Implementation of Comprehensive Sexuality Education in Primary Schools in a Province of Northern Thailand

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Abstract: Implementing comprehensive sexuality education combats unsafe sexual behavior among children and adolescents. However, risky sexual behavior among teenagers still exists globally, including in Thailand. This qualitative descriptive research aimed to explore the implementation of comprehensive sexuality education in primary schools in a province of northern Thailand and to identify facilitators and barriers related to its implementation. Data were collected from June 2021 to May 2022 through in-depth interviews with 15 primary school teachers and nine primary school principals/deputy directors of academic affairs and analyzed using thematic analysis. Four themes emerged: 1) Promoting implementation of comprehensive sexuality education, including the policy level and the teacher levels, 2) Informal teaching, including non-compulsory subjects, differential content coverage, teaching informal style, availability of teaching aids, and unstructured evaluation, 3) Motivation as a facilitator for implementing comprehensive sexuality education, including teachers' eagerness, children's enthusiasm, changes in children's outcomes, and support for teaching comprehensive sexuality education, and 4) Challenges and overcoming the barriers to implementing comprehensive sexuality education, including traditional vs. a paradigm shift, sensitive issues, lack of coordination, and lack of continuity and sustainability.

The findings provide essential evidence that informal teaching in comprehensive sexuality education as a non-compulsory subject is valued, but some barriers should be eliminated by nurses to enhance children's well-being and actively contribute to the prevention of health issues, including comprehensive sexuality education. Additionally, nurses play an active role in developing prevention programs and promoting healthy lifestyles, which encompass comprehensive sexuality education. The collaboration among nurses, school administrators, and teachers would support the effectiveness of implementing comprehensive sexuality education.

Keywords: Comprehensive sexuality education, Implementation, Northern Thailand, Primary schools, Qualitative descriptive study

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Introduction

A major social and public health concern globally is the occurrence of risky sexual behaviors among teenagers.[1] Risky sexual behaviors are increasing among primary school children.[2] A significant number of adolescents worldwide engage in sexual activity

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during their early teenage years.[3] One study found that children were sexually active and prone to various sexual risk behaviors beginning in primary school.[4] The age of having first sexual intercourse among children is decreasing. According to a study by Setthekul and colleagues in Thailand, the youngest age of sexual debut was six years old in boys and 10 years old in girls, respectively.[5] Having sexual intercourse at an early age and having unsafe sex increase the risk of sexual health problems, unintended pregnancy, and sexually transmitted infections (STIs), including the human immunodeficiency virus (HIV).[6]

From 2015 to 2021, approximately 14% of adolescent girls gave birth before the age of 18.[7] Furthermore, the adolescent pregnancy rate in Thailand has become the second highest in Southeast Asia.[8] Over 50 out of every 1000 girls aged 15 to 19 give birth yearly.[4] Adolescent birth rate for girls aged 10–14 years in 2022 decreased from 0.9 per 1,000 in 2021 to 0.8 per 1,000, but it remains higher than the Department of Health's goal. The Department of Health's goal for 2026 is for the live birth rate for girls aged 10–14 years not exceeding 0.5 per 1,000.[4] In Chiang Mai, a province of northern Thailand, the report in 2021 showed that the birth rate among pregnant adolescents aged 10–14 increased from 1.3 per 1,000 in 2020 to 1.6 per 1,000,[8] which is higher than the countrywide level. With increasing sexual activity occurring in primary school, there is a need to provide comprehensive sexuality education to these children.[9]

Comprehensive sexuality education (CSE) is described as an approach to teaching about sexuality and relationships that are suitable for the learner's age and cultural background.[10] It aims to provide scientifically accurate information, unbiased content, and representation of real-life situations without passing judgment.[10] CSE comprises six key components: 1) human development, 2) relationships, 3) personal skills, 4) sexual behaviors, 5) sexual health, and 6) society and culture.[11] CSE delays the onset of sexual activity, reduces the frequency of sexual intercourse, decreases the number of sexual partners, diminishes risk-taking behavior, promotes condom usage, and increases the use of contraceptives.[11,12] CSE is most effective when given before a young person becomes sexually active.[12]

As increasing evidence highlights the positive effects of CSE on young people's lives, and with research guiding the most effective approaches, more countries are actively pursuing the implementation and expansion of CSE programs to reach more learners.[10] The practical implementation of policies and curricula related to CSE in schools is often challenging, and various obstacles can impede their full implementation.[13] These obstacles can occur at different levels, ranging from national program planning to classroom-level implementation.[14] In Thailand, the provision of comprehensive and sustainable CSE programs in schools is currently inadequate, according to a 2016 report by the Ministry of Education (MOE) and UNICEF Thailand.[15] Although the Thai government has encouraged schools to offer CSE, the implementation of such programs varies significantly depending on the individual school.[16] Most research on CSE implementation has focused on secondary rather than primary schools.[16,17] Exploring the implementation of CSE in primary schools would provide evidence for developing strategies to enhance the implementation of CSE in primary schools.

Review of Literature

Adolescence is a complex developmental stage in which changes promote the transition from childhood to adulthood[18]. Early adolescence is a crucial phase marked by significant physical and psychological changes linked to puberty, alongside social adjustments resulting from the transition to middle-level schools.[21] Early adolescents, who are 10–12 years old in Grades 4–6, experience significant physical, psychological, and social changes as they enter adolescence.[18] Challenges confronted by them include susceptibility to engaging in risky sexual behaviors, unprotected sex, nonconsensual sexual encounters, STIs, societal stigmatization, and similar

difficulties.[19] The prevalence of risky sexual behaviors among early adolescents is rising globally.[20] These unsafe behaviors include engaging in premarital sex, having multiple sexual partners, and practicing unprotected sex.[19]

Addressing the issue of risky sexual behaviors among adolescents through CSE is supported by evidence indicating that integrating CSE programs into the curriculum effectively delays the initiation of sexual intercourse, reduces the frequency of sexual activity, decreases the number of sexual partners, mitigates risk-taking behavior, promotes condom use, and encourages contraceptive utilization.[10,12,22] Importantly, there is no evidence suggesting that CSE leads to increased sexual activity, risky behavior, or higher rates of HIV or other STIs.[12,23,24]

In European countries, the evidence reveals that CSE is implemented from primary school; the incidence of teenage pregnancy rates and STI rates are low.[9] Many countries acknowledge the importance of incorporating CSE into their educational plans or visions. However, they continue to encounter shortcomings in their legislative and policy frameworks, as well as challenges in ensuring consistent quality and adherence to CSE programs.[13] In Thailand, implementing CSE in the curriculum has evolved.[25] In the 2001 Curriculum, the primary focus was primarily on the biomedical aspects of sexuality.[17] However, the 2008 Curriculum introduced a broader range of topics and addressed socio-emotional aspects of sexuality education, such as life skills development, sexual health, and gender equality.[26] In 2016, Thailand's National Legislative Assembly passed the Prevention and Solution of the Adolescent Pregnancy Problem Act, which mandates that all schools offer CSE at all levels.[27] The Ministry of Education is responsible for developing and overseeing policies and curricula for the implementation of CSE in educational institutions. Additionally, the Office of Basic Education Commission (OBEC) collaborates with the Path2Health Foundation to design and launch e-learning courses centered on CSE pedagogy. This initiative is aimed at improving teachers' skills in delivering sexuality education and life skills training.[13] However, CSE is not mandatory as a separate subject in this curriculum nor included in the Ordinary National Education Test. Additionally, due to the decentralized nature of the education sector in Thailand, schools have considerable autonomy in designing their curricula, resulting in varying degrees of implementation of CSE.[28]

Many teachers report never engaging in discussions about sexuality with adolescents, resulting in embarrassment and uncertainty about initiating and addressing sexuality education topics. This lack of experience in CSE training contributes to their unease.[29] In contrast to teachers, nurses possess a comprehensive knowledge of child and adolescent sexual development and have a distinct mission to foster a healthy and safe environment within the school setting. They achieve this by offering health education and implementing public health initiatives. The primary goal for nurses is to empower students to take charge of their well-being and overcome health-related obstacles that may hinder their learning process.[18] Nurses intervene both proactively and reactively to address existing and potential health issues.[18] They also offer case-management services and actively engage in collaboration with various professionals, including physicians working in schools, such as medical advisors and team physicians, as well as families, community service providers, and healthcare providers.

Because children have become sexually active at an earlier age and have risky sexual behavior, research specifically addressing the implementation of CSE in primary schools is needed. Therefore, this research focuses on investigating the implementation of CSE in primary schools. The knowledge acquired from this study will be valuable for nursing practices in promoting and enhancing the implementation of CSE in primary school settings.

Study Aim

This study aimed to explore the implementation of CSE in primary schools and to identify facilitators and barriers related to its implementation.

Methods

Study Design

The primary investigator (PI) employed a qualitative descriptive approach in this study, with naturalistic inquiry as the philosophical underpinning guiding the methodology. This approach is useful for investigating how CSE has been implemented in primary schools, exploring the phenomenon in its natural setting without any manipulation.[30] A qualitative descriptive approach is particularly suitable for research questions that aim to understand a phenomenon from the perspective of those who have experienced it.[30] The PI gathered rich and detailed data about the experiences of informants, which facilitated a deeper understanding of the phenomenon of interest. The guidelines for reporting qualitative studies (COREQ)[31] were followed in the writing of this study.

Study Setting and Participants

A total of 24 participants took part, including 15 teachers and nine school principals/deputy directors of academic affairs, from 12 primary schools across five districts in Chiang Mai province. Purposive sampling was used to recruit participants based on the inclusion criteria. The inclusion criteria for teachers were those with experience in teaching CSE or health/sexuality-related subjects in Grades 4-6, individuals who received relevant training, and those willing to share their insights. The inclusion criteria for school principals or deputy directors of academic affairs were those with experience in delivering CSE or addressing related topics in primary schools and demonstrating a willingness to share their knowledge. To recruit the participants, the PI requested information on primary schools that had taught CSE from the local supervisors and then sought permission from the school principals to collect data. The PI also asked the directors to recommend teachers with experience of teaching sexuality education in Grades 4-6. Face-to-face interviews were used with the chosen sample size following the qualitative approach, aiming to ensure comprehensive responses to research inquiries and achieve data saturation.

Ethical Considerations

The Research Ethics Committee of the Faculty of Nursing at Chiang Mai University approved the study with the code 2020-EXP055. Participants were informed about the study's purpose, methods, potential risks, and benefits, and guaranteed the protection of their rights throughout the study. Participants were allowed to ask questions, decline to respond to questions, and withdraw from the study at any time. Participants also signed informed consent before participating in the study and agreed to have their interviews recorded. Confidentiality and anonymity were protected throughout the study.

Data Collection

Data collection was conducted from June 2021 to May 2022, by the primary investigator (PI) who received training in qualitative data collection and analysis. The process involved gaining access through school principals, establishing rapport, scheduling face-to-face interviews in natural settings chosen by participants, and conducting interviews. Each interview lasted 60-90 minutes, with some participants undergoing one or two interviews. Using initial casual conversation helped participants ease into more serious discussions. The PI developed an interview guide to gather comprehensive data. The guide, rooted in the literature, featured open-ended questions like "What is your approach to incorporating CSE into the curriculum in schools and classrooms (Grades 4-6)? Why?" and "How do you teach CSE in each grade level (Grades 4-6)?"

Data Analysis

Data were analyzed using the six phrases of thematic analysis:[32] 1) Familiarization with the data: After transcribing interviews verbatim, the PI became intimately familiar with the data through repeated readings and cross-referencing with recordings, searching for patterns and meanings. Ideas for coding were noted at sentence or phrase endings to initiate analytic considerations; 2) Generating codes: The data were systematically organized into preliminary codes that grouped related concepts, with data relevant to each

code compiled; 3) Constructing themes: The PI organized an extensive list of codes, grouping similar ones into sets. Each code was then explained briefly and separately. The PI also considered the connections between these codes. The codes were further organized into possible themes, and all relevant data for each theme were collected. This process involved breaking down the codes into sub-categories, categories, and overarching themes; 4) Revising themes: Themes were reviewed thoroughly to ensure internal consistency and external variation, generating a thematic map that formed the basis for understanding the data's narrative; 5) Defining and naming themes: Themes were refined, and their significance and relationships were explored, determining subthemes and their hierarchical meanings; and 6) Producing the report. After conducting the six phases, the PI interpreted the data and linked them to the information gained from the literature review. The findings were among research team members until a consensus was reached. The responses from the interviews conducted in Thai were translated to English using professional translation services to ensure accuracy and maintain the integrity of the participants' statements.

Rigor and Trustworthiness

To ensure the study's rigor and trustworthiness, the PI applied the trustworthiness strategies by Lincoln and Guba.[33] The data were verified through peer debriefing and member checking with three participants to establish credibility. A thick description was used to achieve transferability. Dependability was ensured by obtaining approval from the advisory committee and reviewed by external experts. An audit trail was created using verbatim transcriptions and interpretations to enable confirmability, and the research team verified the findings.

Findings

Of the 24 participants, 15 were teachers and nine were school principals/deputy directors of academic affairs. There were eight females and seven males among the teachers. Most were married, one was widowed, and four were single. Teachers' ages ranged from 26 to 48, with an average age of 38. The majority practiced Buddhism, while two were Christians. Eight had bachelor's degrees and seven held master's degrees. Most specialized in health and physical education, followed by career and technology, science, mathematics, and English. CSE experience varied from six months to five years. Six teachers received training by the Office of the Basic Education Commission (OBEC) in a 3-day workshop, while nine were trained online for 22 hours (**Table 1**).

Table 1. Demographic characteristics of teachers (n = 15)

Characteristics	Number (n)	Percentage (%)
Gender		
Male	7	46.67
Female	8	53.33
Age (years) (Mean = 38)		
25-30	3	20.00
31-40	5	33.33
41-50	7	46.67
Marital status		
Single	4	26.67
Married	10	66.66
Widowed	1	6.67
Religion		
Buddhist	13	86.67
Christian	2	13.33

Table 1. Demographic characteristics of teachers (n = 15) (Cont.)

Characteristics	Number (n)	Percentage (%)
Education		
Bachelor's degree	8	53.33
Master's degree	7	46.67
Teacher's background		
Health and physical education	9	60.00
Science	2	13.33
Occupation and technology	2	13.33
Mathematics	1	6.67
English	1	6.67
CSE taught experience		
< 1 year	3	20.00
1-2 years	3	20.00
2-3 years	5	33.33
> 3 years	4	26.67
Methods of training		
Workshop training	6	40.00
Online training	9	60.00
Subjects of CSE teaching		
Health education	10	66.66
Guidance	3	20.00
Social studies	1	6.67
Teach less learn more activity	1	6.67

Note. CSE = comprehensive sexuality education

The school principals/deputy directors of academic affairs consisted of six females and three males, aged 37 to 59 years, with an average age of 53. All were Buddhists. Most held a master's degree, and one had a bachelor's degree. They worked across six medium-sized, two large-sized, and one small-sized schools. Seven schools offered CSE last semester, two in the previous academic year. Most participants assigned health education teachers to teach CSE. Others delegated teaching responsibilities to guidance counselors, class teachers, science teachers, and computer teachers (**Table 2**).

The findings from the in-depth interviews were categorized into four themes with several sub-themes (**Table 3**).

Table 2. Demographic characteristics of school principals/deputy directors of academic affairs (N = 9)

Characteristics	Number (n)	Percentage (%)
Gender		
Male	3	66.67
Female	6	33.33
Age (years) (Mean = 53)		
31-40	1	11.11
41-50	2	22.22
51-60	6	66.67
Religion		
Buddhist	9	100

Table 2. Demographic characteristics of school principals/deputy directors of academic affairs (N = 9) (Cont.)

Characteristics	Number (n)	Percentage (%)
Education		
Bachelor's degree	1	11.11
Master's degree	8	88.89
School size		
Small	1	11.11
Medium	6	66.67
Large	2	22.22
CSE taught in last semester		
Taught	7	77.78
Not taught (taught in last year)	2	22.22
Assigning CSE teachers		
Health Education teacher	5	55.56
Guidance counselor teacher	1	11.11
Class teacher	1	11.11
Science teacher	1	11.11
Computer teacher	1	11.11

Table 3. Themes and sub-themes arising from the data

Themes	Sub-themes
1. Promoting implementation of CSE	1. The policy level
	2. The teacher level
2. Informal teaching	1. Non-compulsory subject
	2. The differential of content coverage
	3. Teaching informal style
	4. Availability of teaching aids
	5. Unstructured evaluation
3. Motivation as a facilitator for implementing CSE	1. Teachers' eagerness
	2. Children's enthusiasm
	3. Changes in children's outcomes
	4. Support for teaching CSE
4. Challenges and overcoming	1. Traditional vs. a paradigm shift
	2. Sensitive issues
	3. Lack of coordination
	4. Lack of continuity and sustainability

Theme 1: Promoting implementation of CSE

The implementation of CSE in schools was a collaborative effort between the Office of the Basic Education Commission (OBEC), Educational Service Area Offices, and schools. The school policy depends on the school principal. This theme comprised two sub-themes:

Sub-theme 1: The policy level

The school principals, deputy directors of academic affairs, and teachers perceived the importance

of policies and laws related to CSE in schools. Specifically, they knew the Adolescent Pregnancy Prevention and Solution Act 2016[27] mandates educational institutions to provide appropriate CSE to students. If a student becomes pregnant while studying at the school, the school is required to provide a system of care and support, forbidding expulsion due to pregnancy.

> *"CSE is a policy assigned to the school for teaching. In 2016, the Act for the Prevention and Solution of the Adolescent Pregnancy Problem mandated that the teachers or schools teach the students about sexuality. There are several matters concerning sexuality whether in terms of physical development or interpersonal relationship, life skills, sexual health, sexual behavior, society, and culture."* (T03)

> *"Various issues, including love affairs, can impact children's education, leading to school changes and dropouts. When troubled students enroll in our school, the principal informs teachers about their situation, ensuring they receive necessary assistance to graduate. The Ministry of Education advocates for allowing pregnant students to continue their studies without being compelled to leave school, emphasizing the importance of schools offering support for their educational journey."* (P07)

Sub-theme 2: The teacher level

Teachers perceived that there was a need to increase awareness about the importance of CSE. The teachers were concerned about students having access to social media and the Internet, often used as tools for self-learning about sexuality. Students lack the skills to distinguish accurate information from misinformation, which can be dangerous for their well-being. Teachers provide CSE to ensure student safety. Teachers are crucial in teaching CSE, and their involvement can drive the implementation of CSE in primary schools.

> *"Teachers want to help children; they recognize the importance of CSE, and they want to do it willingly. It depends largely on the teachers. Although the policy may not be clear, if teachers want to teach, they can do it. I believe that nothing can be a limitation."* (T05)

> *"In today's fast-paced learning environment, proper education is crucial for children. Otherwise, they might resort to self-guided learning. The availability of media accessible to children raises concerns about unsupervised technology usage, which can be risky. With just a few clicks, children can access content that might lead to misunderstandings without proper guidance and knowledge."* (T06)

Theme 2: Informal teaching

The participants of this study expressed that CSE was implemented using an informal approach. The informal teaching of CSE can take on various forms, depending on individual interests, readiness, and potential. This theme comprised five sub-themes:

Sub-theme 1: Non-compulsory subject

The participants indicated that the Ministry of Education does not make CSE a compulsory subject due to limitations in the basic education core curriculum that allows only eight subjects, with limited study hours for each. While acknowledging concerns that the inclusion of CSE might extend beyond established time limits and potentially divert attention from core academic subjects, it was observed that schools have the capacity to deliver CSE effectively. This can be accomplished by equipping trained teachers with the autonomy to independently structure and manage the teaching and learning process for CSE.

> *"The school has not included CSE in the school's curriculum structure because the ministry has not yet specified which subject area it must be included in. That's why we cannot include CSE in the curriculum structure. Teachers who have been trained in CSE are assigned to be responsible for teaching."* (P08)

"CSE cannot be included in the curriculum structure due to limited study time. We allow teachers to teach CSE freely. The teachers plan for themselves on which parts they will integrate CSE in their teaching." (P01)

Sub-theme 2: The differential content coverage

Teachers perceived that the content taught in CSE can differ between schools. The topic taught in CSE was human development. This topic explains physical changes during puberty and the challenges children may face. The next most frequently taught topic is sexual health, emphasizing pregnancy prevention due to CSE's goal of avoiding unplanned pregnancy. Children's curiosity about sexual intercourse drives this emphasis.

"We teach human development; that is, some children' bodies begin to change, but some are unaware of. Currently, the children in Grade 4 already have their periods, and their friends make fun of them. When we tell them not to make fun of others because it is natural, they will know and consider what to do." (T02)

"In Grades 5 and 6, I teach self-defense, including topics on sexual risks and avoiding them in relevant situations. These discussions often lead to questions related to sexuality, which we address appropriately and as relevant to the subject matter. Many students express curiosity and inquire specifically about sexual intercourse." (T12)

Sub-theme 3: Teaching according to teacher's informal teaching style

The teachers stated that using an informal teaching style for CSE provides flexibility and customization based on their teaching competence. While this approach may lack a strict pattern, it effectively addresses students' needs, ensuring accurate and comprehensive information delivery.

"Emphasis is placed on organizing activities for children to learn by themselves, to speak, to make decisions, and to sum up what happened. Let children come up with words or methods by themselves. The simulated situation is shown in front of the room as a role play. They have to practice according to the situation before encountering the real situation." (T13)

"We emphasize teaching refusal skills because the inability to refuse can lead to sexual harassment and early pregnancy. At this age, children are curious and experimental, forming relationships without knowing how to protect themselves or set boundaries. Teaching them to refuse and restrain is vital to preventing mistakes that could jeopardize their future." (T11)

Sub-theme 4: Availability of teaching aids

The teachers indicated that having resources available is crucial, given that the CSE curriculum does not mandate digital teaching aids. This allows them to create activities and select teaching aids that are most appropriate for their students.

"When I follow the CSE plan, I occasionally need to adjust my approach. I employ do-it-yourself inventions as teaching aids. For instance, I utilize a weighted ball I have to illustrate concepts like pregnancy more effectively. Its spherical shape resembles a pregnant woman, providing a clearer visual." (T03)

"For pregnancy education, we use a cartoon video clip to depict human birth and fertilization. This video aims to help students grasp the human developmental processes. It teaches that signs like wet dreams or menstruation indicate readiness for conception." (T01)

Sub-theme 5: Unstructured evaluation

The teachers who taught CSE typically employed informal evaluation methods because CSE is not mandatory in the school curriculum. As a result, it is not commonly assessed like compulsory subjects. Hence, teachers do not require evaluation criteria as they would for obligatory courses. Instead, they assess learning through classroom questions, observation of group participation, and monitoring student well-being and conflicts.

> *"Evaluation does not necessarily involve exams. Children who can answer questions, possess self-defense skills, or practical life skills are deemed to have succeeded. Evaluation need not be confined to formal tests; various methods exist. Teachers assess participation, activities, role-playing, and self-expression."* (T11)

> *"Teachers evaluate children's participation, activities, role-playing, and expression of thoughts. For instance, they might organize games or case studies, prompting students to address scenarios like sexual harassment. Through playwriting and role-play, students engage in resolving these situations."* (T13)

Theme 3: Motivation as a facilitator for implementing CSE

Motivation was crucial in teaching CSE, considering it is a non-compulsory subject. Teachers thought they played a pivotal role in incorporating CSE into education, deriving inspiration from their enthusiasm, student engagement, and the support for teaching the subject. This theme comprised four sub-themes:

Sub-theme 1: Teachers' eagerness

Teachers perceived the importance of teaching CSE, because it is a new knowledge for the children. They believed that this knowledge benefits students by keeping them safe. This made teachers happy and allowed them to enjoy teaching the topic.

> *"CSE is a novel subject, not taught for years or decades. It is fresh information to me. After teaching, my enthusiasm grows as I prepare lessons. When I teach CSE, I feel relaxed and content. Students are responsive, curious, and eager to learn, making teaching enjoyable for both sides. Their enthusiasm encourages me to teach further."* (T01)

> *"Teachers are likely to willingly assist children if they find the curriculum significant. Their willingness hinges largely on individual teachers. Even if policies are not explicit, teachers can teach if they wish. Recognizing the importance of CSE can override any limitations."* (T05)

Sub-theme 2: Children's enthusiasm

The teachers saw the children's enthusiasm for learning CSE. They were motivated to teach CSE because of the children's intense interest. As students participated in the teaching and learning process, learning became fun for them.

> *"It makes a difference in teaching the main subjects. Children's eyes will look differently; that is, their eyes will sparkle. Children will talk to each other and ask, when will the teacher come because it is been 5 minutes? The children waited. They were having fun and wanted to talk about it."* (T13)

> *"During CSE instruction, children exhibit engaged behavior — quiet, attentive, and visibly interested through their eyes. They promptly respond to questions and eagerly share ideas. They enthusiastically raise hands to ask questions and seek clarity. Their eyes and expressions reflect joy upon comprehension. Furthermore, they actively engage in activities and collaboratively tackle tasks, showcasing readiness to assist each other."* (T01)

Sub-theme 3: Changes in the children's outcomes

Teachers observed that children who received CSE were more likely to feel confident and positive about their bodies and sexuality. They believed that CSE helped the students lead healthier and happier lives and protected them from engaging in risky behaviors.

> *"Clearly, when teachers instruct, children's behavior improves. They experience enhanced camaraderie and reduced conflicts. Instances of teasing-related quarrels have diminished. Teachers observe collaborative activities and improved cooperation. They notice a happier coexistence. In terms of health, they exhibit better self-care. Their body odor has reduced, possibly due to increased knowledge of health practices, suggesting improved overall well-being."* (T01)

> *"After I taught CSE, the children's behavior changed. They learned to be more careful and knew how to protect themselves from men touching them. Even if a man were to touch them, the children would know to speak up and say that it is not okay. They would complain to the teacher, which is what they should do. It is evident that the children now understand that this is a behavior that should not be done."* (T11)

Sub-theme 4: Support for teaching CSE

Teachers perceived that support from within the school, provided by school principals, included professional development training and access to internal resources, and resources outside the school, such as educational supervision, coaching in the classroom, and materials provided by organizations like the PATH Foundation. The support could be in the form of knowledge preparation and promotion of teaching competencies. This increased the confidence of the teachers in presenting CSE and enabled them to provide quality instruction.

> *"We started with the director recognizing the significance of it, and he led me to this process because the director initiated it from the start. When there is a training or a seminar, he allowed me to go every time."* (T13)

> *"The PATH team will help by sitting behind each classroom. They will coach, help teachers see how to teach, and suggest some words or contents that teachers do not understand."* (T1)

Theme 4: Challenges and overcoming

Teachers perceived that, although CSE is accepted in helping children with sexual problems, there are still challenges in implementing CSE and overcoming them. This theme comprised four sub-themes.

Sub-theme 1: Traditional vs. a paradigm shift

Some teachers held traditional values that view sex as obscene or forbidden and that children should not be taught about sexuality because it may give them ideas to engage in sexual activity. Additionally, some teachers believed that discussions about sexuality should not be led by women and that the emphasis should be on teaching children to avoid being touched *(rak nuan sa nguan tua)*, which may not align with the current situation of students. However, after undergoing training in CSE, some teachers experienced a paradigm shift in their thinking about sex and CSE. They began to see that teaching about sexuality is not shameful, but an essential part of children's education.

> *"Nowadays, I am a cross between old and modern teachers. In the past, teaching about sexuality was obscene and could not be expressed. It would conflict with traditional values, such as preserving one's purity* (rak nuan sa nguan tua). *But at the present, I believe that we should not prohibit children from learning about sexuality; instead, we should teach them how to take care of themselves. Society has changed, and in my opinion, as a teacher, I face challenges that require me to shift my paradigm."* (T09)

"I believe it is essential for teachers to change their perspectives and embrace new paradigms. The world has evolved, and we must encourage children to think critically and make informed decisions. Traditional teaching alone will not equip them to handle life's challenges, leading to potential risks like teenage pregnancies or vulnerability to strangers. It is crucial for children to learn and explore, and teachers play a vital role in providing them with opportunities to ask questions and seek understanding." (T11)

Sub-theme 2: Sensitive issues

The challenges faced in teaching CSE was the sensitivity of discussing sexual issues within Thai society's cultural and social norms. The teachers acknowledged their potential embarrassment and hesitation in addressing topics related to reproductive anatomy and sexual development.

"I was embarrassed and hesitant to talk about topics related to reproductive organs, menstruation, and wet dreams, which can be sensitive issues for primary school students. As they are at a younger age, these subjects may be unfamiliar to them." (T10)

"Sexuality in Thailand is not accepted in the culture. It will be seen as a precarious manner of speaking, incitement, or giving them ideas." (T08)

Sub-theme 3: Lack of coordination

The participants perceived that the implementation of CSE in schools lacks coordination with network partners and authorities involved, such as public health authorities, local government organizations, the Path2Health Foundation, parents, and communities. This is because although the Office of the Basic Education Commission (OBEC) has a policy to teach CSE, there is still a lack of systematic cooperation from relevant authorities, and there is no clear direction on how to proceed, as it is not a required subject in the curriculum.

"I want the Office of Basic Education Committee (OBEC) to be more focused and serious about it. There are concrete plans and a curriculum; these are ready. It still lacks only the coordination with the original affiliation. OBEC should define it as a "sexuality subject," not as a command to allow the teaching of sexuality in school." (T01)

"The coordination between the PATH Foundation and other networks, such as the Department of Public Health and relevant provincial departments, including nurses and healthcare providers from district hospitals, is crucial to provide support for teachers and schools in successfully implementing CSE. However, there are no clear directions for this collaboration." (P01)

Sub-theme 4: Lack of continuity and sustainability

The participants perceived that the implementation of CSE still lacks continuity and sustainability. There was no systematic follow-up from the OBEC and the Office of the Educational Service Area. There was no definitive placement nor allocation of hours for teaching CSE in the teacher's schedule. Implementation of CSE depends on school administrators. When school administrators relocated or retired, it affected school policies for teaching CSE. Each administrator had different policies.

"The school director has relocated. The discussion regarding whether I should continue teaching CSE has not taken place. However, I have integrated the content into the lesson, but it has not been released yet. If there is an incident involving children or a relevant lesson, it will be taught, but not the entire lesson plan due to the absence of regular teaching hours." (T03)

"In terms of consistency, I believe that if this can be done consistently, it will be beneficial to students. This year, I did not get involved because the school director who had been actively supporting this matter had moved. The new school director does not see it as important." (T13)

Discussion

The findings revealed that the implementation of CSE in Thailand promoting factors were identified as essential to the implementation of CSE in primary schools. At the policy level, school administrators were aware of the importance of policies and laws related to implementing CSE in primary schools. One promoting factor was the recognition of the importance of CSE in promoting healthy and safe sexual behaviors and reducing the risks of negative sexual health outcomes.[34] To provide training and support, teachers who will be delivering the curriculum can include professional development opportunities, resources, and guidance on the implementation of CSE. Teachers play a crucial role in presenting CSE in primary schools.[35] They can create a classroom culture that promotes respect for diversity, healthy relationships, and responsible decision-making.[30] This helps to prevent bullying, harassment, and other negative behaviors related to sexuality.

The findings also suggest that the implementation of CSE in a province in northern Thailand is characterized by informal teaching approaches. This indicates that CSE programs in primary schools may not be fully established, structured, or standardized. Although there are policies aiming at promoting CSE, its implementation in Thai primary schools is still restricted.[17] This is consistent with one study that reported the core curriculum does not mandate CSE as a compulsory subject[36] and that CSE is taught as part of health education; it may not cover all the components of CSE.[17] Additionally, teachers preferred that education begin in primary rather than secondary school. Teachers also expressed their support for a broad range of CSE topics to be included in the curriculum, which suggests that they view CSE not only as a means of protecting young people from sexual health problems like HIV/AIDS but also as a way of promoting healthy adolescent sexual development.

Teacher motivation in implementing CSE in primary schools plays a crucial role because CSE is not compulsory. It requires teachers to integrate it into the teaching and learning process within the classroom. From this perspective, teachers' motivation is a promoting factor that influences the successful implementation of CSE programs in primary schools. Similar studies have emphasized the importance of teacher motivation in the successful implementation of CSE programs in primary schools. For instance, Haberland[37] found that teachers who were motivated and enthusiastic about teaching CSE were more likely to have positive attitudes towards the subject and were better equipped to provide accurate and age-appropriate information to students.

In the challenges of implementing CSE in primary schools, some teachers still hold traditional values that consider sex as obscene and forbidden. This perspective leads them to believe that children should not be made aware of it, resulting in the non-teaching of CSE. To overcome these challenges, strategies involve offering teacher training in CSE. Upon completing CSE training, teachers experience a paradigm shift, altering their perspective on the subject. They understand that CSE is not just about sex, but encompasses all aspects of sexuality. Teacher values regarding CSE are an important topic to consider when exploring the barriers to teaching CSE in Thai primary schools. Offering workshops or training on the importance of CSE and providing teachers with strategies for teaching sensitive issues can increase their confidence and comfort level in discussing these topics with their students. There is a significant challenge in overcoming cultural and social norms to successfully implement CSE in

primary schools. This study is consistent with a previous study by Wan and Cao.[38] They reported that the implementation of CSE in primary schools is often hindered by various factors, including societal stigma and taboos surrounding sexuality, lack of trained teachers, and inadequate government support. Similarly, Sidze and colleagues found that sociocultural norms and values in Sub-Saharan Africa are the primary obstacles to the successful implementation of CSE.[39] In some circumstances, teachers are unable to provide information or promote practices that go against the cultural norms of their community. Consequently, teachers may opt to avoid or skip culturally sensitive subjects, such as abortion, masturbation, sexual orientation, and sexual identity, and present them in a negative perspective, or convey messages that are contradictory to the principles of CSE, particularly in relation to gender norms and sexual harassment. Teachers in these environments are more likely to emphasize abstinence as the primary form of contraception,[40] if not the only approach. Teachers may feel uncomfortable or ill-equipped to discuss any sexual health topics in the classroom.

To support CSE teachers in primary school, nurses can collaborate with teachers and provide support in designing age-appropriate and culturally sensitive CSE lessons. They can offer guidance on teaching methodologies, address potential student concerns, and respond to challenging questions during the CSE sessions.[41] Nurses possess distinct knowledge and abilities that can significantly influence positive sexual and reproductive outcomes for adolescents. They have the capability and opportunity to share information about sexual and reproductive health with adolescents and their parents across various settings, including communities, schools, public health clinics, and acute care.[41]

Strengths and Limitations

For strengths, this is the first study to explore CSE implementation in Thailand's primary schools. The findings provide valuable insights that can guide the support for primary schools in implementing CSE. However, there are some limitations in that the perception regarding the implementation of CSE is limited to teachers, school principals, and deputy directors of academic affairs in public primary schools in a province in northern Thailand. It lacks of perception from parents, students, non-CSE teachers, and nurses. Further studies should be conducted to explore the different perceptions of participants in private primary schools and should include more participants involved in implementing CSE in primary schools. Additionally, primary research evaluating the effectiveness of the implementation of CSE in primary schools is needed.

Conclusions and Implications for Nursing Practice

The study's findings provide valuable information for healthcare providers and other stakeholders to enhance the implementation of CSE in primary schools. Additionally, the findings can be used as evidence to support the implementation of CSE in primary schools.

CSE is an important component of health promotion, especially for children and adolescents. As public health professionals, nurses bear the responsibility of promoting the sexual health and well-being of students. Nurses should assume a proactive role in educating parents, teachers, administrators, and staff about the positive impacts of CSE on the sexual health outcomes of adolescents. To increase awareness and gain support, they can employ various strategies, such as conducting presentations within the school community, including meetings of the Parent-Teacher Association, faculty gatherings, school board sessions, and local community meetings, all aimed at highlighting the importance of CSE.

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การดำเนินการสอนเพศวิถีศึกษารอบด้านในโรงเรียนประถมศึกษาในจังหวัดหนึ่งทางภาคเหนือของประเทศไทย

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บทคัดย่อ: การสอนเพศวิถีศึกษารอบด้านถูกจัดขึ้นเพื่อใช้แก้ไขปัญหาพฤติกรรมทางเพศที่ไม่ปลอดภัยในเด็กและวัยรุ่น อย่างไรก็ตามพฤติกรรมเสี่ยงทางเพศของวัยรุ่นยังคงมีอยู่ทั่วโลกรวมถึงในประเทศไทย การวิจัยเชิงคุณภาพแบบพรรณนานี้ มีวัตถุประสงค์เพื่อศึกษาการดำเนินการสอนเพศวิถีศึกษารอบด้านในโรงเรียนประถมศึกษาในจังหวัดหนึ่งทางภาคเหนือของประเทศไทย และศึกษาสิ่งสนับสนุนและอุปสรรคที่เกี่ยวข้องกับการดำเนินการสอนเพศวิถีศึกษารอบด้าน การเก็บรวบรวมข้อมูลดำเนินการตั้งแต่เดือนมิถุนายน 2564 ถึงเดือนพฤษภาคม 2565 โดยการสัมภาษณ์เชิงลึก ครู 15 คน และผู้อำนวยการโรงเรียนประถมศึกษา/รองผู้อำนวยการด้านวิชาการ 9 คน วิเคราะห์ข้อมูลโดยใช้การวิเคราะห์แก่นสาระ มี 4 ประเด็นหลักที่เกิดขึ้นจากการวิเคราะห์ข้อมูล คือ 1) การขับเคลื่อนในการดำเนินการสอนเพศวิถีศึกษารอบด้าน ประกอบด้วย ระดับนโยบาย และระดับครู 2) การสอนตามอัธยาศัย ประกอบด้วย เพศวิถีศึกษารอบด้านไม่ได้จัดเป็นวิชาบังคับของหลักสูตร ความครอบคลุมของเนื้อหามีความแตกต่างกัน รูปแบบการสอนแบบไม่เป็นทางการ ใช้สื่อการสอนตามที่มีอยู่ และไม่มีแบบแผนในการวัดและประเมินผลอย่างเป็นทางการ 3) แรงจูงใจเป็นสิ่งสนับสนุนในการนำเพศวิถีศึกษารอบด้านไปใช้ ประกอบด้วย ความกระตือรือร้นของครู ความกระตือรือร้นของเด็ก การเปลี่ยนแปลงในตัวเด็ก และการสนับสนุนในการสอนเพศวิถีศึกษารอบด้าน 4) ความท้าทายและการเอาชนะอุปสรรคในการดำเนินการสอนเพศวิถีศึกษารอบด้าน ประกอบด้วย ค่านิยมดั้งเดิมและการปรับกระบวนทัศน์ ประเด็นที่เป็นเรื่องอ่อนไหว การขาดการประสานงานของหน่วยงานและบุคคลที่เกี่ยวข้อง และการขาดความต่อเนื่องและยั่งยืน

ผลการศึกษานี้ให้ข้อมูลสำคัญแสดงให้เห็นถึงการดำเนินการสอนเพศวิถีศึกษารอบด้านตามอัธยาศัย ซึ่งเป็นวิชาไม่บังคับนั้นเป็นสิ่งที่มีคุณค่า แต่พยาบาลควรขจัดอุปสรรคบางประการออกไปเพื่อส่งเสริมสุขภาวะที่ดีของเด็ก และป้องกันปัญหาสุขภาพเกี่ยวกับเพศวิถีศึกษารอบด้าน นอกจากนี้พยาบาลยังมีบทบาทที่สำคัญในการพัฒนาโปรแกรมในการป้องกันและส่งเสริมวิถีชีวิตที่มีสุขภาพดี ซึ่งรวมถึงการสอนเพศวิถีศึกษารอบด้าน การประสานความร่วมมือระหว่างพยาบาล ผู้บริหารโรงเรียน และครูจะช่วยสนับสนุนการดำเนินการสอนเพศวิถีศึกษารอบด้านอย่างมีประสิทธิภาพ

Pacific Rim Int J Nurs Res 2024; 28(1) 53-70

คำสำคัญ: เพศวิถีศึกษารอบด้าน การดำเนินการ ภาคเหนือของประเทศไทย โรงเรียนประถมศึกษา วิจัยเชิงคุณภาพแบบพรรณนา

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