



# Knowledge, Attitude and Teaching Sexuality among Teachers at an Occupational School

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## Abstract

**Background:** Adolescent pregnancy is an important public health issue. It affects not only a maternal and child health but also socioeconomic status of the country. One measure to prevent adolescent pregnancy is teaching sexuality in school which depends curriculum and teachers.

**Objective:** To study knowledge, attitude and teaching sexuality among teachers at an occupational school. 131 male and female teachers at an occupational. During 1 May - 31 August 2012.

**Methods:** This cross-sectional study recruited the data were collected by self-administered questionnaires regarding knowledge attitude and teaching sexuality. Chi-square test and t-test were used to test association between these variables with the significant level at  $p < 0.05$ .

**Results:** Most of the teachers were male (57.3%), older than 40 years old (55.0%), married (71.0%) had bachelor degree (74.0%), and had teaching experience for more than 10 years (53.4%). Most of the teachers had good knowledge about sexuality (55.0%) high level of attitude towards sexuality (37.4%), but moderate level of teaching sexuality (42.7%). Age, job experience and attitude towards sexuality were significantly associated with teaching sexuality ( $p < 0.05$ ).

**Conclusion:** Although teachers in an occupational school had good knowledge and attitude towards sexuality, they moderately taught about sexuality. Teachers in occupational school still have a limited role in disseminating good knowledge and good attitude towards sexuality among to the students because of some inappropriate attitude towards sexuality of the teacher.

**Key words:** Teachers/Attitude /Knowledge/Sex Education

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## Introduction

In Thailand, sex education includes classes or presentations that discuss human reproduction, dating relationships, abstinence, Sexually transmitted Infection (STIs), HIV/AIDS, pregnancy prevention, contraception, family planning, and related sexual activities. Providing proper age-appropriate information is initiated from predetermined traditional settings, authority opinions, workshops, seminars, studying past research related to the topic, and exploring the current sex education curriculum being implemented in schools<sup>(1,2)</sup>. New knowledge and extended research are needed to improve understanding and further develop sex education in Thailand. (Traore J, Finger T, Ruland F. 2004)<sup>(3)</sup>.

Sex education had not been formally incorporated into Thailand's Compulsory Education Curriculum until 2001. Lack of sex education in the home and the inability to talk about sexuality in public because of its taboo nature had pushed the responsibility of teaching sex education onto the teachers. In addition, the years in school without proper sex education have led to an increase in STIs and unwanted pregnancies. (Vuttanont et al., 2006).<sup>(7)</sup>

The objective of this study was to study role of teachers in teaching sexuality to adolescent especially in an occupational school. where adolescent had more freedoms to socialize with each others and feel less stress in educational career. We also analysed associations between perform personal characteristic knowledge, attitude and teaching sexuality among teachers in an occupational school. Results of this study will reveal whether teachers in an occupational school has appropriate knowledge, attitude and practice of sex education in this school.

## Methods

This survey was carried out during 1<sup>st</sup> May to 31<sup>th</sup> August 2012. Approval for the study was obtained from the Committee on Human Rights Related to Research Involving Human Subjects Faculty of Medicine Ramathibodi Hospital, Mahidol University (MURA/2012/295). Study population who were teacher (both males and females) at an occupational school in Samut Songkram province in the academic year of 2011. Purposive sampling was done with the cooperation of the principals and teachers themselves. Totally there were 131 teachers in this study which were adequate to answer the rescored questions and objectives.

The SPSS software package version 18 licensed to Mahidol University, was used for data analysis. Chi-square test and t-test were used to test the association between these variables with the significant level at  $p < 0.05$ .

## Results

Most of the teachers were males (57.3%), age less than 39 years old (45.0%), and married (71.0%) Most teachers had bachelor degree (74.0%) and had job experience for more than 16 years (53.4%). In evaluation teacher knowledge about sexuality 20 questions are asked. Most of the teacher had good knowledge about sexuality (55.0%) (19-20 scores) Total score of knowledge was 20. Most of the teacher had high level of attitude toward sexuality (37.4%). Total score of attitude was 5. Most of the teacher had moderate level of teaching sexuality (42.7%) Total score teaching was 10. Age, job experience and attitude towards sexuality of teachers were significantly associated with level of teaching sexuality ( $p < 0.05$ ). (Table 1).

**Table 1** Association between personal characteristic of teachers and knowledge attitude and teaching sexuality (n=131).

Total No.%	Knowledge			Attitude			Teaching			Total	p
	low	moderate	high	low	moderate	high	low	moderate	high		
	(0-16)	(17-18)	(19-20)	(<3.00)	(3.01-3.20)	(≥3.21)	(0-5)	(6-9)	(10)		
	No.%	No.%	No.%	No.%	No.%	No.%	No.%	No.%	No.%		
Gender											NS
Male	21(70.0)	19(65.5)	35(48.6)	29(67.4)	20(51.3)	26(53.1)	19(73.1)	31(55.4)	25(51.0)	75(57.3)	
Female	9(30.0)	10(34.5)	37(51.4)	14(32.6)	19(48.7)	23(46.9)	7(26.9)	25(44.6)	24(49.0)	56(42.7)	
Age(year)											0.03*
< 40	13(43.3)	9(31.0)	37(51.4)	20(46.5)	20(51.3)	19(38.8)	14(53.8)	30(53.6)	15(30.6)	59(45.0)	
≥ 40	17(56.7)	20(69.0)	35(48.6)	23(53.5)	19(48.7)	30(61.2)	12(46.2)	26(46.4)	34(69.4)	72(55.0)	
Marital status											NS
Single	11(36.7)	5(17.2)	22(30.6)	12(27.9)	10(25.6)	16(32.7)	7(26.9)	18(32.1)	13(26.5)	38(29.0)	
Married/ widowed	19(63.3)	24(82.8)	50(69.4)	31(72.1)	29(74.4)	33(67.3)	19(73.1)	38(67.9)	36(73.5)	93(71.0)	
Education											NS
Bachelor	22(73.4)	18(62.1)	57(79.2)	34(79.1)	30(76.9)	33(67.3)	20(76.9)	46(82.1)	31(33.3)	97(74.0)	
Master or higher	8(26.6)	11(37.9)	15(20.8)	9(20.9)	9(23.1)	16(32.7)	6(23.1)	10(17.9)	18(36.7)	34(26.0)	
Job experience											0.02*
< 10	7(23.3)	5(17.2)	28(38.9)	14(32.6)	11(28.2)	15(30.6)	11(42.3)	21(37.5)	8(16.3)	40(30.5)	
≥ 10	23(76.7)	24(82.7)	44(61.1)	29(67.4)	28(71.8)	34(69.4)	15(57.7)	35(62.5)	41(83.7)	91(69.5)	
Total	30(22.9)	29(22.1)	72(55.0)	43(32.8)	39(28.8)	49(37.4)	26(19.8)	56(42.7)	49(37.4)		
$\bar{X}$ (SD)	18.1(2.1)			3.0(0.2)			7.9(1.9)				

\* Statistical significant (p &lt;0.05)

Regarding knowledge about sexuality, only 71% of the teachers answers correctly on function of vagina. Eighty three percent answers correctly on physiology of menstruation and premarital correctly. (Table 2).

Teachers had low level of attitude on the following items with that male teachers should teach sexuality only to male students and women teachers teach female students. (Table 3).

Most teachers taught about unplanned pregnancy (73.3%). Only half of the teachers taught about AIDS and STI. Only 45.6% of teachers taught about sex and gender. (Table 4).

There was no significant association between knowledge and teaching sexuality. On the contrary there was signification associated between attitude of teaching sexuality (p <0.05). (Table 5).

**Table 2** Items of knowledge

Items	(n=131)	
	%	level
1. Sexually transmitted infections is preventable if desire are controlled.	100.0	H
2. Contraception is to prevent fertilization. Methods can be divided into two types: permanent and temporary method.	99.2	H
3. Sexual education means education to achieve knowledge and understanding with good attitudes and good sexual behavior, which is relevant for both mind and body healthy society.	99.2	H
4. HIV virus (Human immunodeficiency virus) is the virus that causes AIDS.	99.2	H
5. Sexuality refers to norms, values and ways of thinking, practices and sexual expression which is not only a natural behavior, but also a social tradition.	93.9	H
6. Man has changes in the 2nd sex characteristics and other organs including muscle, voice, hair, and beard.	93.1	H
7. HIV infects human through secretions, blood or semen.	93.1	H
8. Family planning refers to the selection of a spouse who planned to have children and future career.	93.1	H
9. Ovaries are responsible for producing eggs and female hormones which there are of two types of hormones, estrogen and progesterone.	92.4	H
10. Reproductive health refers to the lifestyle of safe sex for every person. Woman should to receive information and access to safe contraception.	92.4	H
11. Testes have two main functions. sperm and testosterone production.	90.8	M
12. Uterus has important functions associated with menstruation, pregnancy and childbirth	90.8	M
13. Factors that influence sexual behavior are divided into three factors: family, friends, and society and culture.	90.8	M
14. In women who have not had sexual intercourse, vulva has a thin wall adjacent to the vulva area called hymen.	89.3	M
15. Sexual health is the foundation of human rights.	88.5	M
16. Sexual behavior refers to the actions or conduct related to sex covering external expression that can be seen.	87.0	M
17. Nature created humans of two sexes, male and female both sexes have different reproductive organs.	87.0	M
18. Menstruation or menstrual cycle or menstrual bleeding refers to bleeding from vagina due to the decomposition of the lining inside the uterus.	83.2	L
19. Before get married, religion, economic status, education, personality, emotional health and maturity should take into account.	83.2	L
20. Vagina has served as a passage of menstrual blood from the uterus to the outside.	71.0	L

**Table 3** Items of attitude.

Items	(n=131)	
	$\bar{X}$ (SD)	Level
1. Sexuality is education that enables the students to learn and understand about sex impulse control or mood for sex the appropriate behavior.	4.3(0.5)	H
2. Gender studies is a study to understand the attitude and feelings about the nature of gender and behavior between the sex.	4.3(0.5)	H
3. Teachers who teach sexuality need to understand both the content and how to teach it as well.	4.3(0.5)	H
4. Teaching sex education in schools should have the participation of parents and communities.	4.2(0.6)	H
5. Teaching sex education will reduce problems with sexually transmitted diseases	4.1(0.8)	H
6. Knowledge of sexuality reduces problems related to unwanted pregnancy.	4.1(0.8)	H
7. Teaching sexuality should be only for students who have teach sexuality experience.	4.1(0.8)	H
8. Teaching sexuality encourages students to have a good personality and growth this will help students adapt to the social well being	4.1 (0.7)	H
9. Learning about sex contradicts to the tradition and culture of Thailand.	4.0(0.8)	H
10. Someone with knowledge and understanding of sexuality is a positive attitude towards sexuality and family life.	4.0(0.7)	H
11. Should teach sexuality to meet the interests and needs of students in various fields including the development of the youth as well.	4.0(0.7)	H
12. Students received sexual knowledge from multiple sources so it does not need to teach sexuality in schools.	3.9(1.0)	H
13. Schools should arrange a meeting between parents and teachers to explain and describe sex education	3.9(0.6)	H
14. Teaching sexuality should be a separate subject in school.	3.8(0.9)	H
15. Establishing sexuality in schools will increase the problems of sexuality.	3.7(0.9)	H
16. Teaching sexuality embarrass teachers because it is contrary to Thai culture.	3.6(0.9)	H
17. Teaching sexuality should be individualized because it is more effective than teaching whole class.	3.5(0.9)	H
18. The content of sexuality should focus on the anatomy, physiology and reproduction.	3.4(0.9)	H
19. Sexual crimes occur because people do not know about sex education.	3.2(1.1)	H
20. Male teachers should teach sexuality to only male students and women teachers teach female students.	2.6(1.1)	L

**Table 4** Items of teaching. (n=131)

Items	YES No.(%)
1. Sex and gender	59 (45.6)
2. Contraception	87 (66.4)
3. AIDS	68 (51.9)
4. Unplanned pregnancy	96 (73.3)
5. Sexually transmitted Infection (STIs)	77 (58.8)

**Table 5** Association between knowledge, attitude and teaching sexuality. (n=131)

	Teaching sexuality			$\chi^2$	df	p
	Low	Moderate	High			
<b>Knowledge about sexuality</b>				2.33	4	NS
Low	5(19.2)	16(28.6)	9(18.4)			
Moderate	6(23.1)	10(17.9)	13(26.5)			
High	15(57.7)	30(53.6)	27(55.1)			
<b>Attitude about sexuality</b>				15.89	4	0.00*
Low	16(61.5)	19(33.9)	8(16.3)			
Moderate	5(19.2)	16(28.6)	18(36.7)			
High	5(19.2)	21(37.5)	23(46.9)			

\* Statistical significant (p <05)

## Discussion

The result of this study showed that most of the teacher had high level of knowledge about sexuality. This result was in accordance with the study of Aniebue PN<sup>(4)</sup>, who found that knowledge and attitude of secondary school teachers in Enugu, in Nigeria in 2007. Sixty-nine teachers (23.0%) had adequate knowledge of sex education and 282 (94.0%) approved the inclusion of sex education into the school curriculum. The commonest reason for disapproval of sex education was fear that it would lead to promiscuity amongst the students. Educational status and marital status of the teachers were significant determinants of positive attitude to sex education (p<0.05.) The most appropriate age to introduce sex education according to the teachers is 11-15 years.

Two hundred and thirty eight (79.3%) respondents were of the opinion that teachers needed to be trained to provide sex education to students and 244 (81.3%) admitted that sex education was not in the school curriculum.

All of the teachers (100%) knew that sexually transmitted infection is preventable if sex drive is understood and be constrained, Ninety-nine percent of teachers knew that HIV (Human immunodeficiency virus) is the virus that causes AIDS and contraception is to prevent fertilization.

The result of this study was in accordance with the study of Sripichyakan & Tangmunkongvorakul.<sup>(6)</sup> which found that knowledge, attitudes, experience, and opinion between teachers and guardians regarding the emergency contraceptive pill in Chiang Mai,



2006. They found that in Thailand, teachers were more aware of sex education topics such as emergency contraceptive pills (ECPs) than guardians were. Teachers also had more positive attitudes towards topics such as ECPs and the moral issues surrounding contraception. Both teachers and guardians need additional instruction on sex education content to increase accurate knowledge that will be passed onto adolescents. Teachers and guardians also agreed that adolescents should learn about ECPs and other sex education topics.

The teacher's answer to the question of both negative and positive attitude towards sexuality. Most of the teachers agreed about that was understandable learning about sex contradicted to the tradition and culture of Thailand, and teaching sexuality embarrass teachers because it is contrary to Thai culture. This result was in accordance with the study of Sieg E.<sup>(2)</sup> which studied sex education in the young in Malawi in 2003 which found that teachers feel overburdened by the expectation of delivering good sex education since their traditional role is one of teaching and assessing knowledge. The role of the teachers might make it difficult for teachers to establish a relationship with the pupils that would allow for more open communication about sex and relationships to take place. Teachers are warned to make sensible decisions about when to avoid the answering of personal and sensitive questions within the whole class setting. Teachers therefore do not feel comfortable and confident about teaching sex and relationship issues. Teachers perceived sex education as a high risk task because it has the potential to cause trouble for the educator and to pose strong personal challenges and demands. The subject has the potential to bring the educators into conflict with the parents, schools and even the law.

One important issue about attitude towards sexuality among teachers was that male teachers should teach sexuality to only male students and women teachers teach female students. Most teachers misunderstood the role of sex education. This attitude was not found in modern western literature. Thai culture is more closed and sex education is a taboo so that male teachers should teach only male students and female teacher teach female students.

The results also showed that most of the teacher had fair teaching of sexuality. It is in accordance with the studies of Khemika Y, Summana C, Piyalamporn P, Nikorn D.<sup>(5)</sup> who found that most of the teachers (65.3%) had experience of teaching or talking about sex in class but only 12.1% felt that they could do this well and 76.3% of them fairly taught sexuality. About 88% of teacher highly agreed that a special sexuality course should be provided for them.

The teachers in this study taught sexuality moderately. They taught most of them about unplanned pregnancy 96 (73.3%). The teach of item taught about sex and gender 59 (45.6%). This result was in accordance with the study of Selwyn N, Powell E.<sup>(1)</sup> which the study sex and relationships education in schools in South Africa, In 1997. The study revealed that most subjects were comfortable in dealing with various topics of sexuality education. However, a relatively high percentage of the subjects indicated that they would be uncomfortable with the topic of masturbation. Thirty percent of the respondents indicated that they would be uncomfortable with "sexual intercourse" and "erection".

## Conclusion

Job experience and attitude towards sexuality were significantly associated with teaching sexuality ( $p < 0.05$ ). Others of personal characteristics was found



to be significantly associated with knowledge and attitude towards sexuality. In conclusion, although teachers in an occupational school had good knowledge and attitude towards sexuality, they moderately taught about sexuality. Teachers in occupational school still have a limited role in disseminating good knowledge and good attitude towards sexual-

ity to the students in order to prevent adolescent pregnancy because of some misunderstanding among the items of attitude towards sexuality.

### Conflict of interest

The authors declare that there was no conflict of interest in this study.

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## ความรู้เรื่องเพศ, ทักษะ และ การปฏิบัติการสอนเรื่องเพศ ของครู ในวิทยาลัยอาชีวศึกษา

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### บทคัดย่อ

การตั้งครรภ์ในวัยรุ่นเป็นปัญหาสาธารณสุขที่สำคัญ นอกจากจะมีผลต่อสุขภาพของมารดาและทารกแล้ว ยังส่งผลกระทบต่อเศรษฐกิจและสังคมของประเทศชาติ มาตรการการแก้ไขปัญหาอย่างหนึ่งคือการสอนเรื่องเพศในโรงเรียน ซึ่งต้องอาศัยหลักสูตรและครูผู้สอน

การศึกษาในครั้งนี้เป็นการวิจัยชนิดภาคตัดขวาง เพื่อศึกษาความรู้เรื่องเพศ, ทักษะ และ การปฏิบัติการสอนเรื่องเพศของครู ในวิทยาลัยอาชีวศึกษา กลุ่มตัวอย่าง ได้แก่ ครู ชายและหญิง ที่สอนในวิทยาลัยเทคนิค ทั้งหมด จำนวน 131 คน เก็บข้อมูลโดยใช้แบบสอบถามที่ครูตอบเองระหว่างวันที่ 1 พฤษภาคม ถึง 31 สิงหาคม 2555 วิเคราะห์ข้อมูลโดยใช้สถิติเชิงพรรณนา ได้แก่ จำนวน ร้อยละ ค่าเฉลี่ย และส่วนเบี่ยงเบนมาตรฐาน การวิเคราะห์ความสัมพันธ์ของตัวแปรใช้ ไคสแควร์ และการทดสอบที ที่ระดับนัยสำคัญ  $p < 0.05$

**ผลการศึกษา** พบว่า ครูส่วนใหญ่เป็นเพศชาย (ร้อยละ 57.3) มีอายุมากกว่า 40 ปี (ร้อยละ 55.0) แต่งงานแล้ว (ร้อยละ 71.0) การศึกษาระดับปริญญาตรี (ร้อยละ 74.0) มีประสบการณ์สอนมากกว่า 10 ปี (ร้อยละ 53.4) ครูมีความรู้ด้านเพศดี (ร้อยละ 55.0) ทักษะดี (ร้อยละ 37.4) และ การปฏิบัติการสอนเรื่องเพศอยู่ระดับปานกลาง (ร้อยละ 42.7) พบว่า อายุ ประสบการณ์การสอนและทักษะเรื่องเพศมีความสัมพันธ์อย่างมีนัยสำคัญทางสถิติกับการปฏิบัติการสอนเรื่องเพศของครู ( $p < 0.05$ )

**สรุป** ถึงแม้ว่าครูในโรงเรียนอาชีวศึกษาจะมีความรู้เรื่องเพศและทักษะด้านเพศดี แต่ปฏิบัติการสอนเรื่องเพศในระดับปานกลาง ครูจึงยังมีบทบาทที่จำกัดในการให้ความรู้ และ ทักษะเรื่องเพศที่ดีแก่นักเรียนเนื่องจากปัจจัยบางประการในทัศนคติด้านการสอนเพศศึกษาของครูยังไม่เหมาะสม

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