

Part II

Educational and public awareness policy

HIV transmission has increased among youth. It has been assumed that the reason for the transmission is due to a lack of comprehensive awareness of sex. Though the promotion of understanding of reproductive health has been included as part of both the National Plan for Strategic and Integrated HIV and AIDS Prevention and Alleviation and the reproductive health action plan of the Department of Health, it is not easy for Thailand to develop a balanced sex education curriculum that suits the local reality and aims to engender understanding.

Apart from a lack of critical understanding of sex, young people also encounter many other problems related to poor sex education, including unwanted pregnancies, sexually transmitted infections (STIs), or sexual violence. Therefore, well rounded sex education should help to promote and enhance the prevention of HIV transmission and to address related problems.

The Department of Health, MoPH, has reviewed the existing sex education curriculum and proposed ways to make it better-rounded. During the educational reform process, a curriculum was proposed to the Ministry of Education. It was later incorporated into the health and sports science curricula and officially used in 2002. According to this curriculum, six objectives are expected to also serve the purpose of teaching at home:

Human sexual development including understanding about physical growth, sexual development at different ages, and physical, mental, emotional and social development.

Interpersonal relations including how to initiate and maintain interpersonal relations in society, how to initiate and maintain relations with friends of the same or different sex, how to choose one's partner, preparation before marriage, family building, and relations between spouses, and parents and children.

Personal and communication skills including skills to deal with situations related to sex, such as communication skills, initiating and controlling relationships within a proper framework, how to refuse, how to ask for help, how to deal with

emotions, how to make decisions and how to solve problems related to sex.

Sexual behaviors including the expression of sexual behaviors or gender roles suitable to age and norms in society, how to avoid sexual risks, teen sex, unprotected sex, how to develop a proper sexual identity, gender equality, and balanced gender roles.

Sexual health including understanding and skills in health care suitable to one's age, such as how to look after sexual organs, reproductive health, observing changes and abnormalities in the functioning of sexual organs, how to avoid bruises and injuries, inflammation, infection and sexual harassment.

Society and culture – sexual values suitable to Thailand's society and culture, respect for the opposite sex, self-restriction, not getting engaged in sex easily, how to adapt to a changing society, in particular regarding obscene material and laws concerning sex.

The sex education curriculum adjusted by the Department of Health has become more progressive and comprehensive, also stimulating debate. For example, in objective 4, it mentions the concept of equality and how to

develop proper sexual orientation, though the definition of the term “proper” has not been explained in detail. Objective 2 is concerned with how to initiate and maintain sexual relations and objective 6 discusses sex values suitable to Thailand’s society and culture, which tends to encourage youth to refrain from having sexual relationships and to consider sexual relationships a rite of passage to spousal and family life. The contents would have become more progressive and well-rounded should there be discussion about sexual orientations which are diverse and mutable, diverse forms of sexual relationships and safe sex.

However, it was found that the 2002 curriculum has not been implemented effectively. The teaching of sex education in schools has failed to achieve the expected results due to a number of factors including teachers’ attitudes, experience and skills in imparting sex education, effective sex education, the policy and atmosphere in schools, and so on. (Health Counterparts Consulting, 2009)

Between 1999 and 2001 there was an attempt by PATH, a veteran NGO working on HIV/AIDS, to experiment with teaching well-rounded sex education in some pilot schools in Bangkok. Then in 2003, MoPH, supported by the Global Fund, chose PATH to be sub-grantee to carry out prevention

activities among youth in educational institutes.

Based on PATH's past experience and the situation among young people, including especially the lack of sex education, PATH initiated the "TEENPATH Project" aiming to promote sexual health among youth by instilling in them the knowledge, maturity and skills to strengthen relations and choose a safe sex life. This should help reduce problems including STIs like HIV/AIDS, unwanted pregnancies and sexual violence. Sex education has been promoted systematically in educational institutes, and youth have been supported to organize their learning process and to develop creative public communications on sex.

The TEENPATH Project's sex education curriculum shares similar contents with that of the Department of Health. Comprehensive understanding is priority, hinging on the six dimensions of sex as explained above, including sexual development, sexual relations, personal and communication skills, sexual behavior, sexual health, and society and culture. Three major components are included, namely, (1) sexuality, to create an understanding of all dimensions of sex in human life; (2) positive youth development, based on the belief in young people's potential to learn and decide for the good of

themselves; and (3) the child-centered education approach (Health Counterparts Consulting, 2009).

Five years of implementation by “TEENPATH Project” have paved the way for new ways of teaching sex education in the Thai educational system. The emphasis has been given to training sex education instructors, development of sex education teaching aids, implementing sex education in pilot schools and promoting sex education networks composed of teachers and core youth leaders. Positive definitions of sex education have been promoted beyond the stereotypical view of physicality. Viewing sexual desire from the looking glass of adults has been replaced by young people’s perspectives. Youth are shown respect and allowed to make their own decisions based on comprehensive information. In addition, sex is no longer confined to the medical realm. It also encompasses social, cultural, economic and historical dimensions.

Apart from producing this curriculum, the TEENPATH Project also helped to expose Thai society to sex education from diverse perspectives through activities including sex education camps, replication of sex education from schools to youth probation centers, organizing a public seminar on “Sex Education for Youth” and allowing the children to express

their views as to what “desirable sex” is for youth. Sex is no longer defined unilaterally by adults, but based on the reality youth are exposed to.

Another challenge is how to promote learning processes to incorporate comprehensive sex education in the long run. Such an education should be expanded from school to family and community as well. Though more opportunities and an enabling environment are currently available for sex education, attention should still be given to review its quality and to ensure its comprehensive contents. The learning process related to sex education should be developed from the positive point of view of youth and place youth at the center of the process. No efforts should be made to control, but instead to promote learning and prudent decision-making to allow young people to have a safe and enjoyable sex life.

Reviewing the curriculum used in 2008, one may find significant improvements in the sex education curriculum for schools. The contents are comprehensive and classified at different levels. However, according to surveys by groups working with youth, certain schools still teach sex education stressing just the physical aspects. Meanwhile, some schools have adopted the curriculum developed by TEENPATH Project.

The policy is quite enabling as far as the implementation of sex education in schools is concerned. In 2008, the curriculum was declared appropriate for use in all schools. But one obstacle found is at the practical level; some school administrations and teachers still fail to promote sex education effectively in their schools.

Key to the effective instruction of sex education is the teacher. And it depends on how much understanding the instructors themselves have. In a child-centered education system, more effort has to be invested and teachers' skills are very relevant. Though the curriculum is well-rounded and comprehensive, we have found the teachers still adopting traditional teaching methods with teacher at the center. This fails to enable the students to think for themselves and to exchange ideas. This may not help us to achieve the real objective of the sex education curriculum.

As for other civil society organizations, the Youth for Change or Youth Network on HIV/AIDS Thailand (Youthnet) has proposed the following recommendations concerning HIV/AIDS and sex education:

- The state should accelerate efforts to encourage adults and those responsible for youth-related policies to embrace differences and diversity and come to terms with the nature of youth. Nonjudgmental attitudes should be promoted in the attempt to help youth explore safe sex choices. Training should be given to relevant personnel and public campaigns launched using public media to enable youth along with their families and community to join the effort.

- Comprehensive sex education and information about HIV/AIDS should be seriously and continually given to children and youth inside and outside school guided by a clear sex education curriculum. Teachers and service providers should be helped to maintain an open mind and recognize the importance of communication on HIV/AIDS and sex education, and to have positive attitudes toward condoms as a means to help youth to perform safe and responsible sex.

- A service provision system friendly to children and youth should be developed and equipped with available tools including condoms, contraceptive pills, lubricants, clean syringes and needles for injecting drug users, and ART. It should be

made accessible to local children and youth who can also cooperate to run learning centers on HIV/AIDS and provide sex education in schools and the community. Services catering exclusively to youth should be made available as well, including clinics and hospitals. They can be arranged as special 'weekend clinics', as mobile services that include individual (one-on-one) counseling and other types, such as telephone counseling, outdoor meetings or counseling via the internet. Other services needed for teenage mothers and their children would include day-care centers, short-term foster care and adoption.

- The state should accelerate the development of a care and treatment system exclusively for youth living with HIV/AIDS. Special training should be given to medical personnel to enable them to work with underage individuals, separate from their work with adults. Working with youth requires a special kind of knowledge which is lacking in light of the immense need and problems youth face.

- The state should allocate more resources for work with youth on prevention, care and treatment including funds for activities, expert resource persons, up-to-date informa-

tion, related equipment such as condoms and syringes, and self-esteem enhancement activities like group therapy, skills training and confidence boosting sessions in preparation for surviving in society. .

- The state must provide for an enabling environment and mechanisms to support HIV/AIDS prevention. Human resources in the state sector should be empowered to broaden their understanding of youth, to adopt attitudes that facilitate outreach to children, advisory functions or home visits that demonstrate an understanding of youth, and attempts to encourage the enforcement of applicable laws and policy to tackle HIV/AIDS supported by ongoing monitoring and evaluation procedures.

- Efforts should be made to instill understanding about gender equality, reducing bias and labeling resulting from sex, age, ethnicity, and religion through ongoing and serious legal measures in order to prevent violations of AIDS rights, particularly the requirement of a blood test for job applications or enrollment in educational institutions.