

Materials

A Survey of Sex and AIDS Education among Public High School Teachers in Bangkok

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Key words : teachers, AIDS education, sex education, high school, Bangkok

Abstract

A survey was conducted among public high school teachers in Bangkok to gather information about their experience with sex and AIDS Education programs and the teaching of these subjects in class. Three hundred eighty-four questionnaires were mailed to 26 schools and 15 questionnaires were distributed to health education, biological science, social studies and science teachers at each school. Two hundred eighty-eight responses were received from 22 schools (75.0%) from February 25 to March 15, 1999.

Fifty percent of respondents had participated in formal learning programs for sex and AIDS education. 96.5% of health education, 70.7% of biological science, 36.4% of social studies and 38.8% of science teachers had taught sex and AIDS education. More than seventy percent of all teachers (72.7%) wanted to attend learning programs if available. The results indicated that teaching experience was related to the willingness to attend learning programs.

Introduction

Sex and AIDS education can be very difficult subjects to teach in school because it includes very sensitive or personal matters for both teachers and students, in addition to the actual nature of the diseases. Also, teachers may not be given strong support for their efforts. Some teachers had reservations such as "sex and AIDS education is not acceptable culturally," "it is too sensitive an issue to teach in class," "I do not want to talk about sex and AIDS," and "the school curriculum is already overloaded" [1]. However, because of the AIDS epidemic, Thai society cannot avoid the issue any longer. During the 1980s, Thailand was faced with increasing numbers of HIV/AIDS infections [2]. According to the latest issue of The Weekly Epidemiological Surveillance Report in September, 1998, there were 97,126 persons with AIDS in Thailand. The number of AIDS cases was reported to be 1,073 (1.1%) among 15 to 19 years old and 76,346 (49.9%) among 20 to 39 years old. This totals more than 50% of the number reported [3].

The education system in Thailand is divided into three sections: six years of primary school, three years of lower secondary school, and three years of higher secondary school [4]. The number of teachers with bachelor's degree increased from 65.7% in 1990 to 74.7% in 1993. Teachers with higher than bachelor's degrees accounted for less than 5% in 1993 [5]. The Thai government began to offer HIV/AIDS education in public schools in the 1980s. This study surveyed teachers who teach health education, biological science, social studies and science regarding their participation in sex and AIDS learning programs and the teaching

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Method

Metropolitan Bangkok has 117 secondary schools with 98,711 high school students and a total of 14,926 junior and senior high school teachers [6]. A questionnaire was mailed to 26 public high schools chosen at random. At each school the questionnaires were distributed to health education, biological science, social studies and science teachers. The questionnaire was composed of 3 categories: 1) general information and personal data of the respondents; including gender, age, marital status, education, subjects taught and years of teaching experience, 2) experience with sex and AIDS learning programs, 3) teaching experience with sex and AIDS education in class, including teaching methods, content areas and willingness to attend learning programs.

Result

Two hundred and eighty-eight completed questionnaires (75% of the total distributed) were received from 22 schools from February 25th to March 15th, 1999. Most were willing participants in this study.

1. General information and personal data of the respondents

The socio-demographic characteristics of the respondents are summarized in Table 1. The average age was 44.1 years (range = 22-59) with 61.6% of respondents between ages of 40-49 years old. More than half of the teachers (58.7%) were married. A majority of the teachers (73.3%) had completed bachelor's degrees while 25.0% held master's degrees. Teaching experience varied from 1 to 40 years with 60% of teachers having 16-25 years working experience. The subjects taught were divided into four areas: health education (20.7%), biological science (15.1%), social studies (39.3%) and science (24.9%).

2. Experience with Sex and AIDS learning programs Almost an equal number of teachers had taken (47.9%) and not taken (52.1%) training programs. Greatest participation in learning programs was among health education teachers (91.4%), followed by biological science (45.2%), social studies (42.3%) and science (39.4%) teachers (Table 2).

3. Teaching Sex and AIDS education in class

The number of teachers who had taught sex and AIDS education in school was 149 (54.8%). More than ninety percent of the health education teachers (96.5%) had, followed in order by biological science (70.7%), social studies (36.4%), and science (38.8%) teachers (Table 3). Table 4 illustrates the six principal teaching methods. The most frequently used method was lectures in front of students (48.7%), followed by videos or films (34.9%), small group activities (26.4%), showing how to use condoms (14.2%), role playing (13.8%) and group discussion (12.6%).

More than 50% of the teachers had taught the causes of AIDS (55.7%) including the avoidance of IV drug use (51.4%). These were followed by how to prevent infection, including condom use and safer sex (48.2%), how to deal with AIDS patients (45.5%), how to develop decision-making skills (43.9%), and how the virus is transmitted (43.1%). About one-fourth of the teachers had taught communication skills and peer pressure training (25.5%), counseling and HIV testing availability (26.7%) and peer pressure training (23.1%) (Table 5).

Seventy-two percent of those involved in sex and AIDS education answered that they would attend

Table 1 Number and percentage of teachers classified by socio-demographic characteristics

Socio-demographic characteristics	Number	Percentage (%)
Sex	(n=286)	
Male	86	30.1
Female	200	69.9
Age (years)	(n=279)	
≤ 29	8	2.9
30 - 34	22	7.9
35 - 39	23	8.2
40 - 44	74	26.5
45 - 49	98	35.1
50 - 54	39	14.0
≥ 55	15	5.4
Marital status	(n=283)	
Single	97	34.3
Married	166	58.7
Separate/Divorce	20	7.1
Education	(n=288)	
Certification or equivalent	3	1.0
Diploma or equivalent	2	0.7
Bachelor's degree	211	73.3
Master's degree	72	25.0
Working years (years)	(n=288)	
≤ 5	18	6.3
6 - 10	23	8.0
11 - 15	24	8.3
16 - 20	73	25.3
21 - 25	100	34.7
26 - 30	31	10.8
≥ 31	19	6.6
Teaching subject	(n=285)	
Health education	59	20.7
Biological science	43	15.1
Social studies	112	39.3
Sciences	71	24.9

learning programs if available. Only 27.3% said that they were not willing to attend training programs. More than 80% of those who had previously taught sex and AIDS education wanted additional training compared to 60% of those who had not. Teaching experience was related to willingness to attend training programs ($\chi^2=13.482$, $p<0.001$) (Table 6).

Discussion

Almost one half of the teachers (47.9%) had attended training programs. Training programs at the work place were most common. Colleges and universities might not provide enough training for teachers, as Gingiss [7] reported that only a few had received training through college or university courses. The lack

Table 2 Number and percentage of teachers who have received additional training classified by subject taught

Additional Training	Health education n(%)	Biological science n(%)	Social studies n(%)	Science n(%)	Total N(%)
Yes	53 (91.4)	19 (45.2)	47 (42.3)	28 (39.4)	147 (47.9)
No	5 (8.6)	23 (54.8)	64 (57.7)	43 (60.6)	135 (52.1)
Total	58 (100.0)	42 (100.0)	111 (100.0)	71 (100.0)	282 (100.0)

Table 3 Number and percentage of teachers with sex and AIDS teaching experience and the subjects taught

	Health education n(%)	Biological science n(%)	Social studies n(%)	Science n(%)	Total N(%)
Taught	55 (96.5)	29 (70.7)	39 (36.4)	26 (38.8)	149 (54.8)
Never Taught	2 (3.5)	12 (29.3)	68 (63.6)	41 (61.2)	123 (45.2)
Total	57 (100.0)	41 (100.0)	107 (100.0)	67 (100.0)	272 (100.0)

Table 4 Number and percentage of teachers using various teaching methods classified by teaching experience

Teaching method*	Taught n(%)	Never Taught n(%)	Total N(%)
Small group activities	69 (26.4)	50 (19.2)	119 (45.6)
Video or films	91 (34.9)	86 (33.0)	177 (67.8)
Role playing	36 (13.8)	22 (8.4)	58 (22.2)
Show how to use condom	37 (14.2)	16 (6.1)	53 (20.3)
Lecture in front of students	127 (48.7)	39 (14.9)	166 (63.6)
Group discussion	33 (12.6)	38 (14.6)	71 (27.2)
Others	31 (11.9)	10 (3.8)	41 (15.7)

*multiple responses

of training experience penalizes students, both in and outside the classroom [8].

Gingiss [7] reported that the most frequently used teaching methods were Video or films, lectures, and group discussions. On the other hand, less than 30% of teachers used guest speakers, such as persons with AIDS, or offered direct experience with condoms in the classroom. Methods teachers employ to present the material also assess implementation of sex and AIDS education. The teachers in Bangkok public high schools usually use lectures in front of students and videos or films. Teaching methods less often used are

Table 5 Number and percentage of teachers classified by teaching content areas and teaching experience

Content areas*	Taught	Never Taught	Total
	n(%)	n(%)	N(%)
How the virus is transmitted	110 (43.1)	69 (27.1)	179 (70.2)
Stage of infection	97 (38.0)	57 (22.4)	154 (60.4)
Cause of AIDS	142 (55.7)	87 (34.1)	229 (89.8)
Condom use and safer sex	123 (48.2)	81 (31.8)	204 (80.0)
Avoidance of IV drug use	131 (51.4)	84 (32.9)	215 (84.3)
Homosexuality	94 (37.0)	52 (20.5)	146 (57.5)
Association of alcohol and drug use with sexual behavior	89 (34.9)	49 (19.2)	138 (54.1)
Abstinence	94 (36.9)	52 (20.4)	146 (57.3)
Decision making skills	112 (43.9)	66 (25.9)	178 (69.8)
Communication skills	65 (25.5)	37 (14.5)	102 (40.0)
Peer pressure training	59 (23.1)	53 (20.8)	112 (43.9)
Compassion to AIDS patients	116 (45.5)	79 (31.0)	195 (76.5)
Counseling and HIV testing availability	68 (26.7)	62 (24.3)	130 (51.0)
Social and economic issues	81 (31.8)	50 (19.6)	131 (51.4)
Others	12 (4.7)	3 (1.2)	15 (5.9)

*multiple responses

Table 6 Willingness to attend training programs classified by teaching experience

Teaching experience	Yes n(%)	No n(%)	Total N(%)
Taught	116 (81.7)	26 (18.3)	142 (100.0)
Never taught	65 (60.7)	42 (39.3)	107 (100.0)
Total N(%)	181 (72.7)	68 (27.3)	249 (100.0)

small group activities, showing how to use condoms and group discussion.

Implementation of sex and AIDS education in the classroom is often measured by the content that teachers cover, as well as how frequently they teach, and what methods they use. Because of the epidemiology of AIDS, a wide range of topics from scientific facts to social skills, must be integrated to be effective. The content can be loosely divided into four areas: the epidemiology of AIDS, behavior prevention / reducing the spread of AIDS, skill-building and other related content [7]. Teachers tend to spend the major portion of educational time on two areas, epidemiology of AIDS and preventive behavior, with less emphasis on the latter category. The third category involves helping students develop skills necessary for implementing preventive behavior in real situations. Teachers give this category the same attention given to preventive behaviors. The fourth category includes compassion for AIDS patients and information about available counseling and HIV testing services. It receives significantly less emphasis in classroom AIDS education.

Since the number of AIDS patients is increasing worldwide, it is predicted that people will have a significant probability of daily contact with AIDS infected people. Thus, it is important to teach students how to deal with such people.

In this survey more than 70% of all respondents were willing to take part in training programs focused on teaching sex and AIDS education in schools and they were also willing to continue to teach these subjects [9]. More than 80% of the teachers who had actually taught the subjects in class and 60% of those who had not, indicated that they would like to participate in training programs. The teachers had a strongly positive attitude toward training programs.

Conclusion

The fundamental goals of AIDS education are to create a better understanding and awareness of the nature of HIV/AIDS, the modes of transmission, preventive methods, as well as the medical and social implications. Students, as well, should be made aware of the importance of preventive methods for themselves and others. A sense of commitment should also be instilled in students to develop attitudes, values and behaviors that will help minimize the possibilities of being infected or of infecting others [1].

Teachers who receive special training will be more effective in teaching HIV/AIDS education in the schools. Those who are untrained should not be allowed to teach students until they get additional training [10]. The results of this survey indicated that willingness to attend training programs depends on the teacher's experience. In Thailand, sex and AIDS educational curriculums in public high schools should aim toward increasing knowledge and awareness in students about HIV/AIDS. Thus, The Ministry of Education and any relevant institutions should assist and encourage teachers to provide sex and AIDS education without any barriers. Teachers need to be provided with high quality training programs and the teachers need to develop methods and course content in sex and AIDS education appropriate for each grade level.

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