



Research Article

Helping Teachers Conduct Sex Education in Secondary Schools in Thailand: Overcoming Culturally Sensitive Barriers to Sex Education



Pimrat Thammaraksa, MS,¹ Arpaporn Powwattana, PhD,^{2,*} Sunee Lagampan, PhD,²
Weena Thaingtham, PhD²

¹ Boromarajonani College of Nursing, Bangkok, Thailand

² Faculty of Public Health, Mahidol University, Bangkok, Thailand

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SUMMARY

Purpose: The purpose of this quasi experimental study was to evaluate the effects of Culturally Sensitive Sex Education Skill Development, a teacher-led sex education program in secondary schools in Thailand. **Methods:** Two public secondary schools in the suburban areas of Bangkok were randomly selected. One was designated as the experimental school and the other as the comparison school. Ninety grade seven and eight teachers, 45 from each school, were selected to participate in the study. Self efficacy theory and culturally appropriate basis were applied to develop the program which included 4 weeks of intervention and 2 weeks of follow up. Primary outcomes were attitudes toward sex education, perceived self efficacy, and sex education skills. Statistical analysis included independent and paired *t* test, and repeated one-way analysis of variance.

Results: At the end of the intervention and during the follow-up period, the intervention group had significantly higher mean scores of attitudes toward sex education, perceived self efficacy, and sex education skills than their scores before ($p < .001$), and than those of the comparison group ($p < .001$).

Conclusion: The results showed that Culturally Sensitive Sex Education Skill Development could enhance attitudes and sex education self efficacy to promote the implementation of sex education among teachers.

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Introduction

In Thailand, young people are at risk of risky sexual behavior. Teenage pregnancy rate in this country is the highest in South-East Asia; sexually transmitted infection rates are rising, while the age of first sexual intercourse has declined (Panyayong, 2010). Younger teenagers are less likely to use contraception than older ones do, and more than two thirds of them experience an unintended pregnancy (Thai Health Promotion Foundation, 2009). In 2010, the incidence of unintended pregnancy in Thailand rose to 13.7 % compared to 13.0% and 12.0% in 2006 and 2008, respectively (The National Statistical Office, 2009) which was higher than the number reported by the WHO. The number of teenagers giving births in 2010 was 120,000, nearly half of which occurred among those aged 16–17 years (Panyayong; The National Statistical Office).

Many studies have sought to identify the factors accounting for unintended pregnancy in Thailand (Atwood et al., 2012; Thaitthae & Thato, 2011). Common factors found from these studies were levels of sexual drive, curiosity, and peer pressure. Sexual health services help assist young people through personal skill development. Ministry of Public Health has embarked on preventive programs to increase awareness of the negative consequences of abortion, enhance negotiation skills for safe sex. Sex and relationships education is neither compulsory nor subject to assessment, but it is clearly linked to pastoral care and school health services under the education policy of the Ministry of Education (Thai Health Promotion Foundation, 2009). Sex education is delivered in a sporadic and somewhat discretionary manner. Schools may choose to employ external providers to deliver an annual lesson to secondary school students, but many students are left to garner a sex education from the internet, magazine, and their peers (Sridawruang, Pfeil, & Crozier, 2010).

Several reviews have concluded that sex education delivered by teachers can have beneficial effects on young people's sexual behavior (Goldman, 2011; Im & Park, 2014; Kirby & Laris, 2009).

* Correspondence to: Arpaporn Powwattana, Department of Public Health Nursing, Faculty of Public Health, Mahidol University 420/1 Rajvithi Rd., Bangkok 10400, Thailand.

E-mail address: arpaporn.pow@mahidol.ac.th

Thus, teachers might be in a unique position to promote healthy sexual behaviors among adolescents. They can start talking about sexual behaviors and decision making early and repeatedly; they generally have a distinct emotional bond with and influence over their students; they can tailor conversations to suit students' cognitive, social, emotional, and physical development and needs.

Teacher-delivered sex education has been recognized as a promising approach (Shepherd et al., 2010; Tummy, 2008). The claimed advantage of teacher-led programs over nonteacher-led interventions is that teachers can convey information to the target group in a more credible and appealing way (Shepherd et al.). Relatively few primary or secondary school teachers are confident in delivering messages containing even simple, explicit, and relevant information on sexual issues. Many teachers have not talked to students, particularly adolescents, about sexual topics because they lack sex education skills (Thaingtham, Powwattana, & Chandanasotthi, 2005). Teachers reported feeling embarrassed, inadequately informed, and unsure of what to say or how to begin (Phiphitphatphaisit & Saengjun, 2007). In Thailand, efforts to train teachers to better communicate information about sexual health include incorporating teacher activities in youth programs (such as joint teacher–student activity), teaching adolescents and teachers together and working with teachers alone. A serious challenge for these programs is teachers' education pattern (Boonsang, 2005; Munkong, 2006) and insufficient teaching materials (Siriwong, 2004). Because of these limitations, formal training programs for teachers in providing sex education knowledge, attitude toward sex education and sex education skills have not been implemented. Consequently, teachers have negative impressions about and are not confident in providing sex education.

Common to all theories is the idea that behavior is influenced by an individual's learning ability and the values and beliefs that transfer from a source of information to target groups. The hierarchical nature of the interaction between young people and teachers allow reliable communication about sexual issues in ways they have.

The researchers have developed a sex education program, Culturally Sensitive Sex Education Skill Development (CSSE). The program was a teacher-delivered program based on the Self Efficacy Theory of Bandura (Bandura, 1997) and specific social and cultural relevance. The program aimed to enhance teachers' skills in communicating with students information on sexual issues especially those never addressed in a formal curriculum (i.e., sexual communication, awareness about sexual health barriers, masturbation, and sexual imagination). It is hypothesized that, after attending the CSSE program, compared to before enrolling into the program and to those who did not participate in the program, the teachers would report a more positive attitude toward sex education, better communication ability, more frequently discussing sexual issues with their students.

Methods

Study design

This study was a quasi-experimental, two groups, pretest and post-test in design.

Setting and sample

Eligible schools were 10 public secondary schools in suburban areas (Secondary Educational Service Area 6) of Bangkok. Schools were randomized after teachers were informed about the trial and agreed to participate in the study. One school was randomly selected as the intervention school, and the other was designated as

the comparison. Teachers in each school were eligible if they were teachers of grade seven and/or grade eight, had never received sex education training, and were willing to participate in the study by giving signed consent form. Since small effects were anticipated (Johnson, Scott-Sheldon, Huedo-Medina, & Carey, 2011; Picot et al., 2012), sample sizes were chosen to provide 80% power to detect a 0.20 SD differences in outcomes between the intervention and control groups, and changes from the baseline with 95% confidence interval (Cohen, 1992). To meet such requirements, 41 persons are needed in each group. To compensate for dropout, the number was increased by 10% (4 persons). Therefore, the study included a total of 90 participants, 45 each in the intervention and in the comparison groups.

Ethical consideration

After receiving ethical approval from the Institutional Review Board (MUPH 2010-072 Faculty of Public Health, Mahidol University).

Instruments

The CSSE was a 6-week course that met once a week for 4 weeks. There were four 3-hour activities. In the first week, the teachers were trained to change attitudes toward sex education and to use strategies to overcome cultural barriers for sexual discussion. In the second week, after reviewing emerging barriers, the activities focused on developing self efficacy on sex education, aiming to build teachers' confidence in communicating information on sexual issues with their students. In the third and fourth week, the teachers' skills and the ground rules for effective communication between teachers and students were reinforced. The contents and skills of sex education that are prerequisite to the learning and role-playing activities in a hypothetical classroom were reviewed.

The instrument for data collection was a self-administered questionnaire developed by the research team. The contents of the questionnaire were reviewed by five experts in adolescent sexual behavior, sexual health education, and adolescent development for content validity index. The content validity index of the questionnaire was acceptable ($\geq .80$). The questionnaire was divided into four parts as follows:

Part 1: Personal information included gender, age, education, marital status, working period, sex education experience, knowledge/major subject, and teaching subjects.

Part 2: Attitude toward sex education. This category consisted of 20 items regarding attitudes towards sex education, sexual communication, masturbation, and sexual imagination. The participants were asked to rate on a 4-point rating scale from 1 (*strongly disagree*) to 4 (*strongly agree*). Higher scores indicated that the teachers had a positive attitude toward sex education. The reliability of these items measured by Cronbach's alpha was .77.

Part 3: Self efficacy of sex education consisted of 20 items regarding perception of their ability to transfer information about sexual communication, challenge and awareness of sexual health barriers, masturbation, and sexual imagination. The participants were asked to rate on a 4-points rating scale from highly confident (4) to no confidence (1). Total scores ranged from 20 to 80. Higher scores indicated that teachers perceived their sex education self efficacy as high. Cronbach's alpha was .92.

Part 4: Sex education skills included 10 items on activities regarding communicating information on sexual issues, challenge and awareness of sexual health barriers, masturbation, and sexual imagination. The participants were asked to rate on a

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