate relationship as long as they do not engage in premarital sex and pay close attention to their studies. Results from this study clearly show that adults are greatly concerned with their adolescent children's studies. The main reason to oppose adolescents' sexual behavior is that adolescents are too young and engaging in sexual behavior will interfere with their studies.

An extremely surprising finding was that many parents loosened their strictness in regards to their children's sexual behaviors because they were afraid if they didn't, their children might run away from home. This perspective contradicts entirely the belief of Thai

parents from former generations. Historical records about children's status in the Thai family have shown that Thai children were once considered property of their family. Their status in the family was considered low. Parents had the right to disciplining their children in whatever way they thought appropriate. (Nitirat P., 1997)

To date, while many laws have been enacted to protect the rights of children, the Thai norm still strongly supports the notion that children belong to parents and that children are supposed to obey, respect, and follow their parents' words. Also, the majority of Thai adolescents are not financially independent. With social norms and adolescents' financial dependence, it would seem that running away from home would rarely occur. Parental concern that their children might run away could stem from the notion that parents see their own sense of belonging and self worth as being defined by the success of their children. Thus, most parents have to trade off between the possibility of their child running away from home and their disciplinary strictness. Becoming more permissive seems to be the preferred choice of parents in this era.

Last of all, it is noticeable that there is a double standard regarding adults' reactions to male versus female adolescents engaging in sexual behaviors. Adults in this study were more likely to accept the sexual behaviors of male than female adolescents. Furthermore, parents with daughters showed greater concern than parents with sons. Although presently the social status of Thai women is equal to Thai men in many ways (e.g., opportunities for education and employment), this finding suggests that the age-old double standard of sexual stigma has been passed on to today's generation. Two main reasons that female adolescents engaging in sexual behaviors is considered unacceptable are that: 1) according to the Thai traditional attitude, 'well behaved' women are those who 'Rak nuan sa-nguan tua' (preserve oneself

from sexual behaviors); and 2) females have more to lose (e.g., losing one's virginity, getting pregnant, and dropping out from school). As the word 'Rak nuan sa-nguan tua' is applicable only to Thai women, it reflects a long held belief that Thai males have the social privilege to explore the sexual world.(The Nation Reporter--Ekacha S., August 2002) This kind of double standard also appears in the US, the country where gender equity is recognized worldwide. (Measor L., Tiffin C., & Miller K., 2000) In Thai society, it would be especially difficult to eliminate this double standard and to convince people to be open about females' sexual behaviors, In this case, it might be more practical to promote gender equity by applying the norm 'Rak nuan sa-nguan tua' to both genders such that both genders 'need' rather than 'need not' to be reserved about engaging in premarital sex.

- **Awareness of Adolescent Reproductive Health**

It is clear that all participants expressed their concern about STD infections, unwanted pregnancies, and induced abortion. In terms of STD infections, the subject of HIV/AIDS invariably came to mind when respondents discussed STDs. Only a few of them even mentioned other STDs. Great concern about HIV/AIDS might be the result of several large national campaigns against HIV/AIDS in Thailand that were first launched in the mid 1980's, a few years after the first HIV case was found in Thailand.. At present, Thailand is recognized as one of the few countries that have been successful in controlling HIV/AIDS. (United Nations Development Programme., 2004) Due to the familiarity with these public awareness campaigns, participants in this dissertation study reported being mainly concerned with HIV/AIDS rather than other types of sexually transmitted diseases.

Participants were aware of the problems with unwanted pregnancy and induced abortion, though only a few of them reported ever having seen cases in Chanthaburi. Many participants

received information about unwanted pregnancy and induced abortion from news delivered via TV, radio, and newspapers. Most participants related teenage pregnancies to school problems. Their most common concern was school dropout due to pregnancy. The school enrollment policy in Thailand is not completely supportive of pregnant students in that it requires all students to have single status. Nonetheless, the educational legislation act requires that Thai people remain in school until grade 9. To date, there is no standard solution for schools to deal with pregnant students. Thus, schools solve problems related to pregnant students in their own way. Fortunately many schools are in favor of the educational legislation act and provide supportive strategies to keep these students in school.

An international survey by the Alan Guttmacher Institute, a New York-based non-profit organization for reproductive health policy, also found that teenage pregnancies are associated with teens' education. Most female youth, the Institute reported, were forced to discontinue school up on pregnancy. Women with low education were also more likely to get pregnant at an early age.(Alan Guttmacher Institute., 1996) A study in Jamaica disclosed that only 16% of pregnant students returned to school after delivery.(Morris L., Sedivy V., Friedman JS., & et al., 1995) In Thailand, even though there have been no studies about returning to school after delivery among teen mothers, participating teachers in this study revealed that they have never seen pregnant students return to school after giving birth. The problem of school discontinuation necessitates that existing out-of-school education be strongly encouraged for all pregnant students.

Because teenager pregnancy and abortion affect mostly females, it is logical that mothers in this study (especially those with daughters) were more likely to be aware of adolescent reproductive health issues. Yet, most parents displaced their concerns about teens in other

families. All of them were confident that their own children were not at risk of reproductive health problems. This belief is consistent with ‘optimistic’ bias where parents’ perceptions toward risks of their own children is lower than that of children in other families.(Thornton B. et al., 2002)

Adult participants did not appear to be very worried about the negative ‘health’ consequences of HIV/AIDS, premature pregnancies and induced abortion (e.g., complication of teen pregnancy and death of AIDS) but instead were concerned about ‘school’ performance problems (e.g., school dropout). School difficulties are considered an immediate effect; whereas, health consequences are viewed as a distant effect. Also, without educational achievement, adolescents are unlikely to be able to fulfill their future goals in life. For these reasons, educational achievement is deemed more important than health outcomes. While lack of education is not a health consequence, it is considered a potential social determinant of health that is directly associated with insecure employment, few family asset, and low quality of life, which can eventually contribute to poor health.(Wilkinson R. & Marmot M., 1998)

Information from a school administrator revealed that parents were likely to be indifferent if their children continued performing improper behaviors over a long period of time. Two plausible rationales to explain parents’ indifference are: 1) because the problematic behaviors continue for a long time, parents feel hopeless to solve these problems so they let their children have their own way; and 2) they cannot be involved often at school due to job constraints.

Community leaders also expressed their concern with the problem. However, they have never implemented any interventions to enhance the reproductive health of adolescents in

their community due to lack of community awareness and community competence (problem-solving capacity) resulting from insufficient community participation and resource inaccessibility.(Minkler M. & Wallerstein N., 1997) Lack of community awareness and participation results from the perception that adolescent reproductive health problems are exclusively family-level problems and hence the solution to these problems lies solely with the family. Many times, participants' responses revealed the perception that children belong to their parents and that outsiders should not get involved in their business with their children. Unfortunately, many factors especially economic and time constraints have lessened the parents' role as disciplinarians. Therefore, allowing adolescents' reproductive health to be the sole responsibility of the parents might not be the best solution. Besides, in light of the socio-ecological framework, personal and environmental factors both downstream and upstream contribute to adolescents' behaviors and problems. The perspective of adolescents' reproductive health as a family-level problem is a downstream view of the problem. Without an upstream solution, those reproductive health problems might not be successfully resolved.

In summary, it cannot be disputed that Thai adolescents engage in various kinds of sexual behaviors. Environmental and interpersonal factors such as media, social values, and peers, are major influences. Participants believed that sexual behaviors contributed to reproductive health problems. Nevertheless, their awareness was focused only on the influences at the family level. Currently, Thai people acknowledge the sexual revolution happening around the world and have opened their minds to accept the resulting changes in sexual behaviors among Thai adolescents. This implies that they could possibly support health promotion interventions to enhance adolescents' reproductive health including school-based sex education.

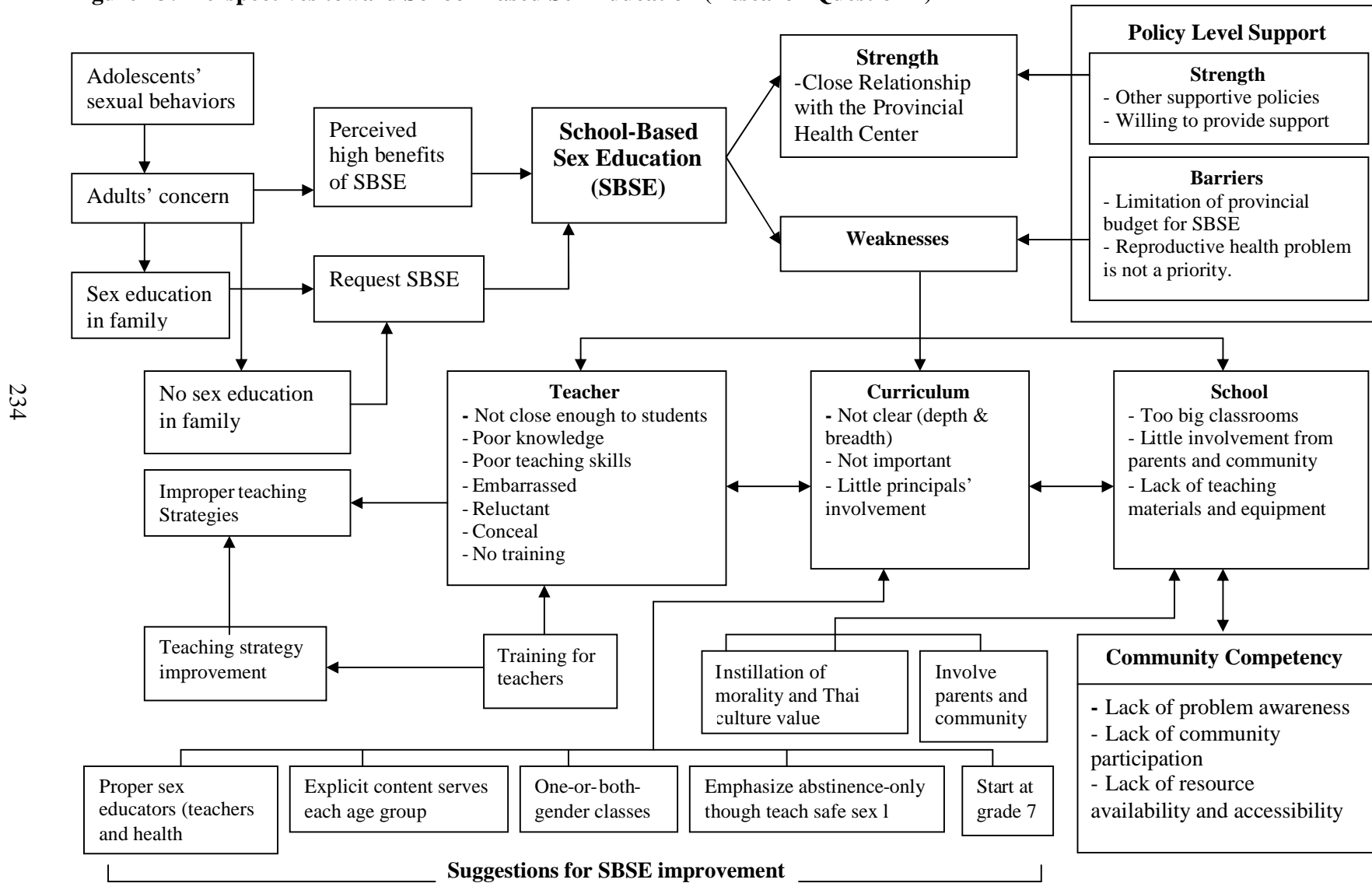
School-Based Sex Education

Research question 2: What are the perspectives toward school-based sex education from the viewpoint of adolescents, their parents, teachers, community leaders, and provincial authorities?

All participants supported school-based sex education though both pros and cons of school-based sex education were indicated. A predominant strength of school-based sex education is the support from the Provincial Health Center. However, many weaknesses of school-based sex education were revealed, including: 1) the ability of teachers (e.g., poor teaching skills, lack of knowledge, and embarrassment); 2) the curriculum (e.g., not clear and less important); and 3) the school environment (e.g., lack of teaching materials and little involvement from parents and community). Findings from this study revealed that only some parents discussed sex education with their children. Furthermore, most of the sex education topics discussed at home were related to sexual preservation and reproductive hygiene. Most of these parents thought that their capability as sex educators might not be sufficient.

At a micro level, community leaders expressed a lack of competence to promote adolescents' reproductive health. Also, they were not aware of adolescents' sexual behaviors as community problems. Few resources were available and accessible to address these issues. Despite the limited provincial budget and view that adolescents' reproductive health is not a provincial priority, provincial officers affirmed that they were willing to provide aid to improve to adolescents' reproductive health. Finally, study participants provided many concrete suggestions to improve school-based sex education. The relationships among the themes related to research question 2 are depicted in Figure 13.

Figure 13: Perspectives toward School-Based Sex Education (Research Question 2)



- **Sex Education Status in Family**

Many recent studies in Thailand and other countries have shown that parent-adolescent communication about sex education could promote adolescents' reproductive health by reducing sexual risk-taking behaviors and buffering peer pressure for sexual involvement. (Council of Economic Advisors., 2000; Jaccard J., Dodge T., & Dittus P., 2002; Srilumputong S., 2004; Voydanoff P. & Donnelly B.W., 1990; Whittaker D.J. & et al., 1999) However, this dissertation study found that only superficial sex education, mostly in terms of warnings about sexual preservation and reproductive hygiene, is discussed in approximately half of Thai families. The perception that adolescents are 'too young' (to discuss sexual matters) was the main barrier towards sex education in families. Most parents and community leaders in this study defined sex education as knowledge and skills specifically related to sexual intercourse and safe sex practices. 'Too young' in this case implies being too young to engage in sexual intercourse as well. 'Too young' is also the same excuse for not talking about sex education with their children that is used by Vietnamese parents.(Trinh T.V., 2003) Fear of encouraging sexual activity is a significant factor preventing parent-adolescent communication about sex education in American families as well.(Jaccard J. et al., 2002)

Most participating parents evaluated themselves as not good sex educators due to their embarrassment and limited knowledge. Besides, parents overestimated their children's knowledge and believed that their children obey and follow their teachers more than them. This might be another reason why their sex education was quite superficial. A study in the US found that the more parents were confident in their ability to communicate, the more they discussed sexual matters with their children. (Jaccard J. et al., 2002) Lack of competencies

among Thai parents is not surprising given that sexual matters are considered taboo in Thailand. Thais in previous generations were not well informed about formal sex education. Moreover, sex is perceived culturally as inappropriate and an embarrassing matter to discuss. (The Nation Reporter--Ekacha S., August 2002) Perceived deficient competencies as qualified sex educators appear not only among Thai but American parents as well. Not only fear of sexual engagement but also lack of requisite knowledge, skill, and efficacy of communication (e.g., feel embarrassed and perceive situational constraints such as time and place) are main factors deterring sex education communication in American families.(Jaccard J. et al., 2002)

- **Support of School-Based Sex Education**

It was very interesting to find that all participants in this study, including parents who said that their adolescent sons or daughters were too young to receive sex education, supported school-based sex education. The explanation for this support can be described in 3 ways: 1) participants have seen and received information about problematic sexual behaviors among Thai adolescents; 2) many parents perceived their own insufficient competencies to teach sexual matters by themselves; and 3) parents perceived the great benefits of school-based sex education. Thus, they thought school-based sex education was probably a good alternative. Sexual encouragement as a result of school-based sex education was the only plausible negative consequence.

Not only Thais, but also adults in other countries, are worried about this negative consequence.(Jaccard J. et al., 2002; Trinh T.V., 2003) Yet according to many previous studies, the evidence has not clearly proved this negative consequence. Quite the opposite, in 2005 the evaluation of 52 sex education programs implemented in developing and developed

countries around the world has shown that 99% of those sex education programs (combined comprehensive and abstinence-only sex education) did not affect sexual engagement and some were proved to have actually postponed sexual initiation.(Kriby D., Laris B.A., & Rolleri L., 2005)

Many participants also indicated 4 important points of concern in regards to school-based sex education. First, school-based sex education should be delivered to students at grade 7 and higher because children noticeably become adolescents at this age. In Thailand, school-based sex education in relation to gender and hygiene is delivered at a primary school level and school-based sex education regarding sexuality begins at the middle school level.(Department of Educational Technique., 2001) Thus, this concern is already addressed in the current educational system.

Second, school-based sex education should strongly emphasize an abstinence-only dimension, for example, seriously highlighting the negative consequences of premarital sex and giving emphasis to the seriousness of STDs. Simultaneously, safe sex should be provided as part of general education. The rationale behind this recommendation is that safe sex is necessary in the case where the adolescent has already decided to have sex. This recommendation seems compatible with the perspectives of those who advocate comprehensive sex education in the US. These advocates have doubted the effectiveness of abstinence-only programs due to the lack of plausibility of persuading teenagers to remain abstinent.(Luker K., 2005) The perception that adolescents' sexual behaviors are not preventable might help explain why participants prefer abstinence-only sex education but still open the door for comprehensive sex education.

Third, age-appropriate lessons as well as clear content should be provided. Clear content is essential to prevent students from relying on invalid information from unreliable sources. This suggestion is correlated with perspectives of those who support comprehensive sex education in the US. They believe that adolescents should receive sufficient information to make responsible choices about sex. A research study also supported that teenagers who participate in clear discussion about sexual matters often delay sexual initiation or show a decrease in its frequency. Hence, honest communication is advisable.(Mackler C., 2000) The finding from this study about participants' opposition to lessons on sexual intercourse is misleading, since sexual intercourse lessons have never been included in the curriculum. (Department of Educational Technique., 2001) This misperception is possibly due to the fact that most parents have never been involved in school curriculum and only a few of them reported ever having glanced at the health education books belonging their children.

Last but not least, school-based sex education should go hand in hand with moral education and the instillation of Thai culture. Participants called for moral education and instillation of Thai culture because they perceived that the moral and cultural values of today's adolescents are quite loose. Generally, moral education connects to Buddhist practice. Two out of five Buddhist precepts state that 1) Buddhists should abstain from going astray in sensual pleasure and 2) Buddhists should abstain from taking life (e.g., having abortion).(Florida R.E., 1991) If adolescents engage in sexual behaviors, they could break these 2 precepts. Thus, participants believe that providing moral education might help prohibit sexual involvement. Some studies examining an association between religiosity and sexual behaviors among US adolescents have shown that adolescents with a high degree of

religious identification were less likely to become sexually active.(Holder D.W. et al., 2000; Zaleski E.H. & Schiaffino M.K., 2000)

Thai culture promotes sexual preservation and opposes promiscuous behaviors. Thus, with moral education and the instillation of Thai cultural values, it is believed that adolescents would think carefully before deciding to engage in any sexual behaviors.

- **School-Based Sex Education Curriculum**

The sex education curriculum of each participating school in this study is not clear in terms of its depth and breadth. Teachers doubted the appropriateness of the sex education content since they alone are responsible for identifying the content (no involvement from school principals and administrators). Only teachers in one participating school reported that they have regular team meetings to identify content for each grade level and develop teaching plans. Lack of clear identification of content and teaching plans can result in missing material which could in turn be ineffective in promoting reproductive health among adolescents.

In addition, the experience of parents' objection to the sex education curriculum in one of the study schools (School 3) certainly encouraged teachers to call for a clearer sex education curriculum from the Ministry of Education. The conclusion by participating teachers that the content of sex education has served the stated learning objectives is likely to be highly accurate since almost all teachers have taught the curriculum based solely on the course books published in accordance with the learning objectives outlined by the Ministry of Education. However, the notion that the sex education content is sufficient might not be entirely accurate. According to many students' opinions, clear and sufficient content is greatly needed, especially in relation to updated innovations such as emergency contraception pills. The reasons teachers concluded that the sex education content in their

schools was sufficient can be explained in 2 ways: 1) teachers wanted to prevent parents' opposition, so they limited the depth of information and thought it would be enough for their students; and 2) similar to parents, teachers thought that deep, broad, and explicit content might encourage sexual engagement among students.

The situation of HIV/AIDS being the only STD emphasized in all schools in this study is predictable since HIV/AIDS prevention have been the main health policy priority of Thailand since soon after the onset of the epidemic in Thailand in the mid 1980s.(United Nations Development Programme., 2004) Students' requests for clear content and more information beyond HIV/AIDS appeared in this study as well as in a study regarding students' viewpoints on sex education in England.(Measor L. et al., 2000) Finally, sex education is viewed as less important than all other core subjects (e.g., mathematic, science, social science, and language) in school because sex education is only a part of a broad health education curriculum. This subject is not required for university enrollment, making sex education a secondary subject not requiring a high level of attention. Teachers' complaints about inadequate support in terms of time, teaching equipment, and training could also be a reflection of the low status of sex education in school. Although health education is not considered important for undergraduate education, it is a kind of life skills training which is essential to maintaining the health and well-being of individuals. Thus school administrators and teachers should be aware of the worth and merit of health education in general, and school-based sex education in particular, in order to improve school policy to fully support this subject.

- **School-Based Sex Educators**

Regarding proper sex educators, the majority of participants agreed that parents (due to their closeness), teachers (due to their closeness and proficiency), and health providers (due

to their expertise) should be recognized as appropriate sex educators of adolescents. However, sex education by parents is not commonly found in Thai families. Parents have assumed that teachers will take the role of the providing of accurate sex information for their children. Yet, there is a relationship gap between teachers and students, and students have determined that their teachers are not the best source of sexually-related information. Additionally, health providers have seldom been invited to school so they do not seem very helpful to students in this area. For all students in this study, friends eventually become the favorite alternative source for sex information though these friends might not actually be very helpful. Various studies in the US and one study in England revealed that due to a failure of parent-adolescent sexual discussion, adolescents turn to their peers for sexual information even though they realized their friends' information was not reliable.(Allen I., 1987; Gillham B., 1997; Jaccard J. et al., 2002)

Peer advisor programs had been implemented in some participating schools. However, many students in those schools requested the opportunity be trained as peer advisors because they never learned anything from existing trained peer advisors. This situation may reflect a failure of peer advisor programs. One important factor illustrating why peer advisors may not be effective is that student representatives for many peer advisor programs are the 'well-behaved' students who typically never build close friendships with troubled students. In this case, process and outcome evaluation should be conducted for each peer education program to examine its effectiveness.

Officially, health education teachers are assigned a formal role as school-based sex educators. However, many of them admitted that they might not have adequate knowledge and skills to teach sex education effectively because they have never participated in actual

sex education training. Lack of knowledge and skill reinforcement is justification for why most teachers use course books as the primary source of information. In addition, some teachers feel embarrassed, are reluctant, and lack confidence to deliver sex education (especially teachers in School 3). Yet, this does not mean teachers in School 3 have lower competencies than teachers from the other 2 schools. Parents' opposition toward school-based sex education occurred only in School 3 could have psychologically undermined the teachers' confidence to teach sex education. Even though a teacher in one participating school indicated a high degree of comfort and confidence as good sex educators when interviewed, it cannot be concluded that this teacher has high proficiency since the classroom observation of this teacher did not confirm his/her perceptions. In contrast, the observations suggested that this teacher used appropriate words, did not stay focused on the learning objectives, and failed to show respect to females and homosexual people. Thus, high self-confidence might not represent high effectiveness as sex educators. This concern is supported by the results of another study found that teachers' confidence decreased after receiving training, before training, those teachers may have overestimated their ability. (PATH., 2005a)

It is possible that in School 2 teaching sex education was accepted because there were no parental objections; or, alternatively, acceptance might have been due to the majority of students being male. The findings from this study clearly demonstrate that parents pay less attention to any sexual matters in regards to male compared with female adolescents.

The reason that teachers in School 1 feel confident to teach sex education is possibly because the level of sex education taught in this school is somewhat superficial and greatly emphasizes abstinence-only sex education. A school administrator remarked that School 1 is a 'female' school and parents do not expect the school to teach sex education in any depth.

Another area of improvement is with the teaching strategies used. Improper strategies were a result of 2 main factors: 1) the limitation of teachers' skills to choose an appropriate method to communicate sex education topics; and 2) the limitation of teaching materials and equipment. Many students requested guest speakers since they believed that health providers have more expertise than teachers. Similarly, a study by Jarueyporn revealed that Thai students believed that information from doctors and nurses is most valid and that sex education should be provided by health providers.(Gray A. & Punpuing S., 1999)

Sex education training is a significant element of successful sex education programs. Training provides teachers with updated knowledge and teaching skills as well as desensitizes discomfort and embarrassment, which is especially important for teachers in a society where sexual matters are considered taboo.(Finger W.R., 2000) Lack of training for sex education teachers and lack of teaching materials and equipment are not challenges faced only in Thailand but also in the US and countries in South America and Africa as well.(Donovan P., 1998; Finger W.R., 2000; Scale P.C. & Roper M.R., 1994) According to the circumstances of the participating schools in this study and the training requested by all participating teachers, it is safe to conclude that improvement of teachers' knowledge, and teaching skills, and teaching equipment and materials is greatly needed.

- **Organizational Limitations**

There are some organizational barriers to delivering school-based sex education in the 3 study schools. In terms of the number of students in a sex education class, on average there are approximately 55 students. This number is considered too high by many participating teachers. Large class size limits the choices of teaching strategies used which could affect the success of instruction. The problem of classrooms that are 'too big' is a major national

problem as the result of educational disparity between urban and rural schools. Based on teachers' competencies, teaching supplies and materials, and the school environment, urban schools are considered better than rural schools.(Kantabutra S. & Tang J.C.S., 2006) Thus, numerous students enroll in urban schools each year. This high demand results in classes that are 'too-large' in urban schools such as the three that participated in this study. To resolve this problem, a policy-level solution is essential to eliminate educational disparity. However, at an organization level, teachers should be advised to use various teaching strategies that are suitable for large sex education classes.

Another concern relates to the gender of students in the sex education class. Most students in a mixed-gender class were likely to recommend a single-gender class to reduce embarrassment; whereas, those in a single-gender class had the opposite recommendation. In this case, a single or mixed-gender class might not be a significant point so long as teachers can make sex education more scientific and reduce embarrassment.

The other organizational limitation is insufficient involvement of parents and the community in school-based sex education. School 3 has never invited parents to provide input in the school curriculum; whereas, the other 2 schools seldom invite parent representatives to provide comments on the school curriculum. Participating parents hope they will have more opportunities to get involved in the schools. Lack of parental involvement and opposition to school-based sex education is also a challenge for some schools in the US. To avoid parents' opposition, many schools in the US allow parents to excuse their children from part or all of sex education programs.(Halstead J.M. & Reiss M.J., 2003; Scale P.C. & Roper M.R., 1994)

Akin to parents, the school-community relationship is also superficial. Community leaders disclosed that they have never been involved in any school activities on behalf of the community. Instead, some of them have been invited as a students' guardian to participate in annual school meetings. Yet community leaders are willing to collaborate with schools, which is an essential component when addressing any health problems. This is especially true where communities are likely not to have sufficient resources and competencies to solve these complex problems on their own.(Green L.W. et al., 2001)

School-based sex education is culturally sensitive since the acceptance of school-based such programs is value-based. Parents' and the community's willingness to collaborate with schools is a positive sign of their support. Thus, schools should involve parents and communities in designing an appropriate school-based sex education curriculum.

- **Support at a Provincial Level**

Since adolescents' reproductive health is not a provincial priority (drug prevention and exercise promotion are currently provincial priorities), there has been little provincial level support to promote reproductive health of adolescents in Chanthaburi Province. So far, the only tangible support schools have received is teaching materials and equipment (e.g., posters, condoms, slides, and DVDs) from the Provincial Health Center. Despite the current low level of support, the study findings imply that there is no opposition to school-based sex education at the provincial level. Furthermore, the Provincial Administrative Organization is willing to provide financial support to any qualified sex education program. Hence, schools should present their plans to improve adolescents' reproductive health including school-based sex education to provincial officers in order to get additional support from them.

In brief, all participants support school-based sex education due to high perceived benefits in the reduction of adolescent reproductive health problems. Still, various points of concern were indicated. To develop an appropriate school-based sex education, these points of concern should be taken into consideration

Strengths and Limitations of the Study

- **Strengths**

This study has significant strengths which are the result of a vigorous research methodology that includes:

1. The proper application of a qualitative research design, the qualitative description, which is an appropriate approach to understand perspectives toward a circumstance of interest. Also, this approach required less interpretation of data, reducing the level of potential investigator bias.
2. The use of several strategies to increase the internal validity of the study, e.g., a) the development of all data collection tools based on existing literature; b) clear identification of the main questions as well as continuing and probe questions in all data collection tools; c) triangulation of data collection methods to confirm valid information across all methods; d) triangulation of data collection sources to confirm valid information across groups of participants; and 5) quality control of data collection as stated in Chapter 3.
3. The development of a clear plan to guide data analysis. Moreover, a concrete codebook was created to ensure the consistency of theme coding. Data analysis was also carried out with the assistance of an expert in the software used.
4. Collection of data from groups of participants in accordance with the Socio-Ecological Framework and its emphasis on both personal and environmental factors that

influence health behavior. Thus, the findings provided a larger contextual picture of adolescent sexual behaviors and school-based sex education which is essential for successful health promotion.

In addition to what is stated above, all the strengths identified with this study ensure that the findings are credible and valuable as formative evaluation information for further large-scale studies of this important public health issue.

- **Limitations**

There are 2 noteworthy limitations of this study. First, due to time and geographical constraints, the data collection instruments were not pilot tested. This might affect the reliability of the study due to the clarity, understandability, and cultural appropriateness of language used in the instruments. However, the researcher evaluated the quality of the data collection instruments after they were first used with each group of participants and made modifications. In addition, due to geographic constraints, the researcher could not conduct a second interview with the study participants.

Second, methodologically, the generalizability of this study is questionable. This study aims to describe the facts and meaning of phenomena in Chanthaburi Province. Thus, the findings will be primarily used to recommend an appropriate school-based sex education for schools in Chanthaburi Province. However, the recommendations may be applicable to some areas sharing the same characteristics as Chanthaburi Province.

Lessons Learned from Qualitative Research

1. The researcher's decision about a study approach should be based on the specific attributes of an approach and its compatibility with the research questions being posed in the study. For this study, the use of a qualitative description approach is more practice oriented

than theoretical. Yet, the use of the design in this case to study a phenomenon from several perspectives was the most appropriate approach to answer the research questions of this study.

2. Triangulation of data collection methods and sources helps to increase the internal validity of the qualitative study. For example, some teachers overestimated their ability as sex educators, so information from an in-depth interview was not congruent with that from a classroom observation. In this case, if only one data collection method had been used, the finding would be less valid.

3. A qualitative study is time consuming. Therefore, researchers should allow enough time to accomplish the work.

4. A study topic should be narrowly focused so that researchers can examine deeply and thoroughly without the expenditure of extensive time and resources.

Recommendations for Future Research

1. Studies similar to the one reported in this dissertation should be conducted in urban districts of other Thai provinces to replicate the findings. The greater the replication of findings, the greater the generalizability.

2. The same study also should be conducted in rural districts to understand the circumstances affecting adolescent sexual behavior and school-based sex education in rural areas.

3. Quantitative studies should be conducted based on the findings from this study to gain greater understanding of adolescent sexual behaviors and school-based sex education on a large scale. For instance, what factors are associated with the acceptance of school-based sex education? Do the perspectives of Thai people in urban and rural areas differ

significantly? Is morality-based education and instillation of Thai culture associated with Thais' support of school-based sex education? Information from large-scale studies will be useful for national interventions to promote adolescent's reproductive health.

Recommendation for Practice

- **Adolescents and Parents**

1. A provincial campaign to reduce the misperceptions regarding the risks of sex education should be implemented among Thai parents.

2. The Provincial Administrative Organization should support interventions to increase parent-adolescent communication about sex education, such as providing training for parents to enhance their competencies to discuss about sex with their adolescents sons or daughters.

3. Peer advisor programs should be promoted because friends are the most common source of sexual information among teenagers. However, both 'well-behaved' and 'problematic' students should be recruited to these programs. Moreover, process and outcome evaluation should be formally conducted.

4. Media literacy education should be provided to help adolescents critically analyze and make informed decisions about the messages they access from the media.

- **Middle and High Schools**

1. Middle and high schools in Chanthaburi Province should collaborate to develop a school-based sex education curriculum. In light of the findings from this study, the curriculum should serve both abstinence-only and comprehensive sex education but emphasize more the abstinence dimension. Content should serve the needs of specific age groups. Importantly, school-based sex education needs to go hand in hand with morality-based-education and instillation of Thai culture.

2. After a school-based sex education curriculum is developed. Schools should give parents and community leaders opportunity to provide comments and suggestions on the curriculum.

3. School administrators should provide sufficient updated teaching materials and equipment.

4. Sex education teachers need to have regular team meetings; and, a teaching plan should be required for all teachers to ensure coverage of and to prevent the replication of content.

5. Sex education training should be offered to all health education teachers. The training should enhance both the knowledge and teaching skill-level of teachers.

- **Community**

In terms of community empowerment and sustainable development, community leaders should collaborate with agencies in their community as partners to increase the community's awareness of adolescents' reproductive health problems as well as foster the community's competence to solve their own problems.

- **National and Provincial Authorities**

1. The stringency of law enforcement in regards to the accessibility of sexually explicit media and nighttime venues of people ages under 18 should be increased.

2. The Ministry of Education should collaborate with the Ministry of Culture to promote morality and the instillation of traditional Thai values and culture that promote healthy behaviors among adolescents. In particular, morality-based education should be incorporated as a separate subject rather than integrated with other subjects.

3. To overcome the stigma attached to condom use, Thai women should be empowered to protect themselves when deciding to have intercourse.

4. Mass communication should be employed to enhance Thais' awareness that adolescents' reproductive health is a national and not a family health problem. Thus, the country as a whole should be responsible for solving this problem.

In conclusion, reproductive health problems exist among Thai adolescents as a result of unhealthy sexual behaviors. This in-depth study revealed the fact that stakeholders in Chanthaburi Province are aware of adolescent reproductive health, and support school-based sex education that takes into account social and cultural dimensions. To promote adolescent reproductive health and achieve the reduction of morbidity and mortality rates of sexual behavior-related ailments, school-based sex education should be delivered together with moral education and the instillation of values that promote sexual preservation.

APPENDICES

Appendix I:

Summary of Studies on Thai Adolescent Sexual Behaviors

A1-1: Summary of Studies on Sexually explicit media Accessibility of Thai Adolescents

Information Source / Year	Subject	Result
Information presented at the pornographic media forum / 2004 (Nakorntap A., June 16, 2004)	Thai adolescents	Urban Thai students are known to have accessed sexual media as early as the 6th grade. The most common sex media for male students is pornographic movies in the form of videos and DVDs that they can watch on their own at home or at their friends' homes; the most common sex media for females is sexual cartoons popularly found in form of Japanese pocketbook cartoons.
Suan Dusit Poll / 2005 (Suan Dusit Poll Center., 2005)	Youth in Bangkok and the surrounding metropolis	Youth indicated that pornographic DVDs and videos are the easiest sexual media to access. Approximately 43% of these youth revealed that they have purchased pornographic DVDs and videos. Almost three-fourths of them said that this type of pornographic media is very accessible and easy to purchase in Thailand.
ABAC Poll / 2004 (ABAC Poll Research Center., 2004)	Youth ages 15-25 in Bangkok and the surrounding metropolis	The respondents reported that they have watched pornographic movies (60%), read pornographic magazines (46%), and accessed pornographic websites (32%), Moreover, the majority of them pointed out that pornographic media account for the inappropriate sexual behaviors of Thai adolescents.
The Nation (news report) / 2003 (The Nation Reporter., Feb 2, 2003)	N/A	“Media is sex education. My sex education class was me and four other girls and some [porn] videos we bought and watched together in our dorm room. We have never seen anything like it before and sometimes it was gross, but we actually learned a lot” said a female sophomore at a private university.

A1-1: Cont.

Information Source / Year	Subject	Result
Various studies conducted in Thailand (Attaveelarp O., 2001; Guruge G.R., 2003; Krisawekwisai N., 2003; Petchum S., 2002; Phoemsab R., 2003)	- High school students in Bangkok (Phoemsab R., 2003) -Technical College students in Sakaeo Province (Petchum S., 2002) -Adolescents in Bangkok (Guruge G.R., 2003) - Grade 9 students in Ubonratchathani Province (Krisawekwisai N., 2003) - Adolescents in Phuket Province (Attaveelarp O., 2001)	A study of sexual media exposure and sexual attitudes and behavior of high school students in Bangkok revealed that curiosity is the main reason for students to access sexual information from mass media such as the Internet. More than half of students who have used a chat room reported having dated and had sexual relationships with a partner they met through a chat room. Exposure to sexual media has significantly influenced students' sexual attitudes.(Phoemsab R., 2003) The various studies among technical college students and those in primary and secondary schools in different regions of Thailand also found that media exposure and access to entertainment establishments such as pubs, bars, and night clubs are the best predictor of inappropriate sexual behaviors.(Attaveelarp O., 2001; Guruge G.R., 2003; Krisawekwisai N., 2003; Petchum S., 2002)
ABAC Poll / 2006 (ABAC Poll Research Center, 2006)	1,262 undergrad students in colleges and universities in Bangkok	Almost 300,000 (32%) students accessed pornographic websites such as www.ohosexy.com and www.xxx.com during the last seven days.

A1-2: Summary of Studies on Premarital Sex of Thai Adolescents

Information Source / Year	Subject	Result
Suan Dusit Poll / 2004 (Suan Dusit Poll Center., 2004a)	Adolescents ages 23 and under in Bangkok	More than half of the respondents said that having sex with his/her lovers on Valentine's day is possible and considered an acceptable social norm among adolescents since having sex is a way to express one's true love to his/her lover.

A1-2: Cont.

Information Source / Year	Subject	Result
Research report / 2002 (Petchum S., 2002)	Secondary school students in Bangkok	The study revealed that 17.4% of students had engaged in sexual intercourse and almost 10% had engaged in homosexual intercourse.
Thailand Health Profile (Ministry of Public Health) / 1996-2003 (Wibulpolprasert S., 2005)	Grade 11 male students	Report on sexual behaviors from 1996-2003 showed an elevation in sexual practice with various partners including lovers, sex workers, and male partners. In particular, sex with lovers sharply increased to almost double within 8 years. The decline in consistent condom use when having intercourse with sex workers and males was also reported.
Research report / 2003 (Guruge G.R., 2003)	Technical college students ages 14-19 in Sakaeo Province, Thailand	The study revealed that more than 50% of adolescents experienced kissing and petting; both considered inappropriate sexual behaviors before marriage in Thailand. Moreover, around 43% of males and 25% of females had already engaged in sexual intercourse.
ABAC Poll / 2004 (ABAC Poll Research Center., 2004)	Youth ages 15-25 in Bangkok and the surrounding metropolis	Almost 50% of the youth interviewed reported that having premarital sex with his/her boyfriend / girlfriend is acceptable. Roughly 14 % admitted that they had engaged in intercourse with strangers they had met in entertainment establishments.
Information presented at the pornographic media forum / 2004 (Nakornatp A., June 16, 2004)	Thai adolescents	“Thailand's younger generation is more accepting of liberal sexual behaviors (e.g., premarital sex, multiple sexual partners, and swinging—exchanging sexual partners among friends). Almost half of students have sexual intercourse before completing high school. More than 100,000 induced abortions occur each year among female adolescents. Furthermore, more than 60% of adolescents view divorce as not-a-big-deal.” (A scholar from Chulalongkorn University)

A1-2: Cont.

Information Source / Year	Subject	Result
Ministry of Public Health Survey / 2004 (Bangkok Post Reporter., Nov 31, 2004)	N/A	The survey released in 2004 by the Ministry of Public Health showed that 70% of sexually active teenage girls in Thailand have had unprotected sex and about one fourth have had multiple sex partners within one year.

A1-3: Summary of Studies on Unsafe Sex of Thai Adolescents

Information Source / Year	Subject	Result
Thailand Health Profile / 2000-2004 (Wibulpolprasert S., 2002, 2005)	Thai youth	50% of grade 11 male students regularly used condoms with sex workers while less than 20% of them regularly used condoms with their girlfriends. Roughly, 12% of sexually active Thai youth did not use condoms when having intercourse with strangers. Having no condom available at the time was their main reason for not using one.
ABACK Poll / 2005 (ABAC Poll Research Center, 2005)	Youth ages 15-24 in Bangkok	Almost one-third of youth surveyed admitted that they were sexually active. Roughly 41% reported regularly using condoms. Forty percent used condoms sometimes while another 19% never used condoms when having intercourse. The main reasons for not using condoms was the belief that they can trust that their partner does not carry any diseases and a preference for other forms of contraception.
The Nation (news report) / 2003 (Shevajumroen U., Feb 7, 2003)	Youth ages 15-24 nationwide	Around 50% of those polled said that they have had sexual intercourse. Almost all of them agreed that condom use is the most effective way to prevent the negative consequences of sexual intercourse. Nevertheless, only one-third of them carried condoms. Social stigma and being branded as promiscuous were the main reasons females reported not carrying condoms.

A1-4: Summary of Studies on Sex for Money of Thai Adolescents

Information Source / Year	Subject	Result
The Nation (news report) / 2003 (The Nation Reporter., Jan 3, 2003)	N/A	Many male and female prostitutes with college student status have used the Internet such as chat rooms to sell sexual services. Many of these students do not come from poor but rather middle and upper class families. They engage in prostitution as an easy source of income.
Seminar on sex for money among high school and college students held by Suan Dusit Rajabhat University / 2001 (E-Lib: Health Library for Thai., 2001)	Seminar participants including - Sex workers - Customers	Seminar participants revealed that some high school and college students have been involved in the commercial sex trade. The two main reasons these students step into the world of commercial sex are: 1) most of them need money to continue their academic career; and 2) some of them prefer an expensive lifestyle that includes owning a cell phone, wearing brand name clothes, and so forth. These students think that being a sex worker is an easy and lucrative job. Additionally, commercial sex networks are available in some schools and universities. Thus, making it easier for innocent students to be persuaded to become sex workers.
The Nation (news report) / 2003 (The Nation Reporter., Feb 2, 2003)	N/A	Materialism drives many students to engage in commercial sex. “Middle-class students feel a lot of peer pressure to be cool, or have the same possessions as rich students. Some of them will do whatever necessary to get them—even if it means being with a man like a prostitute.” (a 19-year old female college student)

Appendix II:

Data Collection Tools

Focus Group Guide for Middle and High School Students (Translated from Thai)

Thank you for coming today. We will be here about an hour to discuss about sex education you have learned from home and school and your satisfaction with it. I also want to hear your opinion about your expectation on sex education provided by your parents and teachers. Your opinion on these subjects is important so please share what is in your mind. There is no right or wrong answers. Your thought will be valued. However, some of the questions may make you embarrassed or uncomfortable so please remember that you can decide not to discuss those questions and we can end the focus group at any time.

Again, I want to inform that your identity will be protected as a participant in this focus group. You will not be identified in any report or publication of this study or its results. Your name will not appear on any transcripts. However, I want to ask for your collaboration to keep everything we discuss today confidential and not share this information with anyone outside the group.

1. In general, what are adults' opinions of Thai adolescents' sexual behaviors? (*Clarify sexual behaviors: focus on an intimate relationship and sex media accessibility*)
2. What sex education content have you received from your parents/care takers? (*Clarify sex education content: abstinence, safe-sex practice, HIV prevention, STDs, genitalia care and hygiene, gender roles, family planning, unwanted pregnancy, and abortion*)

-Probe: What else do you want to know more about sex education from your parents?

3. What sex education content have you received from your teachers? (*Clarify sex education content: abstinence, safe-sex practice, HIV prevention, STDs, genitalia care and hygiene, gender roles, family planning, unwanted pregnancy, and abortion*)

-Probe: What else do you want to know more about sex education from your teachers?

4. Please describe your satisfaction toward sex education you have received?

- Probe: Why / why not do you satisfy with sex education you have received?

5. How could sex education be important for adolescents at your age?

6. Who are appropriate persons to provide sex education for adolescents at your age?

(*Clarify appropriate persons: students can point out more than one person*)

a. Probe: Why do you think these persons are appropriate?

7. What else do you want to share more about sex education for adolescents in Thailand?

Interview Guide for Health Education Teachers (Translated from Thai)

Thank you for agreeing to talk with me today. I would like to ask you questions in relation to your perception toward adolescents' sexual behaviors and school-based sex education for Thai adolescents. The interview will take about an hour. Some of the questions may make you embarrassed or uncomfortable so please remember that you can ask me to skip any questions that make you feel uncomfortable and we can end the interview at any time. Also, your identity will be protected as a participant in this study. You will not be identified in any report or publication of this study or its results. Your name will not appear on any transcripts.

Introduction questions:

1. What is your opinion of today adolescents' sexual behaviors?

2. What is your opinion of today adolescents' sexual health? (*Clarify sexual health: this study focus on STDs, teenage pregnancy, and abortion*)

3. What are factors accounting for adolescents' sexual behaviors?

Sex education questions:

4. What dose sex education mean to you?

5. How could providing sex education for adolescents be important?

6. What is your opinion of sex education lessons as a part of broad health education curriculum?

7. What sex education is offered in your school? (*Clarify offered sex education: focus on both content and strategies used*)

8. What are the barriers to providing sex education in schools?

9. What changes in sex education would you like to see in your school?

- Probe: How could these changes improve sex education in your school?

10. At what ages should adolescents receive sex education?

11. Who are appropriate persons to provide sex education for adolescents? (*Clarify appropriate persons: health education teachers can point out more than one person*)

- Probe: Why do you think these persons are appropriate?

Interview Guide for School Principals / Administrators (Translated from Thai)

Thank you for agreeing to talk with me today. I would like to ask you questions in relation to your perception toward school-based sex education curriculum for adolescents in Thailand. The interview will take about an hour. Some of the questions may make you embarrassed or uncomfortable so please remember that you can ask me to skip any questions

that make you feel uncomfortable and we can end the interview at any time. Also, your identity will be protected as a participant in this study. You will not be identified in any report or publication of this study or its results. Your name will not appear on any transcripts.

Sex education questions:

1. What does sex education mean to you?
2. How could providing sex education for adolescents be important?
3. What is your opinion of sex education lessons as a part of broad health education curriculum?

Sex education curriculum:

4. Who should involve developing sex education curriculum?
 - Probe: Why should these people be involved?
 5. What changes in sex education would you like to see in your school?
 - Probe: How could these changes improve sex education in your school?
 6. What are the strengths of providing sex education in your schools?
 7. What are the barriers of providing sex education in your schools?
 8. How can you support sex education in your school?
-

Interview Guide for Parents (Translated from Thai)

Thank you for agreeing to talk with me today. I would like to ask you questions in relation to your perception toward adolescents' sexual behaviors and school-based sex education for Thai adolescents. The interview will take about an hour. Some of the questions may make you embarrassed or uncomfortable so please remember that you can ask me to skip any questions that make you feel uncomfortable and we can end the interview at any

time. Also, your identity will be protected as a participant in this study. You will not be identified in any report or publication of this study or its results. Your name will not appear on any transcripts.

Introduction questions:

1. What is your opinion of today adolescents' sexual behaviors?
2. What is your opinion of today adolescents' sexual health? (*Clarify sexual health: this study focus on STDs, teenage pregnancy, and abortion*)
3. What are factors accounting for adolescents' sexual behaviors?

Sex education questions:

4. What does sex education mean to you?
 5. How could providing sex education for adolescents be important?
 - 6a. What sex education have you taught your sons/daughters? (*Clarify sex education content: abstinence, safe-sex practice, HIV prevention, STDs, genitalia care and hygiene, gender roles, family planning, unwanted pregnancy, and abortion*)
 - 6b. Please describe how you have taught sex education at home for your sons/daughters.
 7. At what ages should adolescents receive sex education?
 8. Who are appropriate persons to provide sex education for adolescents? (*Clarify appropriate persons: parents can point out more than one person*)
 - Probe: Why do you think these persons are appropriate?
 9. What sex education should be offered in schools?
 - Probe: Why should this sex education content be offered in schools rather than at home?
-

Focus Group Guide for Community Leaders (Translated from Thai)

Thank you for coming today. We will be here about an hour to discuss about adolescents' sexual behaviors and school-based sex education for Thai adolescents. I also want to hear your opinion about the role of community in promoting reproductive health of adolescents in your community. Your opinion on these subjects is important so please share what is in your mind. There is no right or wrong answers. Your thought will be valued. However, some of the questions may make you embarrassed or uncomfortable so please remember that you can decide not to discuss those questions and we can end the focus group at any time.

Again, I want to inform that your identity will be protected as a participant in this focus group. You will not be identified in any report or publication of this study or its results. Your name will not appear on any transcripts. However, I want to ask for your collaboration to keep everything we discuss today confidential.

Introduction questions:

1. What is your opinion of today adolescents' sexual behaviors?
2. What is your opinion of today adolescents' sexual health? (*Clarify sexual health: this study focus on STDs, teenage pregnancy, and abortion*)
3. What are factors accounting for adolescents' sexual behaviors?

Sex education questions:

4. What does sex education mean to you?
5. How could providing sex education for adolescents be important?
6. At what ages should adolescents receive sex education?
7. Who are appropriate persons to provide sex education for adolescents? (*Clarify appropriate persons: community leaders can point out more than one person*)

- Probe: Why do you think these persons are appropriate?
 - 8. How can your community promote sexual health of adolescents your community?
 - Probe: What resources available in your community to support sex education in schools served by your community?
 - What are barriers to supporting sex education in school served by your community?
-

Interview Guide for Provincial Authorities (Translated from Thai)

Thank you for agreeing to talk with me today. I would like to ask you questions in relation to your perception toward sex education policies and school-based sex education for Thai adolescents. The interview will take about 1 hour. Some of the questions may make you embarrassed or uncomfortable so please remember that you can ask me to skip any questions that make you feel uncomfortable and we can end the interview at any time. Also, your identity will be protected as a participant in this study. You will not be identified in any report or publication of this study or its results. Your name will not appear on any transcripts.

1. What does sex education mean to you?
2. What is your opinion of sex education policy in Thailand?
3. How could providing sex education for adolescents be important?
4. At what ages should adolescents receive sex education?
5. Who are appropriate persons to provide sex education for adolescents? (*Clarify appropriate persons: provincial authorities can point out more than one person*)
 - Probe: Why do you think these persons are appropriate?
6. How can provincial authorities promote sexual health of adolescents in this province?
7. What are barriers to providing sex education in this province?

Classroom Observation Form (Translated from Thai)

SchoolDate / Time

Number of Students: Male..... Female.....

Teacher Information: Sex..... Age..... Marital Status.....

Topic.....

Learning Objectives.....

Main ideas covered in this class:

.....

.....

.....

Teaching method (e.g., lecture, discussion, and role play)

.....

Materials and educational-aid equipments

.....

.....

Direction of sex education

___Abstinence only ___Comprehensive sex education ___Both

Areas of Observation	Low —————▶ High					Note
	1	2	3	4	5	
1. The fidelity to the learning objectives						
2. Teacher's ability to communicate sex education (knowledge and communication skill).						
3. Comfortableness of the teacher						
4. Comfortableness of students						
5. Students' participation						

Total time spent in this class.....minutes

Observer.....

Interview Guide for Teacher after Teaching Sex Education
(Interview after conducting a classroom Observation)

1. Please evaluate your teaching (probe: successfulness, strengths, and weaknesses)
2. Please explain your comfortableness to teach this class
3. How can you improve in your teaching?
 - Probe: What other support do you need to improve your teaching?

Appendix III:

Sex Education Content

A3-1: Content of Sex Education for Middle-School Students in Chanthaburi Province

Content	School 1*	School 2*	School 3*
Development of adolescence	Yes	Yes	Yes
Proper self-adaptation during the transition to adolescence	Yes	Yes	Yes
Sexual development	Yes	Yes	Yes
Proper intimate relationships	Yes	Yes	Yes
Reproductive health and hygiene	Yes	Yes	Yes
Self-protection against sexual harassment and assault	Yes	Yes	Yes
Disadvantages of unwanted pregnancy and prevention**	Yes	Yes	Yes
Sexually Transmitted Diseases and HIV/AIDS	Yes	Yes	Yes
Equity of genders	No	Yes	Yes
Negotiation skills for abstinence before marriage	No	Yes	Yes

* School: 1 = Sriyanuson; 2 = Benchamarachuchit Chanthaburi; 3 = Benchamanusorn

** Prevention of unwanted pregnancies does not focus on contraception use but adolescents' behavioral control (e.g., avoiding staying alone with a boyfriend).

Source: (Hoonnirun P., Suwan P., Worapongsathorn S., & Malarat A., 2005; Petchmanee M., 2006)

A3-2: Content of Sex Education for High-School Students in Chanthaburi Province

Content	School 1*	School 2*	School 3*
Influence of culture and family on sexual behaviors	Yes	Yes	Yes
Family life and relationships	Yes	Yes	Yes
Values of males and females (gender roles)	Yes	Yes	Yes
Proper intimate relationships	Yes	No	Yes
Prevention of risky sexual behaviors	Yes	Yes	Yes
Proper sexual values/behaviors (in Thai culture)	Yes	Yes	Yes
Broken heart and coping skills	Yes	Yes	Yes
Marriage partner selection	Yes	Yes	No
Family planning and contraception	Yes	Yes	No
Function of the reproductive system	No	Yes	No
Sexual deviation	No	Yes	No
Risk factors for sexual intercourse	No	Yes	Yes
Preventive strategies for sexual risk factors in the school and community	No	Yes	Yes
The nature of sexual feeling and control	No	Yes	No
STDs/HIV prevention	Yes	No	Yes
Negotiation skills	No	No	Yes
Unwanted pregnancy	No	No	Yes
Safe sex	No	No	Yes
Infertility and Artificial Insemination	Yes	No	No

* School: 1 = Sriyanuson; 2 = Benchamarachuchit at Chanthaburi; 3 = Benchamanusorn

Source: (Hoonnirun P. et al., 2005; Petchmanee M., 2006)

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