

**The Thai State and Sexual Health Policy:
Deconstructing the culture of silence and
stigmatisation of young people's non-
marital heterosexual activity**

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Glossary of Terms

ABC – Pro-Abstinence sexuality education programme – A (abstain from sex until marriage), B (be faithful to one partner once married), C (if unable to follow A and B, then use a condom when having sex outside of marriage)

ACARA – Australian Curriculum Assessment and Reporting Authority

AIDS – Acquired Immune Deficiency Syndrome

CSE – [School-based] Comprehensive Sexuality Education

CSW – Commercial Sex Workers

DECD – Department for Education and Child Development (South Australia – since 2012)

DECS – The Department of Education and Children’s Services (South Australia – prior to 2012, currently known as DECD)

HIV – Human Immunodeficiency Virus

IATT – UNAIDS Inter-Agency Task Team

IDU – Injecting Drug Users

MoE – Ministry of Education (Thailand)

MPH – Ministry of Public Health (Thailand)

MSM – Men Who Have Sex with Men

NHNS – Non-commercial Heterosexual Non-marital Sexuality

NIETS – National Institute of Educational Testing Service

O-Net – Ordinary National Educational Test (Thailand)

SRH – Sexual and Reproductive Health

UK – The United Kingdom

UNAIDS – The joint United Nations Programme on HIV/AIDS

UNESCO – United Nations Educational, Scientific and Cultural Organisation

UNICEF – The United Nations Children’s Fund

USA – The United States of America

Note on English spelling of Thai words and use of Thai dates

To facilitate those who cannot read the Thai language I have used a dual system for referring to Thai words in this thesis. The phonetic pronunciation of Thai words in English is written in italics and the Thai language in brackets immediately after the English spelling, as shown in the extract below.

Indeed the Thai language is designed to reflect this hierarchy, with younger citizens having to address older citizens (or citizens in higher positions of authority, such as teachers or police officers) with extra respect in their everyday discourse. This is symbolised through the addition of titles before the person's name, for example '*Pee*' (พี่) when a younger sibling addresses an older sibling (or a member of the public addressing a police officer), or '*Acharn*' (อาจารย์) when a student addresses a teacher. In addition to this, the subordinate Thai must initiate greetings by saying hello first in parallel with conducting a '*wai*' (ไหว้) to the superior, the subordinate must wait for the superior to return the *wai* before ending their *wai*.

As I have used phonetic spelling of Thai words rather than conventional spelling, the spelling of some words may appear different in this thesis to other English texts. For example, when I refer to the late King Bhumipon of Thailand, I spell it as Bhumipon rather than the conventional Bhumibol. However, when saying the name, it is pronounced Bhum-i-pon. This is because in Thai they do not end words with hard consonants, and do not have an equivalent to 'l' in Thai, and the sound ends up as an 'n' sound. Often when saying 'football' in Thai it is said as '*foot-bon*'.

When Thai sources are quoted I will include the Thai Buddhist Era (B.E.) calendar to assist with searches on those sources, as shown in the extract below.

MoE (2008) *The Basic Education Core Curriculum B.E. 2551 (A.D. 2008)*, The Ministry of Education: Thailand (MoE), viewed 20 December 2015, <<http://www.act.ac.th/document/1741.pdf> >

The Buddhist era began 543 years prior to the current A.D. Western calendar. Therefore, to convert a B.E. calendar to A.D. simply subtract 543 from the B.E. date.

Abstract

On a global scale culture has been identified as a central barrier to implementing effective Sexual and Reproductive Health (SRH) policy, especially those targeted at HIV and AIDS. Nevertheless, due to the marginalisation of embodied matters from political analysis, cultural matters are typically overlooked in SRH policy analysis. The current dilemma encountered by contemporary SRH policies in Thailand to reduce the vulnerability of young people to new HIV infections demonstrates the need to include culture in such an analysis. This thesis will argue that despite an overall drop in national HIV levels, namely within 'at risk' groupings, Thailand's current AIDS policy does not appear to adequately address the vulnerability of young people to HIV infection. Moreover, this short-fall is not due to inadequate policy, rather it is due to the highly gendered cultural barriers encountered by SRH policy aimed at young people. During the 1990s Thailand earned widespread international recognition as the leading example of a 'developing' nation proactively combating the HIV epidemic and AIDS pandemic. Notably national SRH policies that publicly admitted HIV was being spread through unprotected heterosexual sex amongst its massive commercial sex industry. Whilst this was an impressive achievement, this approach did not challenge dominant Thai cultural narratives, given the sex industry is a highly marginalised sector of Thai society. The dominant cultural narratives that define and maintain the modern Thai state, deny non-marital sex occurs within its mainstream, or 'good', citizens. Now that the HIV epidemic appears to be moving beyond the quarantined sex industry, contemporary Thai officials are constrained by dominant Thai cultural narratives this time and unable to acknowledge (as they did in the past) that there is a possible HIV epidemic in the general population of young Thais, spread through unprotected sex. To support this assertion this thesis draws on a feminist informed, post-colonial theoretical approach, focused on gender and class in modern Thailand, to deconstruct the gendered-agenda of Thai SRH policy. This deconstruction draws on an in-depth review of SRH literature and gender/sexuality theory from Thai and Western sources, including comparative case studies from Thailand, Australia, the United Kingdom and the United States of America. This foundation is further supported with empirical research with students from two tertiary education institutions in Bangkok, Thailand. The aim being to identify the primary barriers to current SRH policy in Thailand, and how these could be accommodated into future policies to make them culturally appropriate to Thailand, and thereby more effective. From these findings several methods are suggested in which policy makers could modify current and future SRH policies to make their delivery more culturally appropriate, whilst at the same time addressing the vulnerability of young people to HIV infection.

Declaration

I certify that this work contains no material which has been accepted for the award of any other degree or diploma in my name, in any university or other tertiary institution and, to the best of my knowledge and belief, contains no material previously published or written by another person, except where due reference has been made in the text. In addition, I certify that no part of this work will, in the future, be used in a submission in my name, for any other degree or diploma in any university or other tertiary institution without the prior approval of the University of Adelaide and where applicable, any partner institution responsible for the joint-award of this degree. I give permission for the digital version of my thesis to be made available on the web, via the University's digital research repository, the Library Search and also through web search engines, unless permission has been granted by the University to restrict access for a period of time. I acknowledge the support I have received for my research through the provision of an Australian Government Research Training Program Scholarship.

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12 February 2019

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In memory of my mother-in-law
Nang Sonti

Despite all life threw at you, you kept on going and dedicated your life to providing all the love and support you had to your daughters.

'The global AIDS response is at a precarious point—partial success in saving lives and stopping new HIV infections is giving way to complacency.'

Michel Sidibé, UNAIDS Executive Director (UNAIDS, 2018:3)

'Despite the many years of work with regard to gender equality, development, and HIV/AIDS, inequality is still rife. Discrimination against women both in sexual relationships and in broader social relations is embedded within the social, cultural and religious assumptions and discourses of most societies struggling with the HIV epidemic.'

Boesten and Poku (2009:13)

'[On a global scale] three interconnected reasons seem to underpin the failure to implement effective [HIV prevention] programmes at scale: lack of political commitment and, as a result, inadequate investments; reluctance to address sensitive issues related to young people's sexual and reproductive needs and rights, and to key populations and harm reduction; and a lack of systematic prevention implementation, even where policy environments permit it.'

UNAIDS (2018A)

INTRODUCTION

The Thai State and Sexual Health Policy: Deconstructing the culture of silence and stigmatisation of young people's non-marital heterosexual activity

Implementing effective Sexual and Reproductive Health (SRH) policy is often a highly controversial and difficult task for policy makers, given the multifaceted and complex nature of monitoring/controlling sexual health as a form of social policy. Especially when it comes to the sexuality of young people.¹ In the Western setting, sexuality and by extension sexual health policy tends to be perceived in a political vacuum. Consequently, most of the social policies that drive sexuality education programmes in the West tend to focus on the mechanical aspects of sex (such as the physiological processes involved in reproduction), often to the exclusion or extreme marginalisation of embodied matters. These embodied matters include health aspects such as the emotional and inter-personal relational aspects of sex, and the potential positive benefits of sex, both psychological and physical (Giami *et al.*, 2006:487). This thesis will be arguing that this is due to the increasing influence of neo-liberalism in the political ideology behind contemporary SRH policies. This has led to the proliferation of dualist narratives that have conceptualised the body and mind as distinct entities. Moreover, this division has created the concept of the private and public arena. Such constructions label issues of the 'rational' mind as being public, and embodied/'irrational' matters being private (Paechter, 2004). Given the analytical focus of this thesis on social policy I will be analysing SRH policy from a political science perspective, using a feminist-informed post-colonial analytical scope. The field of political science has often been critiqued by feminists for failing to adequately incorporate gendered perspectives into analysing political structures of power, and often under-representing women in such studies (Johnson, 2014). Within the field of SRH policy such considerations are vital, and therefore excluding such viewpoints would significantly undermine an effective study into implementing effective SRH policy. It is necessary to use a case-study to practically demonstrate the worth and need of using feminist-informed political science theories to analyse current barriers to implementing effective and inclusive SRH policy.

¹ For clarity in the context of this thesis young people will refer to people aged between 15 to 25.

Therefore, this thesis will be analysing the contemporary case of Thai SRH policies within the context of Thailand's current Acquired Immune Deficiency Syndrome (AIDS) epidemic, spread via the Human Immunodeficiency Virus (HIV – the virus that leads to AIDS).

Thailand is viewed as a unique success in the international battle against HIV and AIDS, owing to its effective national HIV intervention policies and disease surveillance system (Park *et al.*, 2010:430). A 2017 report by the Joint United Nations Programme on HIV/AIDS (UNAIDS) on the global AIDS epidemic found, '... that annual new HIV infections dropped by 50% in Thailand between 2010 and 2016, the steepest decline for any country in the Asia and the Pacific region' (UNAIDS, 2017). However, despite this impressive success there is emerging evidence to suggest that young people in Thailand may be highly vulnerable to new HIV infections given they have been overlooked in current SRH policy (Tangmunkongvorakul *et al.*, 2010:1491; UNICEF, 2014:1). A 2014 report by the United Nations' Children's Fund (UNICEF) observed that (UNICEF, 2014:1):

While Thailand is considered an early achiever of [The United Nation's] Millennium Development Goal 6, 'halting the spread of HIV', there has not been a consistent decline in HIV incidence across all segments of the population in recent years. This is illustrated by the fact that new infections have risen slightly in certain social networks of young people despite a gradual drop in overall HIV prevalence.

Therefore, there is a contrast between the overall HIV prevalence for Thailand as a whole, and the young people of Thailand. Reflecting on the global AIDS epidemic the UNAIDS Executive Director, Michel Sidibé, opened the 2018 UNAIDS data report with a foreword warning that, 'the global AIDS response is at a precarious point—partial success in saving lives and stopping new HIV infections is giving way to complacency' (UNAIDS, 2018:3). Therefore, policy makers in Thailand must be careful when considering current and future SRH policy.

Reflecting global trends, now that Thai citizens have sustained access to antiretroviral therapy, the number of deaths related to AIDS is significantly reducing, the sharpest drop was observed between 2000 and 2010 with the number of estimated AIDS-related deaths declining by 63 percent (UNAIDS, 2018, NAC, 2015:8). Thailand was one of the first Asian countries to offer first and second line antiretroviral treatment as part of their national AIDS policy (Chaivooth *et al.*, 2017:192). In line with this trend the Ministry of Public Health (MPH) launched its 2017–2030 National AIDS Strategy, which provides a road map for ending the AIDS epidemic as a public health threat in Thailand by 2030 (UNAIDS, 2017). Given this trend, it is vital to ensure SRH policy maintains a systematic reduction in the number of new HIV infections to keep in line with their policy success with addressing the AIDS epidemic. Reflecting this focus on HIV the MPH 2017–2030 National AIDS Strategy states (UNAIDS, 2017):

The strategy's goal is to further reduce new HIV infections from 6500 to less than 1000, cut AIDS-related deaths from almost 13000 to under 4000 and reduced HIV-related discrimination in health-care settings by 90% by 2030. The new strategy commits to a Fast-Track phase, where an all-out effort is made to reach the global 90–90–90 targets by 2020, whereby 90% of people living with HIV know their HIV status, 90% of people who know their HIV-positive status are accessing treatment and 90% of people on treatment are virally suppressed. Thailand has already achieved the first 90. The country's epidemic is concentrated among key populations, including men who have sex with men, transgender people, people who inject drugs and sex workers.

These policy commitments are impressive, and appear to result in significant positive health results, such as 90 percent of Thai people being aware of their HIV status. Nevertheless, upon further scrutiny there are still areas for concern. Reported national results depend on who is monitored and why they are monitored. Bias in sampling will lead to bias in the results.

Thailand does not include young people in its sentinel surveillance for HIV, it is gathered through proxy measures of pregnant women aged 15 to 24, and military recruits (aged 21) making antenatal clinic visits (UNICEF, 2016:24). Therefore it is difficult to accurately gauge new HIV infections amongst young Thais. In contrast to the 90 percent of Thai people being aware of their HIV status, as reported by UNAIDS, a 2017 study (NSO and UNICEF, 2017:25) found that for the age group of 15 to 24, only 46 percent of those surveyed could correctly identify ways to prevent the spread of HIV, implying more focus is needed on HIV prevention education for young people. Likewise a 2014 UNICEF report stated that, 'Thailand is facing a new rise in HIV and sexually transmitted infections (STI) cases, especially among young people, with 70% of all STI cases occurring in this age group.' (UNICEF, 2014:2). In relation to national AIDS policy a 2015 report by the Thai National AIDS Committee concluded that (NAC, 2015:18):

Progress of activities for young people has continued but has limited positive change in the trends of awareness, risk behavior and incidence. The population has not been sufficiently motivated to know [their] HIV status and stay in healthy behaviors.

These findings appear to be at odds with the overall national trend of declining new HIV infections reported by UNAIDS. This likely reflects that there is a significant gap in current Thai SRH policy when it comes to young people, a gap that must be closed to address the vulnerability of young people to the HIV epidemic.

This thesis will be arguing that the most likely reason for young people being overlooked in Thailand's current SRH policy is not due to inadequate policy. Rather it is due to the cultural barriers (which are highly gendered) encountered by SRH policy aimed at young people. Moreover, such policy often fails to acknowledge the multifaceted nature of administering sexual and reproductive health as social policy when it comes to controlling the sexuality of a given population. Indeed on the UNAIDS website (UNAIDS, 2018A), the page dedicated to HIV prevention observes that:

[On a global scale] three interconnected reasons seem to underpin the failure to implement effective [HIV prevention] programmes at scale: lack of political commitment and, as a result, inadequate investments; reluctance to address sensitive issues related to young people's sexual and reproductive needs and rights, and to key populations and harm reduction; and a lack of systematic prevention implementation, even where policy environments permit it.

Thus, it is necessary to use a feminist-informed approach that can adequately deconstruct the gendered-agenda of the Thai State when it comes to sexual health policy and Thai citizenship. The Thai State maintains dominant cultural narratives that actively deny non-marital sexuality exists amongst Thai citizens (especially young people), to maintain a synthetic image of Thai culture being monolithic and homogenous. As part of Thai identity, the sexuality of its 'mainstream' citizens, especially women, is limited to within the boundaries of marriage and reproduction (UNICEF, 2016:39; Klunklin and Greenwood, 2005:49; Lyttleton, 2000:123-126; Thianthai, 2004:190; Khumsaen and Gary, 2009:219). Consequently, these dominant narratives have heavily stigmatised sexuality outside of marriage and have silenced public discourse on non-marital sexuality, even for health purposes (Supametaporn *et al.*, 2010; Fongkaew *et al.*, 2005; Thato *et al.*, 2008; Ounjit, 2011:111). Thus, if an SRH policy acknowledges that young people need policy attention because they are sexually active, this would be strongly at odds with those dominant Thai narratives that deny such sexuality.

Despite these dominant narratives denying non-marital sexuality, recent and publicly available data strongly shows that non-marital sexuality is a significant issue in Thailand (UNICEF, 2016:20; Klunklin and Greenwood, 2005:49; Lyttleton, 2000:123-126; Thianthai, 2004:190; Fongkaew *et al.*, 2005:252; Ounjit, 2011:111). The most notable evidence of this sexuality is the highly visible international profile of Thailand's massive commercial sex trade, and more recently, and less obviously, the rising level of non-commercial heterosexual non-marital sexuality (referred to herein as NHNS) amongst Thailand's 'mainstream' population (UNICEF, 2016; Thato *et al.*, 2008:458; NAPAC, 2010:31; Clark and Spencer, 2004:320; Allen *et al.*, 2003:9; Lyttleton, 2000:36). In this setting, I employ the term NHNS to differentiate my research from the majority of SRH policy research that exclusively focuses on commercial sex or homosexual relations, typically designated as a non-normative sexuality within dominant narratives (VanLandingham and Trujillo, 2002:6; Khumsaen and Gary, 2009:219; Allen *et al.*, 2003:9). The term NHNS includes what is popularly known as 'casual sex' and 'romance-based' long-term relationships. Those engaging in these forms of intimate interactions have become highly vulnerable to HIV infection, even though the majority of contemporary SRH research has focussed exclusively on CSW and their clients (VanLandingham and Trujillo, 2002:6; Khumsaen and Gary, 2009:219; Allen *et al.*, 2003:9). Given Thailand's existing AIDS and HIV epidemic, it is crucial to analyse the extent of non-marital sexuality within Thailand and the associated vulnerability of young Thais, to problematic sexual health risks within the context of this social silence in Thailand.

Culture has been identified as a central barrier to implementing effective and far-reaching SRH policy, such as the controversial issue of sexuality education at schools (Smith *et al.*, 2003:17). Reflecting on this cultural barrier, Boesten and Poku (2009:13) note that:

Despite the many years of work with regard to gender equality, development, and HIV/AIDS, inequality is still rife. Discrimination against women both in sexual relationships and in broader social relations is embedded within the social, cultural and religious assumptions and discourses of most societies struggling with the HIV epidemic

Nonetheless, within the field of political science cultural analysis is often marginalised as a form of analysis associated with activities that fall beyond the traditional focus of political science. Typically equating politics with institutions such as parliaments and mainly male parliamentarians (Murphy, 2010:1). Consequently, the direct analysis of culture as content rather than as an add-on context to analysis is not common in SRH research or SRH policy (Hankivsky and Christoffersen, 2008:272). The direct study of culture as a contributing factor to policy, and governance in general, is more typically located within other social science fields such as Anthropology and Psychology (Shore and Wright, 2011; O'Sullivan, 2005; Koenig *et al.*, 2011). Those fields do not directly deal with the political analysis of SRH policy. For example, commenting from within the analytical perspective of Anthropology, Van Esterik argues that identifying something as religious, traditional or cultural removes it from critical political scrutiny and provides an excuse for inaction (Van Esterik, 2000:66).

Van Esterik's argument would be valid for more traditional forms of political analysis that favour a narrow and exclusive focus on State structures to provide a more 'scientific' approach by excluding factors external to these structures. Take for example the once highly popular paradigm of neorealism, that dominated a large extent of international relations political studies in the late twentieth century. This field of analysis solely focused on political structures and excluded factors such as economics, human nature or domestic politics (Forde, 1995:142). However, I believe by using a feminist informed, post-colonial theoretical approach to deconstruct the gendered-agenda behind Thai SRH policy it should be possible to identify how certain behaviours and social practices have become removed from scrutiny by being privileged as being religious, cultural or traditional. That is to say that such an approach will help reveal influential aspects of power relations crucial to sexual health

in general and, why certain types of SRH policy are privileged over another. Within the scope of this thesis identifying how contemporary Thai cultural narratives, in relation to sexuality and citizenship, are constructed and maintained should help policy makers better understand why certain SRH policies are more effective and culturally appropriate than others. The importance of the politics of the cultural in relation to sexual health can also be observed outside of Thailand. The majority of international mobilisation around HIV and AIDS is currently focused on technical solutions with little attention to socio-cultural factors, including social inequalities, affecting people's vulnerability (Boesten and Poku, 2009:13). This has had serious implications for the field of political studies as it shows a fundamental gap in SRH policy literature which fails to consider the social/cultural aspects of sexual health, which are extremely important to enacting effective SRH policy to maintain a healthy nation.

Consequently, this thesis is aimed at addressing these gaps in the SRH policy literature by focusing on cultural issues as the focal content of the analysis and not simply as the background context of analysis. Primarily this thesis will be critically analysing how dominant Thai cultural narratives have negatively impacted on the effective implementation of SRH policies, with the scope of inquiry broadly focused on AIDS policies and HIV prevention programmes in Thailand. Investigating why and how dominant cultural narratives present critical barriers to implementing public policy enables examination of the dynamic relation between the gendered-individual, the gendered-citizen and the gendered-State. In the United States of America (USA) anxiety over the AIDS epidemic was used to reignite debates to regulate adolescent (women's) sexual activity, and a crucial concern with women's non-marital sexual activity (Irvine, 1994:3). These debates maintain masculinist-social power structures with their accompanying social stigmatisation of women and their sexual desire (Campbell and Gibbs, 2009:30; Dyson *et al.*, 2003:6; Flood, 2003:354). Thus, implementing universalised AIDS policies informed by ideology from Western nations, such as the USA, can be highly problematic given the cultural context in which those policies are applied may not allow for male and female citizens to be treated in an equitable manner. Moreover, the constraints these cultural narratives place on how individuals conceptualise and express their eroticised gender identities can often limit their range of choices when it comes to safer sex practices.

Policy makers need to be aware that the persistence of new HIV infections within a population does not automatically imply a recalcitrant group that chooses to ignore public health announcements, and intentionally place themselves and others 'at risk'. It is necessary to analyse how individuals operate within an environmental context. Consider Thailand, which is a communal environment governed by top-down cultural narratives. In this context, it is not appropriate to exclusively focus on individual choice in a depoliticised/socialised context. The existence of HIV infections amongst young Thais indicate that they are sexually active. This is at odds with modern Thai cultural narratives that require that the sexuality of 'mainstream' citizens be constrained within the boundaries of marriage and reproduction. This requirement is especially upheld in relation to women's sexuality. As a result of this cultural dissonance, although NHNS in contemporary Thailand has been identified as a demographic relevant for SRH research, little research has been done on the attitudes and perceptions of the so-called 'modern/Western' generation of contemporary young Thais and the size of the NHNS cohort within this population (Musumari *et al.*, 2016:2; Rongkavilit *et al.*, 2010:787; Thianthai, 2004:190; Van Landingham and Trujillo, 2002:6; Allen *et al.*, 2003:9; Supametaporn *et al.*, 2010:739; Tangmunkongvorakul *et al.*, 2010:1476). Young people in Thailand have not historically been surveyed as a population. A 2016 UNICEF study observed that studies into young people in Thailand tended to typically categorise people younger than 15 in one group, and would group those above 15 with adults into the ages 15 to 59 years category, labelled as the 'working age' group. Therefore the 15 to 24 age group may be reported on, but usually with little consistency (UNICEF 2016:2,7).

The central hypothesis of this thesis is that the Thai State's top-down hegemonic narratives that define the State and citizenship are presenting significant barriers to contemporary SRH policies, especially for young people. It appears that the cultural silence around the sexuality of young people has resulted in a deficit of research into the sexual health of young people in Thailand, and subsequently a lack of adequate SRH policy that is appropriate and suitable for young people. Furthermore, I will be arguing that these narratives are gender-differentiated, and that they are not applied equally to all areas of Thai society. I will also suggest that following a thorough investigation of these cultural barriers, it does appear possible to accommodate these barriers into future SRH policies, without reducing their effectiveness, given the unique nature of Thai power structures. These power structures heavily police the public sphere, and simultaneously ignore the private sphere (Jackson, 2004:181). Therefore, SRH policies can be specifically developed/modified to fit better around the Thai context. Given the significance of the cultural context it is necessary to define the foundational terms and assumptions to this analysis, in addition to defining the scope and limitations of this approach.

Given the Thai culture of silence around non-marital sexuality there is a significant deficit of critical theory-driven political studies into the sexuality of young people (Khumsaen and Gary, 2009:219; Thato *et al.*, 2008:459; UNICEF, 2014). Reflecting on the field of Thai Studies (which tends more towards Anthropology and History rather than critical political analysis) anthropologist Van Esterik (2000:13) claims that Thai Studies in general is severely lacking in gendered analysis, with gender being relegated to studies of fertility, contraception and HIV and/or AIDS (often associated with medical sciences and social psychological studies). She notes examples such as studies of women as commercial sex workers (CSW) and carriers of infection. This critique against Thai Studies is significant for this thesis and signals that research in the SRH field, especially that focused on HIV and/or AIDS, is heavily focused on so called 'at-risk' grouping such as CSW, Men Who Have Sex with Men (MSM) and Injecting Drug Users (IDU). Moreover, such research is strongly driven by empirical field studies, with very little attempt at theoretical analysis (VanLandingham and Trujillo, 2002:6; Khumsaen and Gary, 2009:219; Allen *et al.*, 2003:9). As Whittaker (2004:30) points out, resources are contested, and power is at stake when it comes to issues of fertility, contraception and HIV and AIDS at the national level. To address this critical gap in Thai SRH literature (which is relevant to the work of both Thai and non-Thai researchers) it is necessary to employ a paradigm that allows for critical political analysis of the gendered-state, and the individual's perception of their own gendered-identity in relation to the nation.

From a theoretical stance this study will attempt to combine a methodology that integrates Western analytical methods (often employed in empirical studies on sexual practices and attitudes) with analysing Thai narratives. This is based on Jackson's 'semi-colonial' approach, which attempts to 'thread a middle path between empiricism that fetishises [*sic*] data and is resistant to theory, on the one hand, and theory-driven analysis that privileges general (implicitly Western) perspectives over local (Asian) contexts, on the other' (Jackson, 2007:331). To accommodate critiques of Thai sexual health research that it is empirically rich yet deficient in theoretical foundation (Jackson, 2007:331; Van Esterik, 2000:13), I developed a framework that drew upon a strong theoretical foundation, yet included strong practical aspects, such as sampling methods appropriate to a study of young people's sexuality in Thailand. To meet the needs of critically analysing Thai-based SRH policy, the theoretical aspects were drawn from post-colonial gender studies, focusing on gender and class in a post-colonial Thailand (Thianthai, 2004; Jackson, 2007; Thaweesit, 2004; Bulbeck, 1998). Although Thailand was never outright colonised by a Western power, as most Southeast Asian nations were during the period of Western colonial expansion, it is still appropriate to use post-colonial paradigms to analyse Thai political structures and Thai culture (Jackson, 2008:148).

Rather than direct Western colonial cultural assimilation through physical occupation, Thailand has been indirectly colonised through internal modernisation/Westernisation policies throughout its history, especially during the 1930s when the modern Thai State was created (Reynolds, 2004; Connors, 2005).² The post-colonial gendered analytical foundation of this thesis was augmented by consideration of constructionist-based sexuality studies conducted in Thailand in the late 1990s (Jackson, 2000; Cook and Jackson, 1999; Harrison, 1999; Lyttleton, 1999).³

The terms, culture and sexuality, are loaded and highly contested in Western critical literature (Beasley, 2005:13; Ricardo *et al.*, 2006:61; Cook and Jackson, 1999:4; Jackson, 2000:408). Thus I start off by asserting that sexuality is a highly complex and multidimensional phenomenon. Consequently the Thai-specific aspects of my framework are informed by the non-Thai assumption that sexuality is a socially constructed phenomenon and that individual sexual behaviour is shaped by social 'scripts' that determine how an individual acts within a socialised environment (see Gagnon and Simon, 1973; see also Carr, 1999:2 and Wiederman, 2005:496). As sociologists Simon and Gagnon (1986:98) argue, 'scripts are essentially a metaphor for conceptualising the production of behaviour within social life.' Simon and Gagnon (1986:98) note that for behaviour to occur something resembling scripting must occur on three distinct levels: cultural scenarios, interpersonal scripts, and intrapsychic scripts. Cultural scenarios are the instructional guidelines that exist at the level of a collective society, essentially instructing in the narrative requirements of specific roles (Simon and Gagnon, 1986:98). When I refer to dominant Thai cultural narratives, I am referring to these social scripts constraining and guiding the individual and collective actions of Thai citizens.

Interpersonal scripts represent the mechanism through which normative identities are made congruent with desired expectations within the social actor (Simon and Gagnon, 1986:99)—in the case of this thesis the individual Thai citizen. In effect these interpersonal scripts reflect the dynamic link between the dominant narratives of the Thai State and the gendered-identity of the citizen, and the way in which citizens comply with, adapt and enact these socially directed cultural narratives. Intrapsychic scripting according to Simon and Gagnon (1986:99) 'becomes a significant part of the self process in proportion to the extensivity [*sic*] and intensity of the internal dialogue.' This is where the individual internally plays out or 'rehearses' their desired sexual script based on their understanding of acceptable cultural scenarios in relation to both their own interpersonal scripting and their implicit assumption of the scripted nature of behaviour in other individuals (Simon and Gagnon, 1986:99). In short, it is what can be conceptualised as the fantasy world of the individual or inner filter on behaviours before they become enacted in public. The significant implication of the notion of scripted sexual behaviour is that there is no 'normal' version of sexuality from which other sexualities can be evaluated (Jackson and Scott, 2010:814). Furthermore, such behaviour is constructed on a daily basis from the society within which the individual lives, ruling out the idea of a universal, innate sexuality (Jackson and Scott, 2010:814). These implications have a profound impact on many of the assumptions that inform Western literature on SRH policies.

This thesis is targeted at analysing how and why dominant Thai cultural narratives on citizenship and (hetero-)sexuality (both for men and women) have made young people vulnerable to sexual health risk factors, both physiologically and psychologically. Thai women are viewed as having certain forms of authority and this conception of women's position has long been part of Thai cultural narratives, contemporary and past.

² Thailand's colonial legacy will be analysed further in the following chapter.

³ A review of contemporary literature reveals that there has been little constructionist-based research into Thai sexuality since the late 1990s.

Only recently has this been a question in Western understandings (Van Esterik, 2000:43, 44). As Van Esterik (2000:43) notes, historical constructions, both Thai and Western, often construct Thai women as enjoying gender equality unknown in other nations. However, conceptualising sexuality and gender in the Thai setting requires a little more unpacking. Contemporary Foucault-based Western frameworks have for the most part separated the concepts of sexuality and gender (Jackson, 2000:408; Cook and Jackson, 1999:3-4). In Western literature the investigation of sexuality usually falls under the rubric of 'gay-queer theory', while examination of gender is typically considered to be the domain of feminism (Jackson, 2000:417-418). Yet within Thai culture, definitions of sexuality and gender are seen as one and the same, conceptualised under the same term of '*phet*' (เฟต) in Thai discourse. Jackson argues *phet* is best conceptualised from a Western perspective as 'eroticised genders', meaning one's defined gender does not necessarily define one's sexuality or social functions in a linear fashion as it does in most Western cultures (Cook and Jackson, 1999:4; Jackson, 2000:416). The concept of *phet* will be explored upon further in the next chapter.

Sexuality is often assumed to be so intimately bound up with the 'modern'/Western individual's sense of self that it is difficult for many to imagine that sexuality is historically contingent, or arbitrary (Petersen, 1998:97). This implies that men and women are not 'naturally' inclined to an exclusively biologically determined 'sexual orientation' and challenges the assumption that men 'naturally desire' women, and women 'naturally desire' men. In short, in this thesis, sexuality is viewed as a socially constructed, and governed, set of guidelines that control what one can desire and how one can desire (Beasley, 1999:96-97). The meaning of the word 'gender' is similarly contested such that some theorists use the word 'gender' to indicate a theoretical framework/field of study that challenges the notion that nature (bodies) does not necessarily explain the cultural differences between men and women (Beasley, 2005:12-15). Gendered roles link up with socially constructed sexuality narratives and heavily govern the way individuals function in society (Ricardo *et al.*, 2006:62). Nevertheless, in Western discourse the more common 'everyday' usage of the term 'gender' is as a term used to describe one's biological 'sex', and the psychological character traits associated with that sex (Rogers and Rogers, 2001:12). If one has male 'sexual organs' then the person will have 'masculine traits' and if one has female 'sexual organs' that person will have 'feminine traits'. Consequently the terms 'sex' and 'gender' are often interchangeable in Western discourse (Bulbeck, 1998:7-8). Overall, in Western paradigms the dominant social assumption is that one's selfhood derives from biological sex, which necessarily produces a particular identity, a specific gender. Both of which typically result in an aligned sexuality responsive to the opposite sex/gender. For example if you have male sexual organs, then you are a 'man', consequently you will 'naturally desire' women, and behave in a way that is deemed appropriate for your male role in society, that is, in a masculine way, including desiring women. This commonly accepted assumption of the 'naturalness' of sexuality and gender is known as *sexual essentialism* (Beasley, 2005:136). A great deal of empirical-based sexual health studies are informed by an essentialist monosexuality, in which sexuality is perceived as an innate personality trait. This trait is perceived as being static, stable and permanent across time and spatial location. Such essentialism results in the unquestioned belief in a 'natural' and 'universal' human sexuality (Carr, 1999:4).

Sexual essentialism plays a significant role in maintaining young people's vulnerability to sexual health risk factors, such as HIV infections and sexual violence (Ricardo *et al.*, 2006:62; Levitov, 2014:4). To deny the existence of non-marital sexuality in Thai citizens, public displays of sexuality are considered taboo. The taboo is especially enforced onto women and their bodies. These contemporary narratives demand a sexual naïvety for women, and prescribe that innate female sexual drives are overshadowed by innate male sexual drives, if even acknowledged at all (Ounjit, 2011:115; UNICEF, 2016:44; Lyttleton, 2000:126; Thianthai, 2004:190; Cook and Jackson, 1999:17). The same modern Thai narratives that deny women have sexuality, and stigmatise non-marital sexuality, also link masculine traits positively with a perceived 'naturally' higher innate sex drive for men (Ounjit, 2011:115; Thongpriwan and McElmurry, 2009:884). Consequently the stigma attached to a woman engaged in non-marital sex, either consensual or non-consensual, will be extremely high, while simultaneously removing men from almost any blame. Such constructions enhance the vulnerability of women to STI infection and sexual violence given the construction of men's sexuality as active and women's sexuality as passive. Several studies outside of Thailand show that the unequal power distribution created by gender roles often plays a significant role in reinforcing violence against women and reducing their negotiating abilities in terms of requesting safer sex, such as condom use, with these issues highly increasing their vulnerability to HIV infection, coerced sex and unplanned pregnancy (Ricardo *et al.*, 2006:62). This vulnerability has recently been acknowledged and recognised globally by policy-makers as the 'feminization of AIDS' (Boesten and Poku, 2009:1).

All the same, it is important to acknowledge that power takes in many forms, and thus men and hetero-masculinity must also be considered when it comes to SRH policy. Reflecting on dominant narratives in Australia, Flood (2003:354) observes, 'responsibility for sexual health is allocated largely to women, while heterosexual men's practices and attitudes are taken as givens with which women must deal as best they can'. Masculinity and heterosexuality have become privileged as assumed 'natural' expressions of human behaviour and sexuality, and have become invisible and self-evidently axiomatic in HIV and AIDS policy, including sexuality education policy (Flood, 2003:354). Although men play a crucial role in impeding or discouraging condom use, as well as potentially encouraging it, there are far more HIV and AIDS studies and SRH policies targeted specifically at women rather than men (Flood, 2003:354; Gavey and McPhillips, 1999:350). Flood (2003:354) highlights that this absence of men's sexuality from the scope of inquiry reflects the privileged status of 'hegemonic masculinity',⁴ and this in turn, 'perpetuates women's traditional position as the gatekeepers and guardians of sexual health and sexual morality.' The construction of women's passive sexuality as the norm tends to force women into positions of victimisation by silencing their sexual agency (Dyson *et al.*, 2003:8; UNICEF, 2016:44).

⁴ The concept of hegemonic masculinity, formulated approximately three decades ago, has considerably influenced contemporary thinking about men, gender and social hierarchy. The fundamental feature of the concept of hegemonic masculinity is the combination of the plurality of masculinities and the hierarchy of masculinities. This concept presumes the subordination of non-hegemonic masculinities – that is, these other forms of masculinity are given lesser value and seen as being less desirable for men. Drawing inspiration from Gramsci's concept of hegemony, the concept of hegemonic masculinity presumes that the hierarchy of the various forms of masculinity is a pattern of hegemony, not a pattern of simple domination based on force. Central to this is the idea that hegemonic masculinity need not be the commonest pattern of masculinity in the everyday lives of men and boys. Rather hegemony works in part through the production of exemplars of masculinity (such as professional sports stars), symbols that have authority despite most men and boys not fully living up to those idealised expectations. Thus hegemonic masculinity is the dominance of a particular form of masculinity that has been privileged by social structures of power to be valued more than others (Connell and Messerschmidt, 2005).

Furthermore the social pressures of hegemonic masculinity may encourage young Thai men to engage in unprotected sex, or coerced and/or violent sex with women (Levtov, 2014:4; UNICEF, 2016:44). Therefore, I actively seek to include both men's and women's perspectives and concerns into my critical analysis of Thai cultural narratives and sexual health policy.

It is important to acknowledge that power structures are not static across time, dominant Thai cultural narratives are a social construct of collective individuals. Therefore the nature of these narratives will change over time as they are maintained and reconstructed by the collective (Jackson and Scott, 2010:814). Consequently, it is essential to define the historical period this thesis will be analysing, with my SRH literature analysis focusing primarily on contemporary Thai culture from 2002 to 2016. However, this thesis also addresses HIV epidemic information from 2002 to 2018. An increased awareness of 'problems' related to young people's sexuality and the rise of queer and feminist concerns relating to the AIDS and HIV epidemics in a global forum led to significant policy changes in Thailand (Boonmongkon and Thaweessit, 2009). Starting in 2002 the MoE announced the experimental application of the Basic Education Curriculum 2001, designed to include sexuality education into the broader health and physical education programme to address these concerns (MoE, 2008:18; Kay *et al.*, 2010:11; Nimkannon, 2006). The number of academic publications on Thai SRH issues drastically reduced in the late 2000s, with publications almost ceasing in 2010, perhaps as a result of the major political instability that hit a flash point in March to May 2010 with violent political protests in Bangkok. The decline of academic publications on Thai SRH issues in the late 2000s might also suggest a strengthening of cultural silence towards the acknowledgement of the increase of young people engaging in sex in Thailand.

Before continuing with the analysis of dominant modern Thai narratives and their adverse effect on contemporary SRH policy it is important to clarify what this thesis means when it uses the term 'modern Thai narratives'. Thailand is a large and diverse nation made up of 68,615,858 individuals (CIA, 2018) coming from many social groupings. A single thesis could not easily claim to analyse Thailand in its entirety. Rather, the central aim of this thesis is to analyse how and why modern Thai narratives stigmatise non-marital sexuality and silence public discourse on sexual matters. And that this silence has enhanced the vulnerability of young people to HIV and other sexual health risks. The aim is to focus on the idealised or 'mainstream' aspect of Thai society, as defined by dominant Thai social scripts. The most popular historical narrative for describing what Thailand is, is nicely summarised by Van Esterik (2000:8), 'the old story represented Thailand as a stable, homogenous, Buddhist constitutional monarchy, transformed by an enlightened coup in 1932 which ended the power of the absolute monarchy.' This homogenous theme is continued in contemporary Thai narratives which also construct Thailand as a unified singular entity. A casual observer of Thailand could be forgiven for believing Thailand was a monolithic culture made up of ethnic Thais, who speak Thai and follow Buddhist teachings.

Notwithstanding this monolithic construction, under closer scrutiny there is much diversity, for example Thailand is made up of many diverse provinces as shown in Figure 1 on the following page. On a national scale Theravada Buddhism is the majority religion in Thailand with approximately 95 percent of Thailand's population identifying as Buddhist. The second most significant religion by proportion of population is Islam, with approximately four percent of Thais identifying as Muslim (CIA, 2018; Scupin, 1998:229). Given in 2018 Thailand's population was estimated at close to 69 million people (CIA, 2018), the above minority religion represents a significant number of people. The Thai population is categorised as primarily being composed of 'ethnic Thais'. Nevertheless, one must take care with these terms. What it is to be ethnically Thai is not clearly defined. The US Central Intelligence Agency 2015 survey of Thailand reported the Thai population was approximately divided into the

following ethnicities: Thai 97.5 percent, Burmese 1.3 percent, and other 1.1 percent (CIA, 2018). However, the Australian Education International government agency declared in their 2013 'Fact Sheet' that approximately 75 percent of the population is ethnically Thai, 14 percent is of Chinese origin, 3 percent are ethnically Malay, with the remaining minorities including Mons, Khmers and various hill tribes (Commonwealth of Australia, 2013:2). In comparison, the US figures omit the number of Southern Thais along the Malaysian border that identify as being Malay both ethnically and culturally, with many professing the Muslim faith and speaking Malaysia's national language, Bahasa Malay, and not Thai. These people are often referred to as Malay Muslims or more bluntly in common Thai language usage as *khaek Musalayam*, literally non-Thais⁵ (Le Roux, 1998:228,238; Scupin, 1998:223). Linguistically Thailand's official language is Thai, with English being the official second language—most commonly spoken by the elites (CIA, 2018). Nevertheless, the Thai language is divided into four dialects, North, North East, Central and South, with Central Thai being promoted as Thailand's official language, also known as standardised Thai (Thongmark, 1982:1).

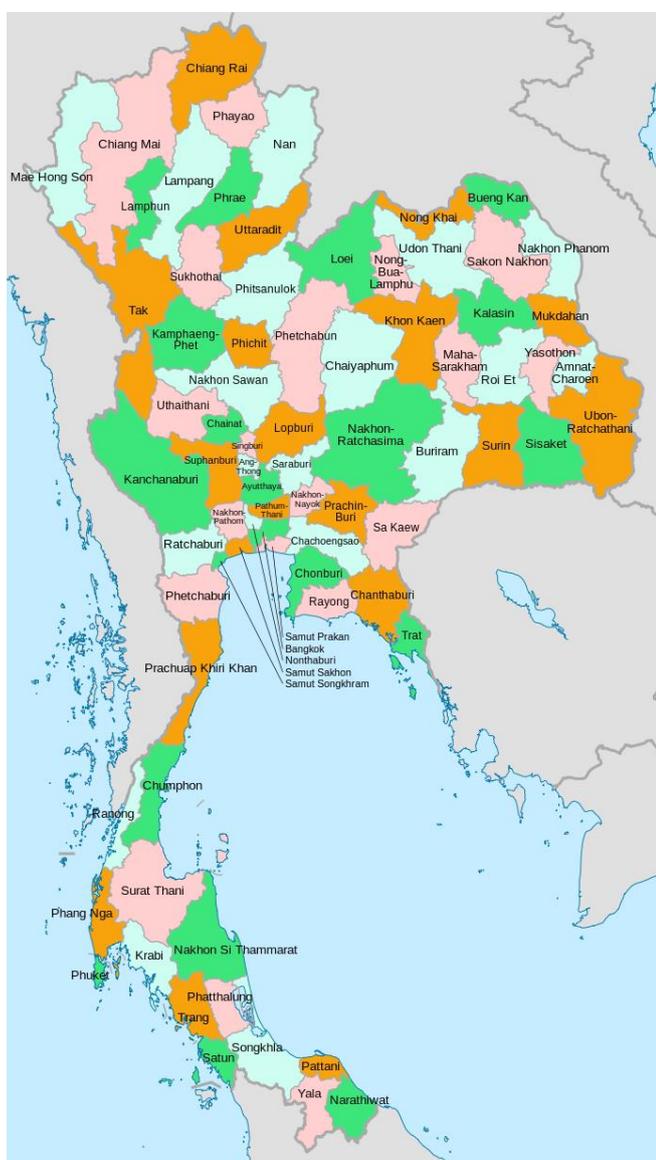


Figure 1: Provincial Map of Thailand (source: Commonwealth of Australia, 2013:4)

⁵ The Thai term *Khaek* is used to refer to darker-skin foreigners, and the addition of *Musalayam* adds that these foreigners are Muslim, and not Buddhist – Thailand's national religion – therefore making them even more 'non-Thai'. The term *Ferang* is used for lighter-skin foreigners, typically Europeans/Westerners.

Despite these complexities, the dominant modern Thai narratives that govern sexuality are strongly linked to the complex web of Thai power structures that continue to create and maintain the surface appearance of a unified and monolithic Thai culture (Jackson, 2004:201; Connors, 2005:525). The dominant narratives that define the modern Thai State continue to deny non-marital sexuality, and heavily stigmatise this sexuality as an unhealthy 'abnormal' or 'un-Thai' behaviour. A practice that puts greater Thai society 'at risk'. The dominance of these narratives, and associated stigma, has significantly silenced public discourse that addresses the sexual health matters of young people. Consequently, scholars in Thailand have not adequately engaged in researching this significant group, despite evidence indicating young people are highly vulnerable to HIV and sexual risk factors (UNICEF, 2014:2; Thato *et al.*, 2008:459; VanLandingham and Trujillo, 2002:6). There is a minimal amount of research that engages with young Thais directly (Khumsaen and Gary, 2009:219; Thato *et al.*, 2008:459, Allen *et al.*, 2003:10). Instead, of the small number of SRH studies on young people in Thailand (used to formulate SRH policy), the majority tend to take the health pragmatist approach, and construct young people's sexuality as a negative health factor that must be avoided at all costs. Or on a less extreme scale, intervention and prevention policies designed to reduce 'risky behaviours' (UNICEF, 2017:2; Podhisita *et al.*, 2004:1; Khumsaen and Gary, 2009:219; Supametaporn *et al.*, 2010:739). This narrow focus appears to be caused by dominant Thai cultural narratives, which have significantly constrained public discussion of sexual health issues. Therefore, to address the critical gap in the SRH literature and accommodate the Thai culture of silence, my perspective on young people's social/sexual issues has been informed not only by a literature review on Thai culture and sexuality, but additionally has been supplemented with field research and personal experiences within Thailand.

In responding to the gap in the Thai SRH literature I designed a study to critically analyse how young Thais perceive their personal social/sexual scripts within the dominant cultural narratives of the Thai State. With a focus on how these narratives constrain their agency when negotiating social/sexual situations within the context of SRH policy. To help accommodate, rather than ignore, the Thai cultural taboo against public discussions of sexual issues I created a research template that was culturally appropriate for Thailand. My reflexive response to the barriers encountered within prior studies in Thailand on sexuality (Vuttanont *et al.*, 2006; Thianthai, 2004; VanLandingham and Trujillo, 2002) was the development of a qualitative questionnaire that analyses the attitudes/perceptions of the respondent, in preference of a quantitative study that analyses behaviour and/or practices. Qualitative methods were identified as providing the ideal pathway to accessing willing participants in a culturally sensitive matter, and to allow for the open-ended analysis of complex data (VanLandingham and Trujillo, 2002:6; Sadler *et al.*, 2010:2; UNICEF, 2014:5). I undertook a pilot version of the initial design as a 2009 field-study, conducted in Bangkok, Thailand. The findings were then analysed to improve the template, which was re-administered in my 2010 field-study in Bangkok, Thailand.

Due to the lack of critical studies into young people's sexuality in Thailand, this thesis is focused on analysing non-commercial heterosexual non-marital sexuality, over other forms of sexuality. This analysis will be further focused on assessing Thai national SRH policies in relation to school-based sexuality education. With a deconstruction of the complex power structures that are reflected and maintained in these programmes. Therefore, I will be excluding a range of other groupings from my analysis. My concern is to concentrate upon the normative surface representations of the ideal Thai citizen, what Thai narratives have labelled a 'good Thai' (Mulder, 1999:52-53). Hence, my exclusion range includes the typical non-normative 'high risk' groups or 'bad Thais' that are analysed in depth by SRH studies—that is, CSW and to a lesser extent, their clients, MSM, IDU and migrant workers, namely female factory workers, and more recently, transgender people (Bamber *et*

al., 1993:153; Allen *et al.*, 2003; Thaweessit, 2004; UNICEF, 2014). This is not to say that these groups are not deserving of study, rather, given the diversity of these groups, they deserve their own dedicated research, that falls beyond the scope of this thesis. Indeed, of the new HIV infections in Thailand 41 percent of newly infected people are MSM, with young MSM (aged 15 to 21) having a 12 percent rate of new HIV infections (UNICEF, 2014:4). Thus, this grouping is also highly vulnerable to HIV infection. However, as mentioned previously there are already several studies dedicated to analysing this matter in depth. Consequently, the analytical aim of this thesis is to focus on a grouping that has been overlooked by contemporary SRH research, heterosexual young Thais, engaged in non-commercial sex outside of marriage.

Thai society, like most societies, is made up of a diverse range of individuals. Likewise, young Thais are not a monolithic grouping. To focus on what State narratives promote as idealised Thai behaviour for a Thai citizen, I will focus mainly on the upper-middle class residing in the nation's capital Bangkok. I will be excluding other vulnerable groupings such as labourers, refugees or displaced people, people with disabilities, orphans, prisoners, and people in rehabilitation centres. These are marginalised groupings that decidedly also require the attention of SRH researchers and SRH policy makers in Thailand (Boonmongkon and Thaweessit, 2009). However, within dominant Thai cultural narratives they are conceptualised as existing outside of the idealised 'mainstream' grouping of Thai citizens and are therefore excluded from my analysis. Finally, young people are a highly vulnerable grouping that requires significant attention from Thai SRH policies. Research into young Thais engaged in NHNS has been overlooked in the face of Thailand's impressive HIV and AIDS intervention policies which are heavily associated with commercial sex and other 'at risk' social groupings (Allen *et al.*, 2003:9). I will close with this following statement taken from the opening paragraph of a contemporary study into sexual health among young Thai women, which highlights the significant limits within Thai SRH literature, namely the exclusion of non-commercial sexuality and the perspectives of men in such studies. The study by Allen and colleagues (2003:9) opens with the following:

Very little is known about sexual risk behaviors among young Thai women who are not female sex workers. The limited data that are available indicate that although there has been a reported increase in levels of premarital sexual experience among Thai women over the past 20 years, very few practice safe sex or use contraception.

Chapter one presents the argument that the distinctive nature of Thai power structures has created a unique barrier to current SRH policy in Thailand. This distinctive nature consists of a strong concern to intensely monitor and police surface effects, images, public behaviours, and representations of Thai identity, while at the same time being relatively disinterested in the private domain of life. Consequently, public discourses that challenge mainstream constructions of the Thai State are often silenced and removed from the public arena. Therefore enacting SRH policy that does not outright condemn non-normative sexualities can be highly problematic.

Chapter two further attenuates the analytical focus of this thesis from broad SRH policy to school-based sexuality education as part of a national SRH policy. The primary scope of this thesis is Thailand's national AIDS policies and HIV prevention programmes. Nevertheless, given effective sexuality education must include more than simply providing knowledge on disease prevention, this chapter will critically analyse sexuality education in its entirety. This goes beyond the bio-medical confines of disease prevention and contraception, and includes social matters such as the socially situated nature of sexual development, sexual relationships and dealing with stereotypes that normalise violence against women.

Chapter three will continue the analysis from chapter two and apply the theoretical concepts to more tangible case studies from Australia. This analysis will focus on contemporary attempts to implement sexual health and relationship education programmes in Australian schools as part of Australia's SRH policy. This case study will be used to demonstrate that even in a nation where public discourse on sexual matters is not outright taboo, that dominant cultural narratives can still silence public discourse on sexual matters, even for health purposes.

Chapter four will shift the analysis to focus on nations in which public discourse on sexual matters, even for health purposes, have been strongly silenced. Those countries being the United States of America and Thailand. The US case will demonstrate how entrenched structures of patriarchy have rallied strong public resistance to school-based sexuality education based on research-informed SRH policy. Instead, seeking to replace such education policy with a policy that promotes abstinence-from-sex-until-marriage, and stigmatises all forms of sexuality that do not conform with dominant narratives of the Christian Right. Given US-style abstinence policies are becoming increasingly popular in Thailand this chapter will conclude with an in-depth analysis of the current trends in Thai SRH policy. The aim being to seek the most appropriate type of SRH suited to accommodating Thai cultural barriers, and reducing the vulnerability of Thai citizens to new HIV infections.

Chapter five will address the significant lack of critical studies into young people's sexuality in Thailand. To counter this deficit, I had to design and implement a study to gather data on this under-researched topic. This chapter will provide a critical analysis of the two field studies employed by this thesis (the 2009 pilot-study and the 2010 study). It will open with the rationale for why a qualitative field study was employed, a discussion of the analysis process and a discussion of the initial findings from the section of the questionnaire targeted at deconstructing the creation and maintenance of dominant Thai cultural narratives. The analytical focus will be on how dominant forms of idealised Thai sexuality are at odds with sex-positive SRH policy in Thailand, and how these could be accommodated by future SRH policy.

Chapters six and seven examine the dominant narratives of sexuality applied to young Thai men and women. These chapters are devoted to analysing the rich array of data obtained from the two Vignette Scenarios used in my study. Including the design of the Vignettes, and the way they provided a unique snap-shot of the how young Thais construct their own sexual identities, and the potential barriers idealised gender stereotypes present to sex-positive SRH policy in Thailand. The findings indicate that the type of peer-based discourse used in my study could be adapted by future SRH policies to possibly assist in making them more culturally appropriate, while at the same time promoting sexual health in a positive manner.

Chapter eight will emphasise the critical barrier dominant Thai cultural narratives present to implementing effective SRH policy in Thailand. This analysis will be drawing on data obtained from the extended-answer section of my 2010 study aimed at deconstructing what young Thai men and women believe is appropriate sexual behaviour for 'good' Thai citizens, and how these idealised role models might influence contemporary SRH policy. This analysis will focus on the gender-dichotomy of these dominant narratives, and contrast this to the gender-neutral/blind ideology that informs most contemporary SRH policy. Overall, this chapter will deconstruct the gendered-agenda of the Thai State to investigate if it is possible to accommodate the Thai culture of silence towards public discourse on sex, even for health purposes. The intent being to provide suggestions for SRH policy makers to assist in modifying future SRH policy in Thailand to be more culturally appropriate, and thereby more effective.

Bibliography – Introduction Chapter

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'Casual sex is a problem involving a small group of students. ... We are concerned that with easy access to condoms, the majority, who are reluctant now, will jump onto the [casual sex] bandwagon.'

Khun Vitoon Chomchaipol, Head of Tertiary Student Union - quoted in BBC News (2003)

CHAPTER ONE

A Culture of Silence: Deconstructing the Thai taboo against public discourse on sex

Contemporary Sexual and Reproductive Health (SRH) policies in Thailand have encountered significant barriers from the culture of silence around sexuality in relation to public discourse. To present an artificial image of a harmonious and unified Thailand, the dominant narratives that define the modern Thai State have restricted the sexuality of 'mainstream' citizens to within the normative boundaries of marriage and reproduction, especially women's sexuality (Ounjit, 2011:111; Klunklin and Greenwood, 2005:49; Lyttleton, 2000:123-126; Thianthai, 2004:190). Public narratives that do not deny and/or stigmatise sexuality deemed outside of the normative structures of marriage and reproduction are often silenced and removed from the public arena (UNICEF, 2016:24; Ounjit, 2011:115; Rasamimari *et al.*, 2008:181; BBC News, 2002). Nevertheless, due to the unique nature of Thai power structures there is a potential to implement socially appropriate SRH policies that accommodate this Thai culture of silence surrounding non-marital sexuality. The distinctive nature of Thai power structures is that they intensely monitor and police public behaviours and representations of Thai identity, while at the same time are relatively disinterested in the private domain of life (Jackson, 2004:181). This is rather different from many Western power structures which are much more totalising in that they seek to control both public and the private representations of self. The United States of America (USA), for example, introduced a national SRH policy that strongly encouraged citizens to abstain from sex-until-marriage (Santelli *et al.*, 2017:273; SSA, 2015).

Although Thai power structures tend towards monitoring and policing only the public expressions of self, rather than private expressions of self, especially in sexuality, this still presents a significant barrier to implementing effective SRH policy. Dominant Thai narratives prescribe that young Thai citizens are non-sexual, which is strongly challenged by the existence of sexually transmitted HIV infections amongst young people (UNICEF, 2014:2; Ounjit, 2011:115; Klunklin and Greenwood, 2005:49). This presents Thai policy makers with many challenges in promoting sexual health to young people and the Thai community more broadly. Policies aimed at young people engaged in non-normative sexual behaviour must be mindful to avoid using public narratives that normalise these practices, or risk having these narratives silenced and removed from the public arena. This phenomenon is not unique to Thailand. Nevertheless, the unique aspect of the Thai case is that policy makers in the 1990s and even the early 2000s could publicly admit Thailand's commercial sex industry was suffering from a major AIDS epidemic that was spread through HIV infections transmitted via unprotected commercial sex, whereas contemporary policy makers do not have this ability. This is because contemporary Thai SRH policy is no longer targeted at marginalised social groupings (the commercial sex industry and its clients). From the limited data available on young people, it appears that the HIV epidemic may no longer be quarantined to 'at-risk' groups such as Commercial Sex Workers (CSW), Men Who Have Sex with Men (MSM) and Injecting Drug Users (IDU). Instead, there is emerging evidence that young people are highly vulnerable to the spread of new HIV infections given their lack of adequate HIV prevention knowledge specifically, and safer sex knowledge in general, with current trends suggesting HIV infection may be rising in certain groups of young people (UNICEF, 2014:1; Musumari *et al.*, 2016:7). This shift in people becoming infected with HIV from the heavily monitored and policed, and socially quarantined, commercial sex industry to the 'general population'

of young people makes it problematic for contemporary policy makers to implement effective SRH policy.

Once the epidemic moved beyond those designated as morally impure 'others', who could legitimately be the objects of state policy interventions, Thai SRH policy began to falter to the extent that sex outside of culturally normative boundaries of marriage and reproduction (except for commercial sex) became a matter for cultural denial (Lyttleton, 2000:36). This was reflected in a 2014 report by the United Nations' Children's Fund (UNICEF) which observed that, 'Thailand is facing a new rise in HIV and sexually transmitted infections (STI) cases, especially among young people, with 70% of all STI cases occurring in this age group.' (UNICEF, 2014:2). The same report also stated that findings from the National Sexual Behaviour Survey conducted in Thailand in 2006 showed that the sexual behaviour of young men was changing. Instead of frequenting CSW young men were favouring non-marital sex within established relationships (UNICEF, 2014:2) – what I have termed as non-commercial heterosexual non-marital sex (NHNS). Given dominant Thai narratives deny young people are sexually active, this new trend of transmission amongst young people makes it difficult for policy makers to acknowledge HIV is being spread through heterodox sexual practices, namely unprotected sex amongst young people.

The current culture of silence towards sexuality is evident in the significant absence of discourses on young people and their vulnerability to HIV within SRH literature (Tangmunkongvorakul, 2010:1476; Lyttleton, 2000:36; Musumari *et al.*, 2016:1). Analysis of the sexual attitudes and practices of the 'general population' of Thailand involved in NHNS is minimal (Allen *et al.*, 2003; Rasamimari *et al.*, 2008; Thato *et al.*, 2008; Lyttleton, 2000:36; Musumari *et al.*, 2016:1; Tangmunkongvorakul, 2010:1476). Within this broad grouping there is even less engagement with young Thais engaged in NHNS and their vulnerability to HIV, despite this grouping being flagged by SRH research as needing attention (Musumari *et al.*, 2016:2; Thianthai, 2004:190; Van Landingham and Trujilo, 2002:6). This deficit is evident when compared to the extensive body of literature focused on AIDS policies and HIV intervention programmes in Thailand targeting 'at risk' groups, such as CSW and their clients (namely married men engaged in extramarital trysts), MSM or IDU, and more recently, transgender people (Allen *et al.*, 2003; Rasamimari *et al.*, 2008; Thato *et al.*, 2008; UNICEF, 2014). Although policy makers have started to acknowledge the importance of including young people in SRH policy, such as their introduction as an important target group in the National AIDS Plan for 2007-2011 (NAPAC, 2010:5), there is still much more work to be done. A 2010 report on Thai SRH policy noted, '... the strategy for youth behavior change has not had optimal effect since Thai youth are increasingly diverse in terms of attitudes, beliefs, and lifestyles' (NAPAC, 2010:5). This indicates that contemporary SRH policies need to be further modified to make them appropriate to young people and produce positive results. It would appear that one of the main challenges for policy makers is to find a way to acknowledge young people are vulnerable to HIV due to their sexual activity, but to do so without directly challenging dominant Thai cultural narratives that deny the sexuality of young people and encourage young women to be sexually naïve and inexperienced.

Furthermore, beyond the active silencing of heterodox narratives which might undermine hegemonic national sexual scripts, the critical absence of analysis of non-marginalised Thai citizens has also been obscured by the previous success of Thailand's impressive AIDS policies and HIV prevention interventions associated with commercial sex and other 'at risk' social groupings (Allen *et al.*, 2003:9; Tangmunkongvorakul *et al.*, 2010:1491). Therefore, to deconstruct the current barriers dominant Thai cultural narratives might be presenting to implementing effective SRH policies in Thailand, it is necessary to analyse the evolution of Thailand's current HIV epidemic and success in controlling the AIDS epidemic.

Thailand and AIDS Policies: A tale of success and social denial

Thai policy makers, as part of broader SRH policies, have attempted to implement sex-positive school-based sexuality programmes (NAPAC, 2010:5; UNICEF, 2017:1). These programmes have encountered strong public resistance due to their clash with dominant cultural narratives (Lyttleton, 2000:36), and the promotion of comprehensive sexuality education has been recognised as a weak point of Thai national AIDS policy (NAPAC, 2010:5). Nevertheless, Thailand has been identified by many health analysts as having one of the most comprehensive school-based sexuality education programmes of the Southeast Asian nations (Smith *et al.*, 2003:7). However, in comparison to the success of Thailand's SRH policies focused around commercial sex, such as the '100% condom programme' and mass media campaigns of the 1990s, it appears that the drive of past policies has not carried over to contemporary SRH policy targeted at young people.

Although there are many factors that determine if an SRH policy is effective or not, this thesis will be arguing that one of the main reasons for contemporary policies faltering when it comes to young people is a predominantly cultural issue. Once the HIV epidemic moved beyond those designated as morally impure 'others', Thai sexual health strategies began to falter. This grouping of 'others' mainly consisted of marginalised citizens, such as CSW, and to a lesser extent, their clients, who were legitimate targets of state policy interventions for the greater good of Thai society. Since sex outside of the culturally normative boundaries of marriage and reproduction (except for commercial sex) was culturally difficult to acknowledge publicly, and indeed was and still is a matter for cultural denial (Lyttleton, 2000:36; Ounjit, 2011:116), it is difficult for contemporary policy makers to publicly acknowledge the current HIV epidemic (Tangmunkongvorakul *et al.*, 2010:1491).

Thailand earned widespread international recognition as the leading example of a 'developing' nation proactively combating the AIDS pandemic, despite having 'traditional' conservative sexual values (Phoolchareon, 1998: 1837; Lyttleton, 2000:5; Yongpanichkul, 2007:6, 10). This was achieved through the extensive employment of national top-down state-led SRH policies in the 1990s to combat the rapid spread of HIV and manage the treatment of AIDS (Thongthai and Sabaiying, 2009:215; Lyttleton, 2000:5). The joint United Nations Programme on HIV/AIDS (UNAIDS) credited these policies as being one of the few effective national AIDS prevention policies (SAWF News, 2007). The most notable effort was Thailand's '100% Condom Programme' (launched in 1991), which promoted condom use amongst CSW, primarily towards female sex workers as vectors for spreading disease, and to a lesser extent their male clients (Reproductive Health Matters, 2000:165; Rojanapithayakorn and Hanenberg, 1996). In terms of effectively promoting condom use to reduce the spread of HIV and slow down the AIDS pandemic, Thailand is heralded as the most effective case internationally, with their intervention policies leading to significant drops in new HIV infections (Hearst and Chen, 2004:39). Indeed, in terms of managing the commercial sex industry, Thailand continues to set records with their effective AIDS policies and HIV prevention programmes. In a 2017 report by UNAIDS Thailand was credited with dropping annual new HIV infections by 50 percent between 2010 and 2016, which UNAIDS states is, 'the steepest decline for any country in the Asia and the Pacific region' (UNAIDS, 2017). Due to such successes Thailand is considered an early achiever of the United Nations' Millennium Development Goal 6, 'halting the spread of HIV' (UNICEF, 2014:1).

Despite the monumental success of Thailand's targeted SRH policies, these policies have revealed problematic cultural norms that appear to have created significant barriers for future SRH policies. Based on emerging evidence on young people and their sexuality – which is still very limited in Thailand – it would appear these interventions have led many contemporary young Thais to perceive HIV and AIDS as a disease exclusively for prostitutes and their clients, not one that can indiscriminately infect anyone regardless of their presumed moral status (Thianthai, 2004:189;

Tangmunkongvorakul *et al.*, 2010:1491). Young Thai people are becoming increasingly vulnerable to the HIV epidemic. A recent study into young people in Thailand noted that (Musumari *et al.*, 2016:2):

Young Thais are a particularly vulnerable population when it comes to HIV infection. There exists strong evidence showing that they engage in behavioural patterns that increase their risk of HIV infection. For example, the Bureau of Epidemiology and the Ministry of Social Development and Human Security have reported an increasing trend of unintended pregnancies and sexually transmitted infections (STIs) among Thai adolescents over the past 15 years. This occurrence points to an increasing rate of unprotected sex—probably as a result of the failure of safe sex messages to reach the general Thai youth population.

Likewise, in 2014 the United Nations' Children's Fund (UNICEF) observed that young people account for approximately 70 percent of all new STI cases in the Thai population, and that the highest number of STI and unplanned pregnancies are among Thais aged 15 to 24 (UNICEF, 2014:2). Similar trends were reported back in 2010 by the Thai National Aids Prevention and Alleviation Centre (NAPAC, 2010:31) suggesting this is an ongoing issue. A 2011 study of young Thai men found that approximately 80 percent of new HIV infections in Thailand resulted from heterosexual intercourse without a condom (Janepanish *et al.*, 2011:460). From the limited data available, STI cases amongst young people aged 15 to 24 has increased. From 2010 to 2014, STI rates increased from approximately 81 to 103 cases per 100,000 population (UNICEF, 2016:23). Having an STI significantly increases a person's vulnerability to HIV infection (UNICEF, 2016:23). The shortcoming of contemporary SRH policy to address the vulnerability of young people — despite being successful against 'at risk' populations — was voiced in a 2014 report by the United Nations' Children's Fund (UNICEF) which observed that (UNICEF, 2014:1):

While Thailand is considered an early achiever of [The United Nation's] Millennium Development Goal 6, 'halting the spread of HIV', there has not been a consistent decline in HIV incidence across all segments of the population in recent years. This is illustrated by the fact that new infections have risen slightly in certain social networks of young people despite a gradual drop in overall HIV prevalence.

It would also appear that due to the stigma associated with non-marital sex and being HIV-positive, there is a very low percentage of young Thais that know their HIV-status or get tested for STI. One study reported that amongst their sample of young Thais 43.3 percent of their sample reported a history of STI but did not perceive themselves as being vulnerable to HIV infection (Musumari *et al.*, 2016:7). Another study that sampled 14 provinces across Thailand found that, 'less than 16 per cent of women and men aged 15-49 years were tested in the 12 months prior to the survey and knew the result.' (NSO and UNICEF, 2017:24). Finally, young people comprise approximately 13 percent of the Thai population, estimated at 8.7 million people (UNICEF, 2016:8) making the management of their sexual health extremely important to Thailand's economy and social welfare. Notwithstanding the data on the increasing vulnerability of young people to HIV infection and other sexual health risks, research into young people is almost non-existent in Thai research (Musumari *et al.*, 2016:7). Sexual health in relation to young people is a globally significant issue (UNESCO, 2014:11).

In the past Thailand could effectively address the HIV and AIDS epidemics of the 1980s/1990s because it had well-established infrastructure to handle the issue. Furthermore, the epidemic occurred in a sector of Thai society that has a long history of government intervention, the commercial sex trade (Bamber *et al.*, 1993:148). Unfortunately, by targeting these 'at-risk' groups perceived as 'outside' of 'mainstream' Thai society, Thailand's core cultural issues related to sexual matters were not challenged. Although most of the initial Thai AIDS cases were amongst homosexuals (half of which were foreigners), the epidemic soon moved to IDU, then finally the major carriers were female CSW

and their male clients (Bamber *et al.*, 1993:153). At the time most Thai men, from all ages, classes, and regions reported engaging in sexual relations with a CSW at some stage in their life, causing great concern that the epidemic could spread to the 'general population' (Phoolcharoen, 1998:1873; Bamber *et al.*, 1993:153). The Thai State responded with heavy-handed top-down policies of intervention and regulation of the sex industry, especially female CSW, rather than their male clients (Reproductive Health Matters, 2000:165). A key element of these policies, reflecting that of previous venereal disease pandemics, was the conceptualisation of female CSW as 'reservoirs' of infection, constructing them as a feared group for the supposed role they played in spreading infection rather than as people also vulnerable to the HIV infection and the AIDS pandemic (Lyttleton, 2000:51; Bamber *et al.*, 1993:149).

Thai SRH policies have a strong history of constructing non-marital sex as being both 'un-Thai' and 'un-healthy', and in the case of the AIDS epidemic, equating promiscuity with death (Lyttleton, 2000:40-41). The association of STI, prostitution and harm to society is deeply entrenched in Thai historical narratives with texts commenting on this association as far back as 1687 (Bamber *et al.*, 1993:148). Thus, Thai policy has focused for many decades on regulating (socially and physically quarantining) the sex industry to regulate the spread of STI and protect 'mainstream' citizens from this group of marginalised 'impure' Thais. Such regulation can be traced back to 1908 with the enactment of the Law for the Prevention of Venereal Diseases (Bamber *et al.*, 1993:149). This law regulated many factors of the commercial sex industry including the compulsory registration of all CSW and premises used for commercial sex, in addition to enforced regular health check-ups (Bamber *et al.*, 1993:149). Heavy government regulation of the commercial sex industry was possible as the trade in Thailand was not outlawed until the enactment of the Prohibition of Prostitution Act in 1960 (Bamber *et al.*, 1993:151). The criminalisation of prostitution under this penal code represented an attempt to create an international image of Thailand as a 'moral' society. However, the de facto recognition of prostitution as a service industry under business law reflects a continuation of the historical toleration of the sex trade as marginalised impurity (Jackson, 2004:196).

In 1984 when the AIDS epidemic hit the marginalised sections of Thai society, the State could rely on its extensive and pre-existing network of STI prevention and treatment infrastructure to successfully combat the epidemic (Reproductive Health Matters, 2003:196). However, once the contemporary epidemic moved to those perceived as mainstream citizens, SRH policy makers have become restricted in what policies they can implement. Publicly acknowledging that there is a problem of HIV being transmitted via unprotected non-commercial sex amongst young Thais would be the logical first step towards successfully combating the spread of HIV. This is problematic though as any public acknowledgment would lead to these interventions directly challenging dominant Thai narratives on sexuality. This would put these policies at risk of being silenced and removed from the public arena. Therefore, contemporary Thai officials are constrained by dominant Thai cultural narratives this time and unable to acknowledge (as they did in the past) that there is a possible HIV epidemic in the general population of young Thais, spread through unprotected NHNS.

This cultural tendency to publicly deny the existence of non-marital sexuality was demonstrated in 2003 when the Thai Health Ministry proposed installing condom dispensers in university toilets. This initiative was part of their national SRH policy to increase public access to condoms following the installation of thousands of condom dispensers in restaurants, bars and department stores (BBC News, 2003). The Student Union Network blocked the programme, and the head of the Union at the time, Khun Vitoon Chomchaipol stated (BBC News, 2003):

We totally don't agree with the plan. It's not necessary and not suitable as it could mislead students to believe that teachers approve of them having sex. ... Casual sex is a problem involving a small group of students. ... We are concerned that with easy access to condoms, the majority, who are reluctant now, will jump onto the [casual sex] bandwagon.

Even young people felt compelled to voice dominant Thai cultural narratives that non-marital sex is culturally inappropriate. The statement does not deny the existence of NHNS amongst university students. Instead the narrative stigmatises and marginalises those identified as engaging in NHNS by first classifying non-marital sex as a 'problem' and secondly by claiming only a small group of students engage in the 'problem'.

Given there is strong evidence available to the public that young Thais are sexually active and vulnerable to HIV infections, it might appear odd that dominant narratives that deny (or marginalise) the existence of NHNS could have much authority. Nevertheless, such data can still be used to justify such narratives. With these narratives constructing non-marital sex as an act of social harm, carried out by a group of marginalised Thai citizens who choose to ignore dominant social conventions and intentionally place themselves and others 'at risk' by engaging in non-marital sex. For example, diagnostic health programmes that previously targeted 'at-risk' groupings, such as CSW or IDU have created a sense of 'blame politics' in Thailand (Thianthai, 2004:189). Authoritative narratives, often from health officials, have constructed heterodox sexual practices, such as non-marital sex or homosexual sex, as 'unsafe sex', rather than locating unprotected sex as unsafe sex (Lyttleton, 2000:50). Groupings seen as engaging in 'risky' sexual behaviour were constructed as not part of the mainstream, with the implication that somehow, they deserved what happened to them (Lyttleton, 2000:62). Targeted intervention policies in the past have thus produced an 'us' and 'them' dichotomy. This is especially evident in contemporary debates in Thailand concerned with the sexuality of young people (especially young women) and abortion policy (Ounjit, 2011:119; Whittaker, 2004:94; Khaopa, 2010). In these debates, authoritative narratives are constructed that depict women who abort (or get pregnant outside of wedlock) as reckless 'fun loving girls' (*sao rak sanook* - สาวรักสนุก) that choose to defy Thai social scripts, and need to be punished (Taptim, 2010; Whittaker, 2004:94). Overall, dominant narratives such as these have made young people highly vulnerable to HIV and other sexual risks. To better accommodate these narratives into contemporary SRH policy it is necessary to analyse how and why these narratives have been constructed and maintained.

The Thai Nation-State and Sexuality: If you've got nothing nice to say, say nothing at all

To maintain the surface illusion of a harmonious, monolithic and moral Thailand, dominant Thai cultural narratives have stigmatised non-marital sex as a 'modern' vice that is 'un-Thai' and 'risky' and have thus silenced positively-framed public discussion of non-marital sex (Tangmunkongvorakul *et al.*, 2010; Jackson, 2004:201). However, the distinctive nature of Thai power structures offers potential for SRH policies to engage with sexual health for young people while at the same time not being at odds with dominant Thai cultural narratives. The particularity of the organisation of power and authority in the Thai nation lies in an intense concern to exert control over public expressions of self while at the same time being relatively disinterested in controlling the private domain of self-identity (Jackson, 2004:181). Peter Jackson refers to this distinguishing characteristic of Thai life as a 'regime of images – whereby institutional power enforces conformity to public performances of respect for the social order' (Jackson, 2004:201). This is especially evident in relation to sexuality. Thai citizens may engage in sexual practices that are at odds with the dominant cultural norms providing there is no positive public acknowledgement of this (Thaweessit, 2004). This creates a significant private social and cultural space for heterodox beliefs and non-normative sexualities, provided they do not lead to any breaches of public performative norms (Jackson, 2004:201; see also Beasley *et al.* 2015). However, the resulting high degree of internal differentiation and public-private contextualisation within Thai culture means that different representations of 'reality' may coexist. The apparent paradox of the Thai student union claiming that non-marital sex is a problem only concerning a small number of students in the face of evidence to strongly suggest this is not the case is one such example of the compartmentalising of sectors in Thai society.

Sexuality in Thailand, as elsewhere, is socially constructed and does not exist within a political vacuum. Thai sexual scripts exist within a web of authoritative narratives originating from various organs of state that often overlap to help produce and maintain an external image of a unified Thai culture, what political science scholar Michael Connors calls 'Thainess' (Connors, 2005:525). These narratives are frequently reinforced with visual symbols of the Thai nation-state, such as flags, monuments, and massive portraits of the royal family, an extremely strong icon of unified Thai identity (Connors, 2005:525; Jackson, 2004:194). Amongst the current regime of images is the external appearance of normative sexuality, constituted as being only located within marriage and reproduction. The intense concern of Thai power structures to restrict public expressions of sexuality to within normative bounds can often be observed in public policies. In the lead up to Valentine's Day in 2015, the Social Development and Human Security Minister, Police General Adun Sangsingkeo, stated the ministry would seek cooperation from businesses to prevent teenagers from entering 'inappropriate areas' (Bangkok Post, 2015). The Minister also stated that random inspections of motels and night clubs were planned for Valentine's Day, to be conducted by special units of the Interior Ministry and the Royal Thai Police (Bangkok Post, 2015). Furthermore, up until recently the Thai State pursued punitive policies targeted at female citizens. Most Thai secondary educational institutions had a policy of expelling female students (and not their male counterparts) who became pregnant during their schooling years (Taptim, 2010; UNICEF, 2016:21). It was only in 2010 that the Public Health Ministry began to consider the possibility of drafting a new bill on reproductive health protection to give students the legal right to maternal leave and continue their studies after giving birth. The proposal drew public criticism as it is strongly at odds with dominant Thai cultural narratives. Wallop Tangkananurak, a Thai child rights activist, stated, 'I agree schools should not fire students just for being pregnant. However, having a clear law on the issue may indirectly convince youth that it is okay to get pregnant during their school years' (Sarnsamak, 2010). Nevertheless, showing that it is possible in some circumstances to promote SRH policy that protects young people, in 2016 the National Legislative Assembly approved the Prevention and Remedial Measures for Adolescent

Pregnancy Bill (commonly referred to as the Adolescent Pregnancy Bill) which stipulates that young people aged 10 to 19 must be given access to reproductive health information and services (AFPPD, 2016).

The Adolescent Pregnancy Bill states that schools are to provide comprehensive Sexuality Education with content that matches each age group and with suitable teachers, who are trained or have teaching experience in the subject (Amornvicutpanich, 2016). Most importantly it states that schools must allow young mothers to continue their studies at school until graduation (AFPPD, 2016). Although this new policy is highly promising it still targets young people's sexuality as a social problem that needs to be controlled. Jittima Panutecha, manager of the Women's Health Advocacy Foundation's Healthy Sexuality Program, voiced her concern that the new policy might be too narrowly focused on reducing the number of pregnant young people, rather than addressing the broader issue of assisting young people with developing and managing their sexuality. Jittima suggested the bill should be renamed to 'Teen sexuality', explaining that, 'pregnancy is like an end-result. This issue involves boys and girls who must have good knowledge about safe[r] sex and sexuality so as to be equipped with life skills. Hence the issue of teenage pregnancy will be lessened' (Amornvicutpanich, 2016). Even with this policy in place the social stigma against pregnant secondary school students is still extremely high and would make it very difficult for young women to attend school whilst pregnant. A 2016 study by UNICEF of Thai educational institutions found. 'that many directors, teachers and parents in general secondary schools think that students should not go to school while visibly pregnant' (UNICEF, 2017:35). The reasons for this included protecting the school's reputation, concerns a visibly pregnant student might encourage others to become pregnant and concerns the mother-to-be might be bullied by other students. Thus, the study found that, 'directors, teachers and parents thus tend to think that it is better for pregnant young women to take time off during pregnancy and the delivery of the child and then return to school, or to switch to non-formal education altogether' (UNICEF, 2017:35). Finally, reflecting dominant Thai cultural narratives, in 2015, when Prime Minister General Prayut Chan-o-cha first addressed the issues behind the bill, the PM called on young people to maintain the Thai traditions of modesty for women and for men to behave in a gentlemanly manner (Amornvicutpanich, 2016). Thereby demonstrating the dynamic link between the Thai State and the sexuality of its young citizens.

This thesis is based upon the assumption that sexuality is not innate, and that sexuality is a socially constructed concept reflecting the dominant narratives of the time. Therefore, it is necessary to deconstruct the identity of the modern Thai State and its link with sexuality. The modern Thai State can be traced back to the 1930s, following the overthrow of the Thai Monarchy in 1932 by the military, which triggered a wave of modernisation/Westernisation and nation building programmes (Reynolds, 2004:103,104). The most radical of these were the series of cultural reform programmes enforced under Field Marshal Phibun Songkram — Thai Premier 1938-1944 (Connors, 2005:527). Phibun had studied in Europe and his experience of Western governance and culture greatly influenced his conception of nationalism (Reynolds, 2004:99). Phibun enacted a series of cultural reform policies to make Thailand more Western (Connors, 2005:527). Following the nationalist programmes of Fascist Germany and Imperialist Japan, Phibun constructed nationalist narratives to project an image of a homogenous and united Thai nation-state unified under the idea of a Thai cultural essence, or 'Thainess' (Reynolds, 2004:106-108). To further symbolise this image of *Thainess* Phibun changed the nation's official name from 'Siam' to 'Thailand' in 1939 (Reynolds, 2004:119). During this time nationalist narratives were produced by Thai elites to inculcate modern ideas about *Thainess* amongst the population (Connors, 2005:527). Part of these nationalist modernising/Westernising reforms included making former Siamese cultural practices illegal. In 1935 the practice of polygamy and selling wives into prostitution was officially outlawed (Belk *et al.*, 1998:199). However, reflecting the

markedly binary character of Thai government approaches regarding decisive intervention in public behaviour while ignoring private practices, many wealthy Thai men still follow the practice of keeping a 'secondary' wife or 'mistress', albeit in private and not having this second 'marriage' officially registered, as it was in the past (Belk *et al.*, 1998:199; Thianthai, 2004:195).

These dominant modern Thai cultural narratives were codified into social policy from 1939 when Phibun's government enacted a number of decrees (*rathaniyom*, literally 'state preferences') to discourage inappropriate dress, loitering, and other behaviours deemed at odds with the modernised conception of Thai culture (Connors, 2005:528). Given the symbolic link between women and the Thai State, part of these policies targeted how women dressed, ensuring they wore the 'correct' amount of clothing and of the 'proper' style, a Western/modern style (Van Esterik, 2000:103). The most infamous of these policies was that women had to wear hats whenever they were out in public (Van Esterik, 2000:103). Phibun's government laid the foundations for the current construction of a monolithic Thailand. However, it was under Field Marshal Sarit Thanarat – Thai premier 1958-1963 – that current Thai power structures were fully established, symbolised by the unifying image of *Thainess*, His Majesty King Bhumipon Adulyadej, Rama IX – Thai monarch 1950 to 2016⁶ (Tejapira, 2006:18). Following the overthrow of Phibun by Sarit and his allies in another coup d'état in 1958, Sarit began to symbolically dismantle Phibun's organs of state while simultaneously usurping the unifying narratives of Phibun's regime (Connors, 2005:529). It was during this time that the cult of personality of the King was built up to help legitimise Sarit's authority to rule Thailand. Under Phibun the monarchy had been severely distanced from the Thai national identity, however Sarit reintroduced the monarchy back into the Thai identity to further legitimise his own position of power under the symbolism of a unified Thai State (McCargo, 2005:503; Gray, 1992:450). By linking the image of the monarchy with past historical narratives of benevolent kingship and idealised Buddhist values the image of the monarchy not only acted as a central symbol of Thai identity, it also appeared as a historically consistent symbol linking back with romanticised historical narratives of the great Siamese empire ruled by benevolent and talented Buddhist Kings (Gray, 1992:450; McCargo, 2005:501). Consequently, King Bhumipon remains a highly revered symbol of Thai national identity and unity, even after his death (BBC News, 2000; BBC News, 2016b, Jackson, 2004: 194; McCargo, 2005: 501).

Even two years after the passing of the King, there are still public performances of respect to his unifying image. A recent example was on 13 October 2018 when the Prime Minister, General Prayut Chan-o-cha, led government officials and members of the public in giving alms to a large assembly of Buddhist monks as a mark of respect to the late King. As part of this highly publicised ceremony in Bangkok, Prayut paid respect to a large portrait of the late King whilst Buddhist monks chanted prayers (The Nation, 2018a). The continuing legacy of the late King's unifying symbolism is further demonstrated when one visits the website of one of Thailand's premiere English-language news service, The Nation. Before entering the main site, visitors are greeted with a message of remembrance to the late King, as shown below in Figure 1 (The Nation, 2018b).

⁶ The bulk of this thesis was researched and written when Rama IX was still alive. King Bhumipon, the world's longest-reigning monarch died in October 2016 after 70 years as head of state (BBC News, 2016a). The image of the monarchy still lives on under Bhumipon's heir, King Vajiralongkorn, Rama X (BBC News, 2016b), and Thailand is still under mourning for the loss of Rama IX, so drastic changes to Thai power structures, as analysed in this thesis are unlikely in the short-term. Indeed, there was a significant pause between Rama IX passing in 13 October 2016 and Rama X being proclaimed King on 01 December 2016 (BBC News, 2016b). Therefore, I have left the bulk of my thesis as it was prior to October 2016.

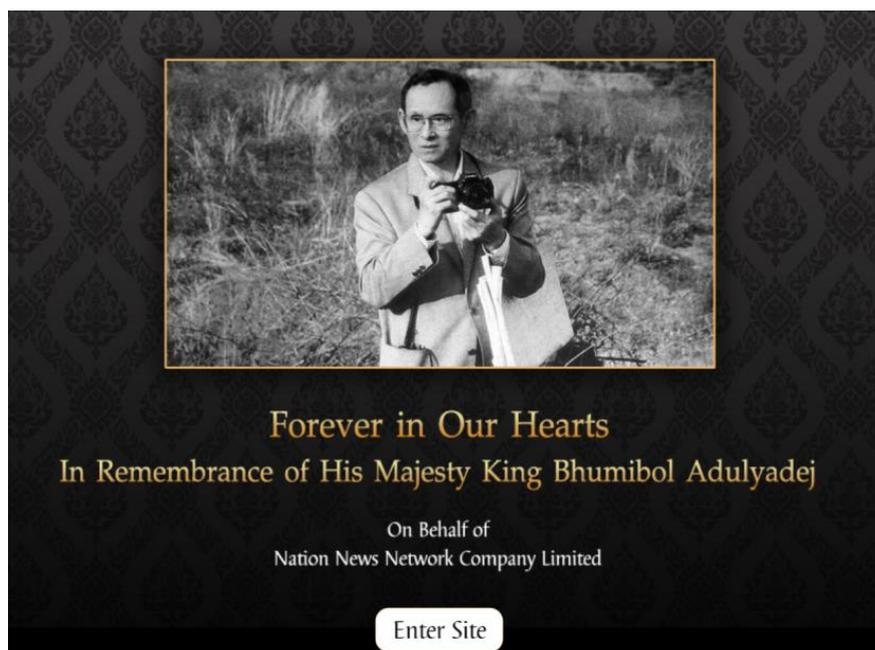


Figure 1: Landing page of The Nation News Network website

At the time of writing this thesis, Thailand is undergoing a strong and unprecedented social struggle in which significant portions of the Thai population have challenged the long existing elitist power structures of the modern Thai State, namely the Monarchy and the military elite (Rodan and Hughes, 2014:175). This contemporary power struggle has the potential to dramatically reshape Thailand's web of power structures which is currently centred under the monarchy with the nation's capital Bangkok as the focal point of the monarchy (Van Esterik, 2000:8). However, at the time of publication, early-2019, Thailand's current power structures still reflected those discussed in depth in my thesis. Although there has been a high rotation of governments since the 2006 coup, at present Thailand's political structures are still based on the 1997 model of Constitutional Monarchy with bicameral National Assembly, with the King as the head of State with Veto powers over the elected government (Tejapira, 2006:22; Commonwealth of Australia, 2013). As the current political struggle is outside of the scope of enquiry of this thesis, I will not discuss it within the scope of my analysis. Nevertheless, I have briefly summarised it in Appendix A of this chapter for the reader as a point of reference.⁷ Finally, the most significant change at the end of 2016 was the passing of King Bhumipon on 13 October 2016, which sent waves of intense grief throughout the Thai nation-state (BBC News, 2016a). Although King Bhumipon has passed, the structures of power and the symbols of state founded on the monarchy remain intact under his son and heir, Crown Prince Maha Vajiralongkorn, who has become King Maha Vajiralongkorn Bodindradebayavarangkun, Rama X (BBC News, 2016b). It took almost two years for the Palace to officially announce a coronation date, a date that has been shifted on multiple occasions. As a sign of respect to the late King, King Vajiralongkorn was not proclaimed King until 01 December 2016 to allow for 50 days of mourning (BBC News, 2016b). Originally Vajiralongkorn's official coronation was not to take place until after Bhumipon's cremation on 26 October 2017 (Chen, 2017; BBC News, 2016b). Demonstrating the unifying power of the monarchy the Prime Minister suggested in mid-2018 that the official coronation of King Vajiralongkorn would not take place until before the highly anticipated Federal elections, originally planned for late-

⁷ For a concise summary of the current political turmoil in Thailand see Rodan G. and Hughes C. (2014) 'State-based anticorruption agencies in Indonesia, the Philippines, and Thailand' *The Politics of Accountability in Southeast Asia: The Dominance of Moral Ideologies*, Oxford: Oxford University Press.

February 2019 (Sattaburuth, 2018). An election that will test the legitimacy of Thailand's current government, which has been in power since May 2014 when it seized power after six months of street protests against the elected government of Prime Minister Yingluck Shinawatra (Campbell, 2018). However, it was not until January 1st, 2019 that the Royal Household Bureau officially announced that the coronation would take place over three days from May 4th to May 6th, 2019 (Asia Times, 2019). As of January 2019, the Government has not officially announced an election date (Asia Times, 2019), so it is not clear yet what political impact the Palace's announcement of a coronation date *after* the federal election will have. Based on current statements to the media from Deputy Prime Minister Wisanu Krea-ngam, the election will take place no later than March 2019 and the Royal Decree will be issued by the end of January 2019 (Strait Times, 2019). Thus, with this slow transition between monarchs, the institution of the monarchy will remain significant to Thais for some time, and power structures analysed in this thesis, still relevant for future Thai SRH policy makers.

The image of the King is ubiquitous throughout Thailand via the strong web of Thai power structures, reminding citizens of the strong Thai identity they share with their head of State, representing all that is good within a united and moral Thailand (Tejapira, 2006:17). To ensure the 'naturalness' of the monarchy to Thai identity, public narratives that challenge nationalist constructions of the monarchy are not only taboo, they are institutionally silenced through a fiercely policed regime of power buttressed by *lèse-majesté* laws, laws that also impact on the international press (Jackson, 2004:194; BBC News, 2016a). Indeed, political analysts predict that the current military elite will heavily enforce these *lèse-majesté* laws under Article 112 to construct a strong 'cult of personality' around the new King — just as Field Marshal Sarit had done with King Bhumipon (Chen, 2018). Reflecting on this, Chambers — a lecturer at the Naresuan University — predicts that (Chen, 2018):

Article 112 will most likely continue to be increasingly enforced and extended across society because there's a new sovereign and his stability is not totally entrenched... At the same time, there are many military bureaucrats who want to gain favoritism by trying to find more people that can be accused of breaking this rule... In that respect, Article 112 is able to become a stronger and scarier weapon.

While providing national cohesion these nationalist narratives and the institutional power invested in enforcing conformity to these public performances presents significant barriers to public discourse on matters that are at odds with dominant modern Thai cultural narratives. This distinctive characteristic of the Thai power structures, involving public performances of respect to Thai social structures, and the unique divide between public and private spheres of power is best observed in Thai understandings of sexuality (Jackson, 2004:193).

The Personal Must Not Be Political

Before continuing with the analytical deconstruction of the gendered agenda of the Thai State, it is necessary to acknowledge that sexuality and gender are not conceptualised in Thai understandings as they are in Western nations such as Australia or the USA. Within Thailand definitions of sexuality and gender are constructed as one and the same, conceptualised under the same term of '*phet*' in Thai discourse (เฟต). Peter Jackson argues *phet* is best conceptualised from a Western perspective as 'eroticised genders', meaning one's defined gender does not necessarily define one's sexuality or 'social scripts' in a linear fashion as it does in most Western cultures (Cook and Jackson, 1999:4; Jackson, 2000:416). This conceptual non-separation of gender and sexuality allows for some interesting analysis of their direct link to national identity, and the performed public identity of Thai citizens. Thai citizens are free to pursue a unique range of eroticised gender identities providing their

public displays of such identities comply with dominant Thai cultural narratives, and any non-normative behaviour is kept within the private realm (Thaweessit, 2004; Jackson, 2004). From a Western perspective, the fluidity of Thai eroticised genders might at first appear to allow for greater freedom in pursuing non-normative sexual practices. Nevertheless, given the need for Thai citizens to show public displays of conformity to hegemonic social scripts the fluidic range of eroticised genders allowed within the private sphere becomes confined to a very narrow set of performative sexualities. This is especially evident in relation to women's sexuality which is heavily policed and monitored in public performativity given the strong link between womanhood and the Thai State (Thaweessit, 2004:208; Cook and Jackson, 1999:10; Van Esterik, 2000:4).

Contemporary Foucault-based Western frameworks have distinguished sexuality and gender (Jackson, 2000:408; Cook and Jackson, 1999:3-4). In Western literature, the investigation of sexuality usually falls into the paradigm of 'gay-queer theory' and gender is conceived as belonging to 'feminists' (Jackson, 2000:417-418). In contrast to Western conceptualisations of gender and sexuality, Thai gender/sexuality is defined on a spectrum, with a 'real man', *phu-chai roi percen* (ผู้ชายร้อยเปอร์เซ็นต์) — literally '100% man' at one end and a 'real woman', *phu-ying roi percen*, (ผู้หญิงร้อยเปอร์เซ็นต์) — '100% woman' at the other. An individual can fall anywhere along this spectrum (Jackson, 2000:415). For example, if a person in a male body was described as completely masculine and desiring women then he would be at the '100% man' end of the spectrum. However, if he was inclined to act in a feminine manner (wear makeup, externally display emotions), the extent to which he was masculine and feminine would determine his place on the scale — for example 60 percent man and 40 percent woman. The latter described man would be labelled as *kathoey* (กะเทย) in Thai, which can be roughly translated into English as 'another' gender category (Jackson, 2000:409). Kathoey are frequently and inaccurately termed 'ladyboys' in English. Such percentage-based metaphors reflect that within contemporary Thai identity, all *phet* categories are conceptualised as a proportional blending of masculinity and femininity (Jackson, 2000:415).

Despite this fluidity of eroticised gender, one's public expression of that eroticised identity is heavily constrained by dominant Thai cultural narratives, which has dichotomised surface Thai social scripts into normative masculine and feminine behaviours (Cook and Jackson, 1999:10). Thus, on the surface, one's gender is typically constrained to the more familiar binary of masculine and feminine. A current critique of school-based sexuality education in Thailand is the framing of safer sex solely as a heterosexual practice (UNICEF, 2017:32), reflecting the dominance of Thai cultural narratives to restrict normative sexuality to heterosexuality. Extending from these social scripts are substantive cultural limitations on what one can express in public, such as taboos against public discussion of sexual matters (UNICEF, 2016:24; Lyttleton, 2000:126; Cook and Jackson, 1999:10). Regarding sexual matters these gendered-social scripts apply a double standard to men and women. Although public displays of sexuality are considered taboo, the taboo is especially enforced onto female bodies with modern Thai cultural narratives demanding a sexual naivety for women, and women's sexuality constructed as subservient to the sexuality of men, if even acknowledged at all (UNICEF, 2016:20; Ounjit, 2011:111; Lyttleton, 2000:126; Thianthai, 2004:190; Cook and Jackson, 1999:17). Therefore, these gender-dichotomised cultural narratives present a significant barrier to Thai SRH policies informed by Western rationalist concepts of universal and gender-blind individual rights (UNICEF, 2016:20; King, 1999:6; Ingham and Appleton, 2006:3; Harrison and Hillier, 1999:282). Moreover, these SRH policies must operate within the restrictions of the Thai regime of images that silence public narratives that do not outright deny or stigmatise non-normative sexuality (UNICEF, 2017; Whittaker, 2004:91-94; Thato *et al.*, 2003:175). Such a discursive regime is characterised by an institutional concern to police the context in which an action takes place, or a statement is made rather than with

enforcing universal standards of acceptable behaviour and speech (Jackson, 2004:183). For example, if it becomes publicly acknowledged that a woman has had a non-marital sexual experience, or has knowledge of sexual practices, she is often labelled as being promiscuous and by implication a 'dirty' or 'bad' Thai woman (Thianthai, 2004:190; UNICEF, 2017:25; Thaweessit, 2004:208), even by citizens who engage in non-marital sex themselves. Provided that non-marital sex is not publicly acknowledged, these citizens are free to stigmatise anyone who has publicly defied dominant Thai cultural narratives (Thaweessit, 2004:209). Furthermore, because of the gender double standard, public discourse concerning men allows more flexibility, and men are not stigmatised to the same level as women if their non-normative sexual behaviours are discussed in public (Klunklin and Greenwood, 2005:49-51; UNICEF, 2017:25).

There is emerging evidence to suggest that these hegemonic Thai cultural narratives reflect the social scripts of 'older' or 'traditional' Thai generations, and not contemporary Thai normative practices (UNICEF, 2017; Vuttanont *et al.*, 2006:2074; Lyttleton, 1999:32; Knodel *et al.*, 1996:186). Nevertheless, I argue that contemporary Thai society is still governed — in the public realm — by highly dominating Thai cultural narratives that restrict sexuality to within marriage and reproduction. This assumption is supported by observing that in general, talking about sex and sexuality in public is still considered a 'taboo' subject, and a large amount of stigma is still attached to young single mothers (UNICEF, 2017:1; UNFPA, 2016; Ounjit, 2011:115; Rasamimari *et al.*, 2008:181; BBC News, 2002). Most young people keep their sexual activities secret from their parents (UNICEF, 2017:31; Vuttanont *et al.*, 2006:2074, 2077), and discussion of their sexuality or sexual health concerns, such as condom use, with their parents is very rare, especially for daughters (Sabaiying, 2009:92; Fongkaew *et al.*, 2005:253). Overall, even if the extent of non-commercial heterosexual non-marital sexual liaisons has quantitatively increased over the past three decades (UNICEF, 2016; Thato *et al.*, 2008:458), this does not imply dominant Thai cultural narratives have been challenged.

Despite the fluidity of eroticised genders in Thailand, women's locations within eroticised gender are limited to a dichotomous model of a 'good' or 'bad' Thai woman, with virtually no intermediary position available (Thianthai, 2004:191-193). Men are not held to this dichotomous model (Ounjit, 2011:116; Thianthai, 2004:193). The asymmetry of the dichotomous model has been challenged by scholars such as Suchada Thaweessit (2004:206) who has argued that, 'notions of discourse and subjectivity refute the popular view that Thai women's gender and sexual subjectivity is coherent and dichotomous'. Thaweessit's research does indicate that within the confines of personal discourses — or internalised constructions of one's self (intrapsychic scripts) — female eroticised genders can be fluid. However, when it comes to expressing one's eroticised gender publicly, women are still heavily constrained by 'good' versus 'bad' or 'modern' versus 'traditional' binaries (Thaweessit, 2004:207-210). Under modern Thai cultural narratives men's sexuality is not only constructed as being actively dominant over a passive women's sexuality, it is also constructed as being 'natural' (Ounjit, 2011:115; Knodel *et al.*, 1996:182). Due to such hegemonic constructions young women are particularly vulnerable to coerced sexual intercourse, and thereby much more vulnerable to HIV infections (Tangmunkongvorakul *et al.*, 2010:1476).

Most writings informing global AIDS policies originate from Western nations and are strongly based on the assumption that HIV transmission is propelled by individual behavioural factors (King, 1999:6). Furthermore, these policies are informed by Western-based psychological theories (which are often gender-blind), such as cognitive-attitudinal and affective-motivational constructs and highly focused on modifying the behavioural patterns of an individual (King, 1999:6). One significant barrier to sexual health education programmes which often rely on behaviour modification is the cultural assumption that gender and sexuality roles are naturally established (innate), and therefore

unchangeable. This assumption is known as *sexual essentialism*, which is highly prevalent in the field of sexology (Ingham and Appleton, 2006:3; Carr, 1999:4-5). This common conceptualisation of innate sexuality can be observed in most societies, such as the assumption men are 'naturally' more sexual than women, with voracious sexual appetites that need to be fulfilled (Beasley, 2005:136; Knodel *et al.*, 1996:182). Thai sexual scripts from both men and women often construct male sexual desire as a biological urge for sexual intercourse. Often depicting such drives as a basic physiological need or 'instinct', arguing that men need sexual intercourse as an outlet for their sexual drive in the same way they need to eat to relieve hunger. Conversely women are perceived as having little or no desire for sex (Ounjit, 2011:115; Knodel *et al.*, 1996:182).

The perceived natural order of these gendered-identities is strongly justified under the authoritative narratives of Theravada Buddhism, Thailand's dominant religion. Thai Buddhist religious narratives involve a devaluing of women relative to men (Klunklin and Greenwood, 2005: 49). These narratives are used to legitimate the strict enforcement of normative Thai eroticised gender scripts onto female bodies and minds (Whittaker, 2004:74-78; Klunklin and Greenwood, 2005:50). These eroticised gender scripts have been observed to have a negative impact on the way many teachers deliver sexual health education messages at educational institutions (UNICEF, 2017:40). Under these hegemonic guidelines a virtuous woman is defined as being proficient and sophisticated in household duties, graceful and pleasant yet unassuming in appearance and social manners, and most importantly, conservative in her sexuality (Ounjit, 2011:115; Klunklin and Greenwood, 2005:49). Consequently, sexuality for women is heavily constrained within socially determined ideal-types, such as monogamous and heterosexual relations within marriage for reproduction, with virginity at marriage being a crucial prerequisite (Thianthai, 2004:190; Ounjit, 2011:111).

Given educational institutions exist within the web of Thai power structures, Thai citizens are inculcated with dominant Thai cultural narratives and the concept of moral citizenship from an early age (Boontinand and Petcharamesree, 2018; Levto, 2014). From the early stages of primary schooling Thai citizens are taught the importance and value of being a Thai citizen and that at the foundation of Thai society is the family unit (Pitiyanuwat and Sujiva, 2000:85; Mulder, 1997:33). As cited in English in Mulder's book *Thai Images: the culture of the public world* (1997:33) the family is a foundational part of moral Thai society:

[Everyone] of us is a member of a family, and that is why we are part of society, too. Society will be peaceful and quiet if everybody is a morally good person who is possessed by responsibility, diligence and perseverance, the will to sacrifice, and knows how to help while not exploiting others. Yet, the fact that people will possess all these qualities must have its basis in the morally good family. A good family is a family of which all members know their individual roles and duties, have responsibility, while knowing to sacrifice their self-interest for the interest of the majority.

Reflecting the dichotomous nature of dominant Thai social scripts, the moralising image of society offered at school is rather simplistic: you either belong to it, or not at all (Mulder, 1997:52). One is simply either a 'good' or 'bad' Thai citizen (Mulder, 1997:53). Good leads to the rewards of acceptance, love, admiration, and contentment, whereas bad leads to negative experiences of upset, loss of love and goods, and even ill health or death (Mulder, 1997:53). Thus, from the perspective of morality there is no individual choice involved since Thai citizens are obliged to be good to be members of Thai society. This entails that citizens must reciprocate the goodness received from society, and this is achieved by being 'good' themselves (Mulder, 1997:53).

The importance of these virtues was reiterated in 2014 when Prime Minister General Prayut Chan-ocha announced on national television the 12 main values for the 2014-2021 education curriculum (Suluk, 2014) being:

1. Love for the nation, religions and monarchy
2. Honesty, patience and good intention for the public
3. Gratitude to parents, guardians and teachers
4. Perseverance in learning
5. Conservation of Thai culture
6. Morality and sharing with others
7. Correctly understanding democracy with the monarchy as head of the state
8. Discipline and respect for the law and elders
9. Awareness in thinking and doing things, and following the guidance of His Majesty the King
10. Living by the sufficiency economy philosophy guided by His Majesty the King
11. Physical and mental strength against greed
12. Concern about the public and national good more than self-interest.

The 12 values promoted by the Prime Minister reflect the centrality of being a 'good' moral citizen and link between the individual and the State under the guidance of the monarchy, within a clearly defined hierarchy. Within educational institutions fifth-grade students are reminded of earlier lessons on social order with responsibility being specified in six hierarchal clusters of duty; the obligations to oneself, to the family, to the school class and fellows, to the school, to the community, and to the nation-state (Mulder, 1997:40). Thai textbooks identify the abandonment of foundations of morality and good manners as sources of Thai social problems (Van Esterik, 2000:38). The centrality of sexuality and moral citizenship in dominant Thai cultural narratives to create a unified image of Thainess was made evident in a 2009 press release from the Office of the Permanent Secretary, Ministry of Education (MoE). The statement outlined the focus of Thai education policy, and the section dedicated to primary education stated (MoE, 2009:1):

In addition to ensuring achievement of basic literacy and numeracy, primary level education will emphasize the acquisition of morals and values to instil a sense of Thainess, build respect for Thailand's rich cultural heritage, and promote unity and social cohesiveness.

The press release continued with a statement on secondary education and stated that in addition to computer literacy and foreign language skills, emphasis will also be given to, 'the promotion of morals and ethics leading to good citizenship' (MoE, 2009:1). This concern with moral citizenship and family structures is especially prominent in dominant narratives on sexuality. In this context Jackson (2004:195) notes that, 'the workings of the regime of images are observed clearly in Thai sexual culture.' This was made evident during a major public debate in 1994 on abortion and unplanned pregnancy in Thailand when the then Deputy Minister of Education, Pramot Sukhum, stated that, 'at a time when the country is experiencing a problem with declining morals we must involve the family and give it as great a role as possible in addressing this situation' (Quoted in English in Whittaker, 2004:98). These authoritative narratives are ongoing and often translated from rhetoric into practice as social policy. In 2010 the Office of Vocational Education Committee proposed a short-term measure of screening students who were deemed to be 'sexual deviants', including pre-college training for 400 students deemed to be 'at risk' (Yamwagee, 2010:2). Overall this intense concern to publicly display performances of moral and respectful citizenship can present significant barriers to the promotion of sexual health via public discourse.

One of the greatest challenges to implementing comprehensive and effective SRH policies is that they are often perceived as not being in harmony, or even harmful to, the welfare of a State and its citizens (Smith *et al.*, 2003:4; Irvine, 2000:58). Within Thai culture the divide between public and private discourse, in conjunction with the need for citizens to publicly display respect to the State (Jackson, 2004:201) adds a further layer of complexity to implementing comprehensive and effective SRH policies. When it comes to implementing school-based sexuality education – generally the first vital component of a national SRH policy (Smith *et al.*, 2003:3) – the personal enters the public realm. Sexuality education programmes have the potential to challenge the Thai State and its hegemonic cultural narratives on two fronts. Such programmes bring the discussion of sexual matters out of the private and into the public arena, which can normalise or de-stigmatise performances/public discussion of non-marital sexuality. Under dominant Thai cultural narratives students must display respect to their teachers and talking about sexual matters in a classroom setting (a forum of the public state system) can often be viewed as highly disrespectful (Boontinand and Petcharamesree, 2018:46; Mulder, 1997:40). Not surprisingly, such discussions become highly sanitised and focus on the mechanics of sexual health, avoiding any potential discussion of non-normative sexual practices such as non-marital sex or same sex relations (UNICEF, 2017:42; Vuttanont *et al.*, 2006: 2071-2072).

The cultural silencing of public discourse on non-marital sexuality was demonstrated in 2002 when the then Prime Minister Thaksin Shinawatra withdrew a sexuality education text book called '*Khumue Waisai*' (Manual for Teenagers) from schools, because it was perceived as being at odds with modern Thai cultural narratives. The book promoted masturbation as a viable alternate to having sex, and it used slang terms instead of clinical sexual terms. Consequently, it was accused of being 'sex arousing' by many school directors (BBC News, 2002). The book's use of slang was designed to make it more accessible to students by reflecting the private discourse of that target group of young people. Nevertheless, by doing this the book invoked discourses of private life within the public discourse of state-sanctioned educational programmes, given it was a school text book and not a private medium such as a popular magazine column. Moreover, it endorsed a non-marital sexual behaviour by suggesting masturbation (a form of sexuality outside of procreation) was acceptable. The inclusion of masturbation in sexuality education programmes implies that sex can be pleasurable and not just for procreation, which is unacceptable within dominant Thai cultural narratives. Therefore, the book was rendered ineffective as it directly challenged dominant Thai cultural norms and was subsequently silenced by being removed from the school curriculum. At present in Thailand school-based sexuality education appears to be dominated by sex-negative narratives, which are highly counter-productive to the policy aims of these programmes (UNICEF, 2017:40,43)

Conclusion

In contemporary Thailand, it has become rather difficult for policy makers to endorse an effective SRH policy aimed at addressing the vulnerability of young people to HIV infection and other sexual risks. This is because of the influence of dominant Thai cultural narratives over Thai citizens to show public displays of conformity and respect to the values of the modern Thai State. The contemporary epidemic is primarily spread through unprotected sexual intercourse amongst young Thais. Therefore, it is difficult for agents of the State to acknowledge this, as dominant Thai cultural narratives proclaim that moral Thai citizens do not engage in sex outside of marriage, thereby denying the existence of sexual activity in Thailand's population of young people. Overall, the evidence analysed in this chapter indicates that the 'general population' of young people engaged in non-commercial heterosexual non-marital sexuality (NHNS) has become highly vulnerable to new HIV infections due to strong cultural barriers that make it highly problematic for policy makers to target current SRH policy towards young Thais.

Although commercial sex is tolerated as marginalised impurity, the Thai State and the dominant cultural narratives that define and maintain it, are far less accepting of sexual variations amongst 'mainstream' citizens. Now that new HIV infections appear to be spreading outside of the culturally and physically quarantined area of the commercial sex industry and into the mainstream population of Thailand, Thai policy makers appear to have lost their ability to effectively deal with the epidemic. The existence of HIV infections in young Thais implies they are sexually active, which directly challenges dominant cultural narratives that construct young people as being non-sexual. This highlights that sexual health issues cannot be solely viewed in a political vacuum, such as conceptualising these issues in a purely medical framework. Modern dominant Thai cultural narratives create and maintain cultural scenarios and interpersonal scripts that heavily constrain the actions and beliefs of individual Thai citizens in relation to their sexual health. Hegemonic masculinity makes young people highly vulnerable to HIV as it encourages perceptions that make young women vulnerable to coerced sexual intercourse and violence from men. Consequently, policy makers need to acknowledge that an individual's vulnerability to HIV goes beyond individual choice, as in Thailand an individual's agency is heavily constrained by dominant cultural narratives. In closing, policy makers need to be aware that the persistence of new HIV infections is typically a sign of strong cultural inequalities that make individuals and/or segments of society vulnerable to HIV and other sexual risks. However, in most cases the issue is often blamed on a recalcitrant group of individuals who actively choose to ignore public health measures and engage in 'risky' sexual behaviour that places others at risk.

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Appendix A – Thailand Post-2006 Coup

Thailand is on the verge of a major redistribution of power structures following the 2006 military *coup d'état*, Thailand's first coup since 1992 (Welsh, 2006:23; Rodan and Hughes, 2014:172). In the lead up to 2006, numerous charges of corruption had been laid against Thailand's then Prime Minister, Thaksin Shinawatra, the populist and authoritative telecommunications magnate elected to power in 2001 (Montesano, 2002:93-96). Opponents of Thaksin had accused his party of systematically weakening Thailand's democratic institutions through numerous acts of cronyism and nepotism. A key example of this was when Thaksin's family sold its telecommunications empire to a Singapore company for US \$1.9 billion by using Thaksin's position as Premier to affect the deal (Sipress, 2006). Thaksin rose to power following the 2001 electoral success of his political party, TRT (*Thai Rak Thai* – literally Thai for Thai loves Thai) following the first truly democratic elections of Thailand (Montesano, 2002:90-91). The elections arose from the 1997 reformed constitution intended to eliminate corruption from Thai political systems (Bowornwathana, 2000:93). Between 2001 and 2006 Thaksin demonstrated his popularity by achieving several political milestones. Thaksin was the first premier in Thai history to have survived a four-year term, the first to have been re-elected to power in a landslide victory in the 2005 elections, and the first to command a majority in the House of Representatives (Rodan and Hughes, 2014:169). Despite this popularity, Thaksin took on the task of dismantling past networks of political power left over from the old military regimes which were strongly connected to the monarchy (McCargo, 2006:42-43) and replacing them with TRT networks (Montesano, 2002:91). The TRT became engaged in purging the media of dissenting voices and used its position of power to manipulate shares for its own profit. Thaksin also displayed the old practice of nepotism by assigning friends and colleges from his past career as a police officer to positions of power over unaligned competent candidates (McCargo, 2006:42-43). Perhaps Thaksin's most serious legacy was the damage his poorly managed counter-insurgency campaign (2001-2006) incurred on the Deep South of Thailand and Thai-Malay Muslim relations in his efforts to dominate the power structures of the monarchy based in the South (McCargo, 2007:13).

The main flashpoint for this regime emerged when Thaksin directly challenged the monarchy by proposing a major military reshuffle that would replace Royalist commanders with those aligned to Thaksin (Horn, 2006:21; BBC News, 2006A). These proposals were strongly rejected by the monarchy (Phongpaichit, 2007:6; Rodan and Hughes, 2014:169). Following growing discontent, in 2006 opponents of Thaksin accused Thaksin and his political party TRT of plotting to overthrow the monarchy to secure their absolute power over Thai political structures (Phongpaichit, 2007:6; Rodan and Hughes, 2014:170). These suspicions were intensified in June 2006 when Thaksin publicly claimed that, '... a charismatic, extra constitutional figure ...', wanted to oust him from power (Wehrfritz, 2006:30). A reference that many Thais assumed was a blatant reference to the King or his closest aid, General Prem Tinsulanonda, a former Prime Minister, and head of the Privy Council of the King (Wehrfritz, 2006:30). These opponents coalesced with the People's Alliance for Democracy (PAD) movement to form the 'yellow-shirt' (yellow to symbolise their allegiance to the King) movement (Rodan and Hughes, 2014:169), and lobbied for the ousting and arrest of Thaksin. Appeals were made to the King to remove Thaksin from power for the greater good of Thai society, and following snap elections held in 2006 by TRT to secure their mandate to govern, the military (given its strong link to the monarchy as established under Sarit's nationalism projects of the 1960s and 1970s) stepped in and removed Thaksin from power (Rodan and Hughes, 2014:172). On the night of September 19th, 2006, the Thai military staged a 'bloodless' coup, suspended the 1997 constitution, and declared martial law, which allowed the military to seize power from the elected TRT government when Thaksin was attending a United Nations conference in New York City, USA (Schmidt, 2007:4). Following this over-throw, which many believed was an attack on Thailand's newly established democratic

governance, a mass movement of supporters called the United Front for Democracy Against Dictatorship (UDD) started to lobby for the return of ousted ex-Prime Minister Thaksin and the dropping of criminal charges made against him following his overthrow (Phongpaichit and Baker, 2009:292). To symbolise their allegiance to Thaksin and their opposition to the 'yellow-shirts', UDD members wear red and are commonly referred to as the 'red-shirts' (Rodan and Hughes, 2014:173. Between 2006 and 2016 there have been many strong public clashes between these two groups (BBC News, 2015; Rodan and Hughes, 2014). However, at the time of completing this thesis (late-2018), the key structures of Thai power analysed in this thesis remain in operation: at this time the power of the monarchy is intact (even after the passing of late King Bhumipon), and the government of Thailand is still under military rule following the removal of former Prime Minister Yingluck Shinawatra from power in a military coup in May 2014 (BBC News, 2015). Yingluck is Thaksin's sister, and political link to Thailand. Since May 2014 Thailand has been under the leadership of Prime Minister General Prayut Chan-o-cha, a career soldier with four decades of service, and close association and loyalty to the monarchy (Campbell, 2018). Therefore, the analysis conducted in this thesis into dominant Thai cultural narratives and their impact on sexual health in Thailand is still highly relevant.

'Every person has the right to receive sexual information and to consider accepting sexual relationships for pleasure as well as for procreation.'

The World Health Organisation - quoted in Dyson *et al.* (2003:1)

CHAPTER TWO

Rationalised Silence: Cultural norms silencing school-based sexuality education in the West

Within Thailand dominant state narratives have stigmatised non-marital sexuality, especially amongst young people, and effectively silenced public discourse on sexual health. To refute Western-bias that taboos against public discourse on sexuality is an idiosyncrasy of a 'developing nation' with 'traditional' values, this chapter will be analysing the cultural barriers to Sexual and Reproductive Health (SRH) policies that exist in Western nations. Public discourse on sex in Western nations is typically not outright taboo as it is in Thailand. Nevertheless, public discourses that construct the sexuality of young people in a positive and/or normative manner tend to encounter strong cultural resistance and are often silenced. The preceding chapter of this thesis demonstrated that an individual's sexuality, and how they express their sexualised identity, is strongly linked to hegemonic understandings of national character. Consequently, sexual health issues cannot be viewed in a decontextualised manner, such as conceptualising SRH issues in a purely medical framework or considering health choices as being based purely on individual agency. However, in the Western setting, sexuality and by extension sexual health policy, is typically perceived in a depoliticised manner. Western sexuality education programmes tend to view sexuality in this decontextualised fashion by concentrating on the mechanical aspects of sex — such as the physiological processes involved in reproduction. Typically to the exclusion, or extreme marginalisation, of embodied matters, such as the emotional and inter-personal relational aspects of sex, and the potential positive benefits of sex, both psychological and physical (Giarni *et al.*, 2006:487). This is due to the dominance of dualist narratives within Western settings that have conceptualised the body and mind as distinct entities. Extending from this conceptual division is the notion of the private and public arena, with issues of the rational mind being public, and embodied/irrational matters being private (Paechter, 2004:310).

Dominant dualist narratives in many Western nations have silenced sexual matters by labelling such issues as private issues, and unfit for discussion in the public area, an area dedicated to rational matters of the mind (Paechter, 2004:310). Such a conceptual divide of public/private cannot work when it comes to SRH policies. As Whittaker (2004:30) observes, on a national and individual level, resources are contested, and power is at stake when it comes to issues of fertility, contraception and HIV and/or AIDS. Consequently, designing and implementing effective SRH policies can ignite significant discursive debates. This is especially evident in the heated debates over the type of school-based sexuality education⁸ that is provided to young people as the foundation of most national SRH policies. The provision of school-based sexuality programs is routine in most Western nations, such as Australia, New Zealand, the United Kingdom (UK) and the United States of America (USA), and debates on its validity are now generally redundant (Allen, 2011:43).

⁸ Note: use of the term 'sex education' in this chapter refers to older/traditional forms of education that exclusively focus on the physical dimension of sexuality, often with a strong scientific/medical focus. 'Sexuality education' refers to the more contemporary and broader form of education that acknowledges the socially situated nature of sexuality, including physical, social, mental and emotional concerns. Education that promotes the value of abstaining from sex-until-marriage can unfortunately fall into either category and is often labelled 'sexuality education' as it allegedly addresses physical, social, mental, and emotional concerns — often in a highly bias and stigmatic manner.

Nonetheless, there are extremely strong and often divisive debates over what the content of such programmes should be, and the way these courses are taught (Allen, 2011:43). In addition to challenging Western observer-bias as to why there appears to be a lull in the effectiveness of Thailand's once highly successful SRH policies, it is also necessary to understand that SRH policies come in many varieties, and that they need to be appropriate to the target audience. Due to the strong cultural barriers that exist in Thailand to discussing sexual matters in public, there are few critical studies investigating school-based sexuality education as part of broader Thai SRH policies. Consequently, it is necessary to analyse the broader international research that has been conducted into the provision of school-based sexuality education programmes and the cultural barriers they encounter. Especially comprehensive sexuality education (CSE), which tends to encounter the most cultural resistance. Broadening the scope of this thesis' analysis to include international research will provide a richer body of data to draw upon in analysing the complex relation between cultural barriers and SRH policies. Furthermore, the international research reveals national/cultural imperatives because it enables comparative analysis.

Culture as Content: Dualist narratives silencing public discourse on sexual matters in the West

The phenomena of dominant State narratives stigmatising non-marital sexuality and silencing public discourse on sexual health matters is not unique to Thailand. As Boesten and Poku (2009:9) observe, 'the taboo on sexual practices outside socially determined ideal-types (e.g. monogamous, heterosexual, within marriage, reproductive) is one of the main reasons for the persistence of AIDS [globally]'. They argue that dominant cultural narratives further undermine prevention efforts and constrain people's capacity to protect themselves from harm (Boesten and Poku, 2009:9). Given there is currently no vaccine for HIV,⁹ and affordable and accessible treatment for AIDS is still not available in many nations, the primary focus of AIDS policies must be on HIV prevention (UNAIDS, 2018:2; Hargreaves and Glynn, 2002:489). Consequently, the central policy focus of HIV prevention should be on the need to develop and implement effective techniques to reduce the spread of HIV (UNESCO, 2014:12). Thus, in nations such as Thailand where HIV transmission is via sexual transmission, policies that promote education to modify behaviour patterns to include safer sexual practices that reduce the likelihood of transmitting an STI, including HIV, are essential (Hargreaves and Glynn, 2002:489; UNESCO, 2014:12). Given the culturally based barriers to effective HIV infection prevention it is necessary to analyse culture as content and not just context. Therefore, in addition to a focus on the biological aspects of disease transmission, such policies must also address the structures of social inequality that make individuals vulnerable to HIV infection.

One of the most significant constraints on effective SRH policies in the Western setting is the dominance of dualist assumptions within discursive debates on sexual health. These assumptions require the depoliticised conceptualisation of sexual matters, or conceptualisation in a 'rational' disembodied manner. School-based *sexuality* education programmes, which specifically place the sexual in a socio-political setting, have long been identified as the most appropriate foundation for national SRH policies aimed at promoting sound sexual health practices on a national level (Giambi *et al.*, 2006:486).

⁹ Although there has been a break-through Thai HIV vaccine efficacy trial, known as RV144, conducted by the Thai Ministry of Public Health in 2009 and funded by the US Military, the vaccine is still in the early stages of clinical trials and appears to only be effective against the Thai strain of the virus. For more information see: Boseley, S. (2009) 'HIV breakthrough as scientists discover new vaccine to prevent infection', *The Guardian*, 24 September, viewed 08 Apr 2013, < <http://www.guardian.co.uk/world/2009/sep/24/hiv-infection-vaccine-aids-breakthrough> >; MHRP 'RV144 Trial', U.S. Military HIV Research Program, 2012, viewed 08 Apr 2013, < <http://www.hivresearch.org/research.php?ServiceID=13> >

This is for two reasons, targeting young people is vital as they are a highly vulnerable group to HIV infection, and promoting sexual health education at school is the most effective forum for reaching a large proportion of the population. According to the 2011 United Nations Millennium Development Goals Report almost 23 percent of people living with HIV globally were under the age of 25. Young people aged from 15 to 24 accounted for 41 percent of new infections amongst those aged 15 and older (UNESCO, 2014:11). Moreover, young people are highly vulnerable to HIV infection due to multiple factors, such as being more open to sexual experimentation, including high partner turnover and possessing less life-skills/experience than adults, which often leads to young people making more 'risky' decisions (Arora *et al.*, 2015:193; UNICEF, 2014:1; Schaalma *et al.*, 2004:259). Schools are the most effective means of accessing and educating the highest numbers of young people possible. Educational enrolment is increasing globally, children aged from 5 to 18 spend large amounts of their time in schools, and most students are at least in primary school before they become sexually active (UNESCO, 2014:12). Furthermore, the primary function of schools is to educate, therefore these institutions should be well equipped to educate young people on sexual health matters (Smith *et al.*, 2003:3; Mitchell *et al.*, 2000:262; Hillier and Mitchell, 2008:211; UNESCO, 2014:11). From a broader prevention perspective, it is best to educate the majority of the population before they engage in behaviours that make them vulnerable to HIV infection. Consequently school-based programmes are ideal for guiding the developing population of a nation as they transition through sexual maturity. Moreover, AIDS and HIV education has been identified as the most effective foundation of a comprehensive national AIDS policy targeted at reducing rates of new HIV infections (*ADOLESCENCE*, 2005:12).

Schools are the logical location for SRH policies focused on young people. Nevertheless, schools are also institutions of the State that promote prevalent narratives, which are often at odds with such policies (UNICEF, 2017:26; Levtov, 2014:4; Allen, 2007:222; Harrison and Hillier, 1999:282, 283). Despite the popular conception of schools existing as passive monoliths against which citizens are educated, they do indeed play an active role in shaping the identities of young people (Paechter, 2007:112). Schools reflect the dominant narratives of the community in which they exist by giving young people messages on who they can be, what they can do and why, through the images of masculinity and femininity that they convey and purvey (Boontinand and Petcharamesree, 2018:42; Levtov, 2014:4; Paechter, 2007:112). A common example is schools promoting curriculums that efface matters of the body from schooling in general, and more specifically silence identities that challenge dominant preferences, such as the invisibility of students and staff who are lesbian, gay or bisexual (UNICEF, 2017:39; Beasley, 2013:123; Paechter, 2007:112). As Allen (2007:223) observes, 'a dominant view of the function of schooling in Anglophone countries is that education of the mind is a priority and that issues of sexuality and the body are a distraction to be managed'. In critically analysing the impact of these dualist narratives, heavily influenced by the philosophy of Descartes upon Western educational institutions, Paechter (2004:309) argues in a related vein that, 'the dualistic vision of the world encapsulated in Descartes' thought has led to a situation in which students' bodies are sidelined in schools, making sex education paradoxically both marginal to the school curriculum and a central preoccupation of the schooling process'. As Hillier and Mitchell (2008:211) observe, 'sex education has always been a contested site in the school curriculum, perhaps because highly emotive notions of morality are entangled in the subject matter and as a society we remain fearful of the sexuality of adolescents'. As Harrison and Hillier (1999:283) point out, 'sexuality education is not taught in a vacuum... what is taught and the ways in which it is taught reflect larger cultural norms, and the teachers (together with students) continually reconstruct these norms in the practices they engage in when *doing* sexuality education'.

One of the most significant narratives in schools, especially in terms of sex education (and *sexuality* education) is heterosexuality being assumed to be the *only* form of sexuality, known as heteronormativity (UNICEF, 2017:15,32-34). When teachers and students talk about sex they are implicitly talking about heterosexual sex (Kehily, 2002:57; UNICEF, 2017:34). Consequently, many educators and policy makers are, at the least, not attentive to the cultural location of sexual practices and frequently appear to assume that these practices are 'natural', physiological, and hence outside of culture.

Given many educators and policy makers are not attentive to the socio-political and embodied nature of sexuality, the definitions of sexuality portrayed and constructed at schools is often highly disconnected from the way young people perceive their own sexuality. Reflecting on this disjunction, Allen (2007:222) observed that a, 'repeated critique of sexuality education by secondary school students in New Zealand, Australia and Britain is that its content is often not relevant to their needs, introduced too late and perceived as boring and overly scientific.' This dualistic vision means that schools must ensure students are not distracted by sexual matters, as these are dismissed as bodily or 'irrational' issues. Such irrational issues are perceived as existing outside of the primary functioning of Western schools, which is to educate the 'rational' mind on academic topics, such as Mathematics and Physical Sciences (Paechter, 2007:119). Paradoxically to achieve this goal the issue of young people's sexuality must be discussed, while simultaneously being silenced. Thus, this paradox is typically resolved by constructing their sexuality as something dangerous that needs to be handled in a safe, detached and rational manner, rather than as something that is a healthy part of everyday social relations (Allen, 2007:225; Allen, 2004:154; Smith *et al.*, 2011:5). This philosophy is reflected in most sexuality education policies that tend to focus their educational messages on the negative outcomes of sexual behaviour (UNICEF, 2017:33). Which typically omit any discussion of non-reproductive issues, such as the pleasures of sexual behaviour or activities (Smith *et al.*, 2011:5; Allen, 2004:151; Allen, 2007:227).

Therefore, to critically analyse the dynamic link between school-based sexuality education programmes and prevalent narratives linked to State identity, it is necessary to acknowledge that sexuality is an embodied activity, and that values are imparted to students not only through spoken language but also through body language, silences, and role modelling (Harrison and Hillier, 1999:283). As Harrison and Hillier (1999:283) note, 'in this context the common-sense understanding of teachers as 'value-neutral' facilitators whose job it is to enable students to clarify their own values is viewed as an unrealistic and less than ideal strategy.' Nevertheless, because of the dominance of dualist narratives in educational institutions, this perception of a value-neutral approach is favoured in most school-based sexuality education programmes.

Given the dominance of dualist narratives over schools, many SRH policies equate young people's sexual health with the absence of STIs and unplanned pregnancies, basically stating that a healthy sexual life is one devoid of sexuality (Allen, 2004:151). These policies, especially following the advent of the AIDS epidemic, adopted an interventionist approach of informing students what is 'bad' for them. They typically equate sex outside of a monogamous relationship, or the very act of sexual intercourse itself, as an 'unhealthy' behaviour to be avoided (Harrison and Hillier, 1999:279). Sexuality education in the West has, 'sought to quell sexual desire and underplay sexual pleasure in an endeavour to discourage seemingly inappropriate quests for either' (Allen, 2004:154). Linked to this dualist separation is the push for contemporary sexuality education programmes to remove attention from sexual desire and pleasure by depicting sexual intercourse as synonymous with reproduction (Allen, 2004:154). In a related vein this focus on reproduction also reinforces the silent assumption in schooling that *all* sex is heterosexual. This focus on sexual intercourse for bodily reproduction, rather

than an expression of emotional/social interaction, has led to a political quagmire for SRH policy in terms of how contemporary sexuality education courses should be taught, and what should be included (or excluded) (Dyson *et al.*, 2003:1; Smith *et al.*, 2003:4; Giami *et al.*, 2006:487; Ingham, 2005:376; Hillier and Mitchell, 2008:211).

Given the strong link between an individual's sexuality and State identity, school-based sexuality education has become a site of competing political interests. These competing interests originate from many actors, including parents/caregivers, teachers, school administration staff, educational policy makers, civil liberties organisations, conservative and liberal social groups, and finally, an often overlooked and silenced group, young people (Allen, 2011:46). The interaction between these groups creates a complex nexus of complimentary and competing discourses (Allen, 2011:46). Members within each group do not always display a consensus about programme content preferences, and conversely individuals from different groups may share some perspectives about the content (Allen, 2011:46; Schaalma *et al.*, 2004:260; Allen, 2007:227). In recognition of this complexity, Allen (2011:46) suggests conceptualising these discourses under three broad groups as a discourse of the 'moral right', 'health pragmatist', and 'sexual liberalism'. I will be using this paradigm to streamline my analysis of SRH policies in the West.

Discourses of the moral right argue that sexuality education should be taught within the institution of the family, with such lessons being confined to within the private domain of the household. However, if sexuality education must occur in the public arena, namely at school, then such a programme must be consistent with a sexually conservative doctrine (Allen, 2011:46). Consequently, certain practices that have been constructed as non-normative must not be discussed in a positive manner, such as birth control, abortion, homosexuality, and sex-outside-of-marriage (Santelli *et al.*, 2017:274,275; Allen, 2011:46). Therefore, school-based programmes tend to focus on stigmatising such practices and depicting non-marital sex as a 'risky business' by placing an overemphasis on the negatives of sexuality, such as STI, and emotional and spiritual harm (Rose, 2005:1210; Williams and Davidson, 2004:98). Such an approach is highly popular in the USA as demonstrated by the dominance of abstinence-until-marriage sexuality education policy over US schools (Charo, 2017; Weaver *et al.*, 2005:177). Demonstrating the political power of these narratives, such programmes are highly popular in the US despite evidence that such programmes tend to be harmful to young people, and that there are better education alternatives available, such as comprehensive sexuality education (Santelli *et al.*, 2017).

A discourse of health pragmatism is primarily concerned with securing the health of a nation's population by ensuring it is free of STI and other sexual risks, including the 'problem' of unplanned pregnancy (Allen, 2011:48). Since the introduction of sex education in the West, it has been variously perceived as a tool for curbing rising rates of STI, 'promiscuity', 'sexual deviance', and the negative effects of unplanned pregnancies (Allen, 2004:154). Given the public health aspect of a health pragmatist discourse, schools are typically viewed as the ideal venue for such an education. As with a moral right discourse, there is a tendency to perceive young people's sexuality as 'a problem' and focus on the negatives of sexuality (Allen, 2011:48; Ingham, 2005:381). In line with the public health dimension, sexual activity is viewed as an act that must be regulated and controlled (Ingham, 2005:381). This fixation on regulating sexuality reflects essentialist assumptions that sexuality is an innate, fixed and biologically determined drive or 'instinct' that is for the most part independent of social structures, and needs to be managed or suppressed to avoid 'harmful' or 'anti-social' behaviour (Carr, 1999:5). The logic behind portraying sexuality in a negative manner is that if students are provided with enough information on the allegedly risky nature of sexuality, and its associated negative consequences — such as STI and 'problems' associated with unplanned pregnancies — then

students will make rationally-informed decisions to avoid these incidents. Including behaviour modifications such as practising 'safer sex' or delaying sexual debut until a time later in life when they are allegedly more capable of managing sexual relations, typically defined as the abstract concept of being 'a mature adult' (Shucksmith, 2004:6,8; Allen, 2011:48). Because treatment of STI and provision of social security to single parents of unplanned pregnancy can present a financial drain on a nation's economy, a discourse of health pragmatism permeates a large majority of Western SRH policies (Allen, 2011:48).

Although school-based programmes that use a health pragmatist discourse may openly discuss non-normative issues, such as non-marital sex and the use of birth control and barrier protection, it is typically in a highly scientific and medical manner, and often restricted to the biology of reproduction (Hillier and Mitchell, 2008:213; Smith *et al.*, 2011:22; Allen, 2004:155; Ingham, 2005:381). Such a focus might seem logical given that the primary aim of SRH policy is to promote the sexual and reproductive health of the population. However, promoting a healthy population means more than just addressing physical health factors. The organisation of social inequalities that make people vulnerable to these issues must also be addressed (UNAIDS, 2018b:126). Under a health pragmatist approach several sexual practices are omitted because they fall outside of the restrictive focus on reproduction. Studies in Australia have indicated a significant increase in the practice of oral sex amongst young people, and its rising popularity in their sexual repertoire (Mitchell *et al.*, 2011:13). A 2008 Australian study revealed that 56 percent of the students surveyed had experienced oral sex, but not intercourse, within the previous year (Mitchell *et al.*, 2011:13). Given this practice tends to be negatively associated with pleasure, and not related to reproduction, the health pragmatist approach, which is focused on reproduction overlooks oral sex. Therefore, under this approach oral sex is excluded from most contemporary sexuality education programmes (Mitchell *et al.*, 2011:13). The focus of a health pragmatist discourse on a disembodied and sanitised sexuality has led to several critiques against such an approach, extending from this challenge was the emergence of a discourse of sexual liberalism (Allen, 2011:50).

A discourse of sexual liberalism views health pragmatism as deficient in its ability to cater for the embodied and emotional aspects of human sexuality (Allen, 2011:50), such as the exclusion of oral sex from contemporary programmes. The inability of a health pragmatist approach — which typically defines conventional sex education, and even many contemporary *sexuality* education programmes — to address these important aspects of human sexuality has led to several critical issues. The most significant concern is that the health pragmatist approach has led to a form of sexuality education that is perceived by many students as uninteresting, overly scientific, and often not relevant to their needs (Allen, 2007:222). The most significant aspect of the two previous discourses is that they tend to construct young people's sexuality as a social problem that needs to be controlled and suppressed to keep the population healthy. However, denying the legitimacy of young people's sexuality means that such programmes would be perceived as being against young people, rather than for them, and consequently perceived as irrelevant to their needs. Following a health pragmatist approach the focus of Australian SRH policy has typically been the provision of extensive information on STI and methods of preventing the spread of STI (Mitchell *et al.*, 2011:11). Nonetheless, despite this knowledge-focused approach to education in Australian schools since the 1970s, there continues to be significant gaps in students' knowledge. These knowledge gaps include low awareness of STI issues, low rates of consistent condom use, relatively high rates of unwanted sex, and a high rate of teenage pregnancy and abortion, when compared to other Western European nations — as revealed in contemporary extensive national surveys of young Australians (Johnson, 2006:1-2; Mitchell *et al.*, 2011:11). Similar trends have been observed with Thailand's health focused sexuality education programmes.

Despite decades of HIV and AIDS prevention education, a 2015 study of 373 secondary schools and 25 vocational colleges from across Thailand found that the number of students who could answer all five HIV knowledge questions was low, at approximately 20 percent (UNICEF, 2016:25). This critical knowledge/action gap indicates that the health pragmatist approach has not been effective in promoting sexual health knowledge and associated practices amongst young people.

A discourse of sexual liberalism would argue that this deficiency in contemporary SRH policy is because such policies have adopted a 'sex-negative' approach to educating young people rather than a 'sex-positive' approach that constructs young people's sexuality as normal (Allen, 2011:50; Ingham, 2005:381). The World Health Organisation (WHO) shares this view that a sex-positive approach will have positive health benefits for young people, as illustrated in their 1975 definition of sexual health as the:

...integration of the physical, emotional, intellectual, and social aspects of sexual being, in ways that are positively enriching and that enhance personality, communication, and love ... every person has the right to receive sexual information and to consider accepting sexual relationships for pleasure as well as for procreation (WHO, 1975 – quoted in Dyson *et al.*, 2003:1)

In 1998 a comparative British study on young people and sexuality education in the UK and the Netherlands, revealed that more openness in the school environment and in homes (in the Netherlands) in relation to sexuality had a protective effect on young people's sexual behaviour and led to positive health outcomes (Ingham, 2005:383). The same study found that compared to the Dutch sample, bodily pleasure among the British sample was frequently associated with guilt, shame and other negative emotions (Ingham, 2005:383). This trend highlights the impact that sex-negative discourses have on how young people perceive their own sexual health. Despite a large body of international research arguing that a sex-positive approach is the best way to promote a sexually healthy population (UNICEF, 2017:1; Santelli *et al.*, 2017:276), the dominance of dualist narratives in most Western nations has meant that sex-negative discourses, such as the moral right and the health pragmatist approach, continue to hold sway within most contemporary SRH policies.

Western policy makers and educators tend to agree that school-based sexuality education courses need to address teenage STI transmission and prevention, and unplanned pregnancies. However, due to the dominance of Western dualist narratives, these matters are typically depicted in a negative manner. Typically, with a focus on the risks attached to sexual activity and how these must be avoided (Santelli *et al.*, 2017:276; Ingham, 2005:381; Smith *et al.*, 2003:4; Schaalma *et al.*, 2004:260). Such an approach fits within the health pragmatist approach of employing sex education for public health purposes focused on fertility and its control, and more recently on the prevention of STI transmission (Allen, 2011:48; Ingham, 2005:381; Schaalma *et al.*, 2004:240). Since this approach continues to be preoccupied with suppressing matters of the body, it tends not to create much controversy (Ingham, 2005:381). By contrast, proposals for a *sexuality* education programme based on a sexual liberalism discourse steps outside of the normative bounds of education for health promotion. Such an approach argues that young people need to be educated about romantic/sexual relationships (and associated emotional concerns), handling sexual encounters, and competent and consistent condom use (and other contraceptives). And generally acknowledges young people as sexual beings, and promotes their sexuality in a positive manner (Schaalma *et al.*, 2004:260; Allen, 2007:227). Consequently, these proposals are typically viewed as highly controversial, and remain highly unpopular with policy makers (Schaalma *et al.*, 2004:260; Allen, 2007:227).

Anatomy and Abstinence Served with an Extra Helping of Shame: A brief history of school-based sex education in the West

In Thailand, sexuality is strongly linked to State identity, as it is in most Western nations. Therefore, public discourse on sexual matters are strongly policed by State structures of power, particularly educational institutions. Educating citizens on sex is not a new phenomenon and can be traced back to at least the Eighteenth century in Western culture (Schaalma *et al.*, 2004:260). Likewise, discursive battles attempting to silence public discourse on sexual matters is not a new phenomenon neither (Irvine, 1994:3; Gibson, 2007:239,240). From its origins such education has typically focused on health promotion in a purely physical manner, in addition to sex education being used to reinforce dominant cultural narratives, and silencing discourse on certain behaviours by stigmatising them as unhealthy, and ultimately trying to stop the practice of that behaviour (Schaalma *et al.*, 2004:260; Mitchell *et al.*, 2011:4). An obvious example here is the emphasis of past sexual information condemning behaviours such as masturbation as 'perverse' and having negative health effects (Schaalma *et al.*, 2004:260; Mitchell *et al.*, 2011:4). Although the concept of sex education is not new, the inclusion of sex as an educational subject in the curricula of schools, popularly known as 'sex education', is a relatively recent phenomenon (Giami *et al.*, 2006:485; Gibson, 2007:239). Prior to the 1960s, sex education was not considered the responsibility of schools. Instead education about sex was perceived as being a task for the family unit and was left to parents, reflecting a moral right discourse (Weaver *et al.*, 2005:176). The type of sex education offered in Western schools up until the 1980s reflected the broader discursive debates occurring in society during that time, mainly associated with a greater public awareness of non-marital sexual relations, and how to manage them (Mitchell *et al.*, 2011:4). Conservative groups argued that the message of sex education should be, 'don't do it' [do not have sex-outside-of-marriage], while progressive groups argued the message should be 'if you must do it, don't get pregnant' (Gibson, 2007:240).

Until the advent of the AIDS epidemic in the 1980s sex education programmes also did not acknowledge sexuality outside of heterosexual relationships and were heavily focused on contraception rather than prophylaxis for disease prevention (Gibson, 2007:240). Following the epidemic, there was a demand for SRH policies to provide more open and candid discussion on sexual relations (Weaver *et al.*, 2005:176; Gibson, 2007:240). Although discussions of sexual practices appear to have become more candid in contemporary SRH policies, school-based sexuality education tended to focus on penetrative vaginal-sex within a heterosexual scope, often to the exclusion of other forms of sexual practices, sexualities and the people that identify with such practices and sexualities (Harrison and Hillier, 1999:279). In Australian schools, an approximate 7-11 percent of the student population identify as same-sex-attracted (Hillier and Mitchell, 2008:213), which is a significant number to be excluded from sexuality education programmes. The exclusion, or at the very least, extreme marginalisation of same-sex-attracted narratives from Australian SRH policy reflects the silencing of narratives in Thai SRH policy that construct young people's sexuality in a normative manner.

Unlike Thailand's heterosexual transmission trends of HIV, HIV infection in most Western nations is mainly passed through homosexual transmission (Boesten and Poku, 2009:3). Thus, from a preventative health perspective, it seems odd that same-sex-narratives have been extremely marginalised in Western SRH policy. Nonetheless, given educational institutions are heavily invested in promoting an idealised type of sexuality amongst the population of young people, that is, a student that identifies as being heterosexual, this marginalisation is not surprising.

Often within schools (and the broader society beyond the school) there are strong negative narratives that discourage students from identifying as homosexual (Jones, 2016; Harrison, 2000:7). These narratives are a direct result of the naturalisation of heterosexual relations, with homophobia and homophobic practices often being treated as routine everyday activities, particularly among male peer groups (Kehily, 2002:27). In Australia, as with many Western nations, the initial onset of the AIDS epidemic in the 1980s was perceived as infecting 'guilty' people existing outside of 'mainstream' society that practised 'deviant' behaviours that placed others at risk (Newman and Persson, 2009:9). Consequently, in many Western nations, homosexuality came to be negatively associated with AIDS and HIV. Often the public narratives of fear associated with AIDS had less to do with fear of potential HIV infection and reflected more the overall public fear and anxiety towards homosexuality, promiscuity and moral decadence (Bishop *et al.*, 1991:1878). Similar to contemporary debates around young people's sexuality, the rapid spread of AIDS amongst the homosexual community forced policy makers to publicly discuss homosexuality in relation to the rapid spread of HIV infections, despite homosexuality being a controversial and therefore silent issue (Weaver *et al.*, 2005:176; Marsh, 1995:547).

The emergence of the AIDS epidemic in Australia meant that homosexual men – in particular their sexual activities – started to become the major target of mass public media coverage around the disease. Prior to this, homosexual men had remained virtually invisible within mainstream media accounts (Lupton, 1996:99). This silence around homosexuality reflects the dominance of heterosexuality in the normative construction of the Australian identity. Consequently, as with young people's sexuality in contemporary debates, public discussion in the 1980s tended to stigmatise homosexuality as a dangerous (non-normative) behaviour that placed others 'at risk' (Newman and Persson, 2009:9). Indeed, Australia was famous for its SRH policy centred on strong public media campaigns that promoted HIV awareness. Originally such messages were very negative, but eventually became more positive. Earlier messages promoted the idea of the 'AIDS carrier', typically embodied as a gay man, an injecting drug user, a commercial sex worker, or a 'promiscuous' heterosexual threatening the 'general population' of 'innocent' victims (Newman and Persson, 2009:9; Vitellone, 2001). This message was modified in the latter part of the 1980s to acknowledge that 'everyone is at risk of HIV infection and developing AIDS, regardless of their gender or sexual proclivity' (Lupton, 1996:99). Relatedly, Australian intervention policies were praised for their positive partnership with the gay community in promoting HIV and AIDS awareness in a non-stigmatic manner (Hillier and Mitchell, 2008:212). Given that the SRH policies of the latter part of the 1980s included narratives that acknowledged sexuality outside of heterosexuality, it seems perplexing that contemporary policies promote school-based programmes that have marginalised same-sex-attracted narratives from their courses.¹⁰ This marginalisation of same-sex-attracted narratives highlights that schools operate within a web of authoritative narratives that stigmatise non-normative sexuality, and silence public discourse on such matters.

Although dominant dualist narratives limit public discussions on sexual health matters, changes in society over time can lead to the creation of new public spaces for discussing sexual matters. The increased public awareness of homosexuality within an AIDS context during the late 1980s following the extensive public SRH campaigns opened a social space in public discourse for post-

¹⁰ As this thesis is focused on heterosexual sexual health in Thailand, a detailed analysis of the Australian SRH policy focused on homosexuality and AIDS intervention falls beyond the scope of inquiry and will not be included. For a good overview and introduction to the media coverage and public campaigns of the 1980s Australian AIDS epidemic see Newman C. and Persson A. (2009) 'Fear, complacency and the spectacle of risk: the making of HIV as a public concern in Australia', *Health* 13(1): 7-23.

structuralist feminist and Queer theorist narratives to challenge the privileging of heterosexuality as a culturally hegemonic form of sexuality that has marginalised all other forms of sexuality (Harrison, 2000:6). Within contemporary SRH policies there has been an increased focus upon CSE that acknowledges a greater range of sexual practices, and acknowledges bodily desires (Weaver *et al.*, 2005:176; Gibson, 2007:240; Healey, 2005; Philpott *et al.*, 2006:26; UNICEF, 2017). These developments appear promising for contemporary sites, such as challenging the cultural silence in Thailand towards young people's sexuality. Nevertheless, despite an increased policy focus towards employing a sexual liberalism discourse, in practice contemporary sexuality education programmes still tend to favour a health pragmatist discourse limited to the conventional topics of STI and human reproduction, typically emphasising the negative outcomes of sexuality (Smith *et al.*, 2011:5; Beasley, 2013:123). Consequently, such programmes tend to perpetuate hegemonic constructions of dominating masculine desire and pleasure (Beasley, 2008:158; Hillier and Harrison, 1999:279), which in turn has negative health consequences. Such hegemonic constructions of the dominating desire of men and their pleasure over that of women makes mutual negotiation of sexual practices and preferences extremely difficult. This privileging of men's sexuality is at odds with many dominant gender-blind Western health narratives that assume individuals have the same level of personal agency when negotiating sexual encounters.

Reflecting the cultural barriers in Thailand to implementing effective SRH policy, dominant dualist narratives in many Western nations continue to silence, or at the very least significantly restrict public discourse on sexual matters. Schools often employ sexuality education programmes that utilise narratives promoting notions of personal agency, self-help and responsibility (Harrison and Hillier, 1999:282). This health pragmatist approach relies heavily on the dualist/medical assumption that if a policy injects knowledge and/or skills into a target population, then behaviour will change accordingly (Ingham, 2005:376). Such constructions overlook the socio-political character of sexuality, assume all individuals have the same level of power in negotiating sexual encounters, and subsequently overlook the situated nature of an individual's sexual vulnerability. These gender-blind narratives do not acknowledge that power is unevenly distributed, and that sexual negotiating power is gender-biased. Choosing to have safer sex is more than just a rationally-informed personal choice (Hillier *et al.*, 1998:5). Therefore, SRH policy makers need to understand and appreciate the socio-political context shaping sexuality, and how hegemonic cultural narratives make individuals vulnerable to negative sexual health factors, ranging from traditional medical concerns of HIV infection to more embodied concerns such as a damaged social reputation.

The dominance of dualist narratives has led to a selective silencing of several critical findings on HIV infection prevention — findings are suppressed if they involve discussing non-normative sexuality in a positive manner. Since the advent of the global AIDS pandemic in the 1980s a great deal of research has been conducted into what an effective SRH policy should include to effectively educate citizens on how to prevent the spread of HIV infections (Mitchell *et al.*, 2011:5). One significant component to making an effective policy is for such a policy to take a multidimensional approach that not only imparts knowledge on the biological aspects of HIV and AIDS and associated 'sexual harm', but also addresses the socially and culturally situated nature of sexuality, and positively acknowledges young people as sexual beings (UNAIDS, 2018b; Williams and Davidson, 2004:98; Dyson *et al.*, 2003:1; Mitchell *et al.*, 2011:5). Therefore, a good SRH policy is one that goes beyond exclusively providing sexual health knowledge, often within a bio-medical context — typically narrowly focused on STI transmission reduction to the exclusion of social factors (Mitchell *et al.*, 2011:5). As Williams and Davidson (2004:95) note in their review of improving SRH for young people, a good SRH policy in addition to STI and unplanned pregnancy prevention, 'includes freedom from the attitudinal, cultural and societal influences that affect sexual behaviour whilst acknowledging biological risk and genetic

predisposition.' To achieve these goals school-based sexuality education programmes, as part of a broader SRH policy, need to provide young people with skills and information that will allow them to make informed choices in relation to pursuing healthier sexual lives (Mitchell *et al.*, 2011:5).

Simply providing young people with information on how to access and use contraceptives is not enough to promote good sexual health if the individual is unlikely to utilise contraceptives because of significant cultural barriers. Consider the following hypothetical scenario. A teenage Australian girl is deciding whether to carry condoms or not in her purse. She is already on the contraceptive pill. To her knowledge, none of her friends have ever become pregnant, and she does not know of anyone who has ever had HIV or AIDS. However, she knows from her limited sex education lessons that you should always use a condom when having sex, not just for preventing pregnancy, but also for defending against HIV infection. From a medical perspective it would be logical to always carry condoms in case she has a sexual encounter and needs to reduce her vulnerability to contracting an STI or possibly becoming pregnant. However, from the perspective of the individual, the chances of catching HIV seem unlikely, and she is on the pill so becoming pregnant seems highly unlikely. On the other hand, she might be worried that there is a very high chance of her reputation being sullied if people became aware that she was carrying condoms. They are more visible and obvious than her pills. Her peers might label her as a sexually promiscuous deviant that craves sex with strangers, such as being labelled 'a slut who's up for it'. In this case, the social risk is immediate and clear, whereas the medical risk is distant and removed from the individual's lived experiences. In this context, a health pragmatist approach would not consider the social risk, whereas a sexual liberalism approach would.

Therefore, in the above example, without an SRH policy that promotes an educational environment in which students do not feel ashamed about their sexuality, the individual would most likely take a course of action that best conceals her sexual activity. Although this is a hypothetical scenario, contemporary surveys on the sexual behaviour of young Australians indicate that the use of condoms is relatively low in Australia. Less than one third of exclusively heterosexually active men and women reported that they always use a condom when having sex (de Visser *et al.*, 2003:223). Likewise, the Second Australian Study of Health and Relationships, conducted across 2012 and 2013 revealed that amongst their sample of participants, less than a quarter reported using a condom in their most recent sexual encounter (de Visser *et al.*, 2014:500). More significantly from a prevention perspective, approximately 15 percent of condoms used for vaginal sex were put on after genital contact had occurred (de Visser *et al.*, 2014:500). Therefore, school-based programmes need to promote educational messages that are relevant to the student's social situations while promoting behaviours that minimise individual vulnerability to negative sexual health factors. Although school-based sexuality education programmes have long been identified as the most appropriate foundation for SRH policy, there are still robust ongoing debates as to what the content of these courses should include (Smith *et al.*, 2007:7; Allen, 2011:43).

Western narratives construct the ideal student as non-sexual (Farrelly *et al.*, 2007:65; Braeken and Rondinelli, 2012:S60; Ingham, 2005:381). Thus, one of the most significant barriers to enacting effective SRH policies is the strong cultural resistance to policies that acknowledge or promote young people's sexuality in a positive manner (Hillier and Mitchell, 2008:211; Irvine, 2000:58). Since the advent of school-based sex education, the allegation (often from the moral right) that talk about sex will stimulate 'innocent' children into becoming sexually active, has continued to present a considerable barrier to school-based sexuality education (Irvine, 2000:58). This concern that sexuality education speech is performative, albeit unfounded, continues to permeate contemporary debates over sexuality education and SRH policy implementation (UNICEF, 2017:11; UNICEF, 2016:24; Troung, 2016; Gibson, 2007:242; Irvine, 2000:58). Taking a sex-negative approach can lead to high levels of

stigma that make individuals more vulnerable to sexual risks, such as unwanted sex. As Allen (2007:222) notes, 'a young person who views themselves as positively and legitimately sexual is typically in a much stronger position to act in ways that support their sexual well-being than someone who considers their sexuality as inherently 'wrong'.' Despite this observation, many schools remain reluctant to employ sex-positive sexuality education programmes. The most notable aspect of this reluctance is the absence of pleasure from most sexuality education programmes (Beasley 2008; Ingham, 2005:380; Hillier and Mitchell, 2008:213). In the Western setting, pleasure is not widely accepted as a component of sexual health promotion (Philpott *et al.*, 2006:24; Hirst, 2004:122), despite a large number of critical theorists involved in education arguing that inclusion of pleasure into sexuality education programmes would most likely lead to positive health outcomes (Beasley 2013; Ingham, 2005:383; Philpott *et al.*, 2006:24; Allen, 2004:154; Hirst, 2004:122). As part of the Sexual and Relationship Therapy's inaugural debate on sex education (Giami *et al.*, 2006:487) it was stated that, 'positive sex education means avoiding blaming or shaming adolescents about their sexual feelings and responses; it also means avoiding delivering messages that sex is not enjoyable.'

Despite contemporary evidence-based research into sexual health matters arguing that sex-positive narratives will significantly improve sexual health, protective narratives continue to silence such measures. If policy makers were to endorse a sexuality education programme that acknowledges sex can be emotionally and physically pleasurable, rather than a purely physical activity laden with a plethora of risks, the programme would be engaging in a discourse that is more open and engaging with its target audience of young people. Such an approach would treat young people as equals as it does not seek to withhold information from them. Unfortunately, the prevalence of health pragmatist discourses in most contemporary sexuality education programmes tend to employ top-down paternalistic protective narratives that de-eroticise the body and reduce sexuality purely to reproduction. Such a construction is removed from how many students perceive their own sexuality and sexual experiences (Allen, 2004:155). Furthermore, this top-down provision of knowledge is typically limited to educating students about what is bad for them and what they need to avoid (Santelli *et al.*, 2017; Allen, 2007:225). This discourse permeates most SRH policies employed in the West (Allen, 2007:225; Santelli *et al.*, 2017; Shucksmith, 2004:6; Burtney, 2004).

Within both a moral right and a health pragmatist discourse, a paternalistic framework tends to construct young people as 'childlike' and in need of protection (Allen, 2007:226). This framework utilises essentialist constructions which depict sexuality as being biologically determined and hormonally driven, existing beyond the controls of society, and therefore in need of being suppressed. Extending from this construction, young people are constructed as being especially susceptible to their bodily urges as they go through adolescence, a period characterised by emotional volatility, driven by hormonal instability that predisposes them to dangerous 'hyper-sexuality' if left unchecked (Bay-Cheng, 2003:62; Allen, 2007:225). Therefore, young people are typically perceived by policy makers as being incapable of rational decision making, and subsequently 'need' guidance and governance. Young people are thereby denied a sense of agency and constructed as passive subjects who are victims of their own sexuality (Allen, 2007:226).

The dominance of hegemonic masculinity narratives — including the assumed 'naturalness' of heterosexuality — throughout most Western schools presents a significant barrier to SRH policy. Most SRH programs rely on gender-blind assumptions of equal sexual negotiating powers. This is especially evident in the permeation of gender-dichotomous heterosexual romantic narratives and associated masculinity narratives into school-based programmes (Allen, 2007; Flood, 2003). These narratives promote the normative assumption that young women always want 'love' from a relationship, and young men only desire 'sex' from a relationship (Allen, 2007:215).

This reinforces unrealistic and highly restrictive gender stereotypes, which increase an individual's vulnerability to sexual harm, both physical and social. This is evident in Western sexual narratives that apply the sexual double standard to sexual desire, and negatively label young women who have many sexual partners (or sometimes, even just more than one) as 'sluts' or 'slags', while young men who display similar behaviour are positively labelled as 'studs' (Allen, 2007:221). A prominent example of this is the Western pop music industry and its promotion of the sexual double standard. Critiquing this double standard and pop music's objectification of women, British singer/songwriter Lily Allen quips in her 2013 single *Hard Out Here*, 'if I told you 'bout my sex life, you'd call me a slut. When boys be talkin' about their bitches, no one's makin' a fuss.' The negative impact of the sexual double standard on young women has been a subject of much study, particularly in the UK. As Ingham (2006:380) observed in young people in the UK, certain reasons for engaging in sex are perceived as being more acceptable than others, 'for example, 'love' is generally discussed as being a more legitimate reason than, say, curiosity or experimentation.' Women often omit pleasure from their own reflective narratives of sexuality given the negative association between desire and feminine sexuality (Hirst, 2004:122). In a study of young people's sexuality and learning about sex in the UK, Hirst asked a group of female participants, 'why has pleasure not been mentioned before?' and one of the participants replied with, 'how are you meant to admit ya like it? Teachers would think you're a slag' (Hirst, 2004:122).

This tendency for heteronormative discourses to associate desire positively with men, and negatively with women provides a significant barrier to universal SRH policy. As Flood (2003:354) observes, 'responsibility for sexual health is allocated largely to women, while heterosexual men's practices and attitudes are taken as givens with which women must deal as best they can.' Consequently, masculinity and heterosexuality have become privileged as assumed 'natural' expressions of human behaviour and sexuality and have essentially become invisible in AIDS policy and sexuality education (Flood, 2003: 354). Although men play a crucial role in impeding or discouraging condom use, as well as potentially encouraging it, there are far more HIV and AIDS studies and SRH policies targeted specifically at women rather than men (Flood, 2003:354; Gavey and McPhillips, 1999: 350). This focus of AIDS and HIV prevention policy exclusively on women does have a positive side in that it 'reflects feminist achievements in identifying AIDS as a women's issue' and these achievements have encouraged, 'analysis of how gender relations shape patterns of HIV transmission and efforts at prevention' (Flood, 2003: 354). However, Flood (2003:354) points out that this absence of men also reflects the privileged status of hegemonic masculinity and, 'perpetuates women's traditional position as the gatekeepers and guardians of sexual health and sexual morality.' Additionally, this construction of women's passive sexuality as the norm tends to force women into positions of victimisation by silencing their sexual agency (Dyson *et al.*, 2003:8). Consequently, the practice of SRH policy to focus exclusively on women's sexuality in terms of female reproductive anatomy actively reinforces a hegemonic narrative that equates women's desire as passive in relation to men's desire. Moreover, that desire depicted as linked to emotionality, social partnering and sexual reproduction. Such a positioning is unlikely to produce a social environment in which two sexual partners can equally negotiate.

Conclusion

Public discourse on sexual health matters in most Western nations are not outright taboo, as they are in Thailand. Nevertheless, dominant dualist narratives in the West privilege education of the 'rational mind' over matters of the body and have effectively silenced sex-positive discourses in many schools in Western nations, such as New Zealand, Australia, the UK and USA. This chapter has given a broad range of Western examples to demonstrate that the cultural barriers to public discourse on sexual health matters observed in Thailand cannot simply be dismissed by labelling Thailand as being a 'developing nation' with 'traditional' views on sexuality. In the Western setting, sexuality education programmes tend to view sexuality in a political vacuum by concentrating on the mechanical aspects of sex — such as the physiological processes involved in reproduction — often to the exclusion or extreme marginalisation of embodied matters, such as the emotional and inter-personal relational aspects of sex, and the potential positive benefits of sex, both psychological and physical. Moreover, the association of embodied matters with women's concerns has created further barriers to effective SRH policy. Many Western policies are premised on gender-blind assumptions which presume, incorrectly, that men and women have equal negotiating power when it comes to sexual health. The discounting of embodied matters and their relegation by default to matters of private responsibility (namely being a concern solely for women/girls) has led to several significant barriers to effectively implementing SRH policies. For example, many educational institutions deny the sexual identity of their student population by constructing the ideal student publicly as one who is non-sexual. Therefore, policies that promote young people's sexuality as uncontroversial, ordinary, a matter for public discussion and one in which young people have agency, are likely to encounter strong resistance, as will be analysed in-depth in the following chapter.

Bibliography – Chapter Two

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**'I don't want to see [the] sexual liberation of young people,
I don't want to see young people sexualised at all'**
Coalition MP George Christensen - quoted in Conifer (2016)

**'We have confused children learning about sex in an appropriate educational context
with the sexualisation of children.'**
Jenny Walsh (2012)

CHAPTER THREE

Silence is Golden: The sidelining of sexuality education from Australia's education curriculum

The dominant cultural narratives that define the modern Thai State has made its citizens, especially young people, vulnerable to HIV infection and other associated sexual health 'risks', such as coerced sex, and gendered violence. Although this phenomenon is not unique to Thailand, as discussed so far throughout this thesis, the way this cultural barrier can be addressed to make future Sexual and Reproductive Health (SRH) policies more effective is. Due to the cultural silence around sexuality in Thailand there is a paucity of critical research into making contemporary SRH policies more suitable and thereby more effective for young people. The previous chapter analysed the impact dominant dualist narratives have had on Western SRH policies by pushing embodied matters into the private realm and typically associating embodied matters as being the responsibility of women, such as blaming women, rather than men, for unplanned pregnancies. Continuing the comparative analysis of comprehensive sexuality education (CSE) programmes from the preceding chapter, this chapter will focus this analysis on contemporary Australian examples of dominant cultural narratives silencing sex-positive SRH policies. A deconstruction of the gendered-agenda of the Australian State in relation to hegemonic narratives on sexuality — particularly the sexual identities of young people — should help provide further analytical insight to understanding the cultural barriers that appear to be hindering Thailand's contemporary SRH policies. Although Thai cultural narratives are different to those of Australia, SRH policies used in Thailand are based around similar research and ideologies of those used in Australia. Therefore, it is possible to use the findings from this comparative analysis of Australian school-based sexuality education to assist with this thesis's analysis of the cultural barriers encountered in Thailand against their contemporary SRH policies.

Schools are not passive monoliths that simply provide neutral information to students (Paechter, 2007). Educational narratives endorsed by the school must be in line with the dominant narratives of the community within which they operate or run the risk of having divergent narratives silenced. This creates a dilemma for SRH policy makers — for SRH policy to be effective and comprehensive it must promote an education programme that focuses on embodied matters, as discussed in chapter two. However, such a focus will often directly challenge dominant cultural narratives shaping the sexual citizenship of young people, whether it be in Thailand or in Western nations. Until recently in Thailand, it was not compulsory for schools to provide comprehensive school-based sexuality education. This changed in 2016 with the introduction of the Adolescent Pregnancy Bill which states that schools are to provide CSE with content that matches each age group and with suitable teachers, who are trained or have teaching experience in the subject (Amornviputpanich, 2016). Although this is a promising step forward for Thai SRH aimed at young people — as this case study of Australian CSE will demonstrate — even with policy in place that stipulates schools must provide CSE, unless the CSE is deemed culturally appropriate by key stakeholders, such as students and parents, teachers and school administrators, and politicians, CSE programmes will encounter significant cultural and structural barriers.

Although targeted at providing essential skills and knowledge to students, Australian CSE programmes, as part of a broader national SRH policy, have been significantly constrained, or in some cases outright silenced by dominant cultural narratives. This silencing occurs when such programmes stray from the traditional protective roles of school-based education on sex.

Traditionally the role of school-based sex education has been to focus exclusively on the mechanical aspects of sex from a health pragmatist approach (Schaalma *et al.*, 2004:260; Mitchell *et al.*, 2011:4). Notwithstanding this traditional role, contemporary SRH research has revealed that for SRH policy to be effective and comprehensive it must promote an education programme that includes embodied matters, such as managing inter-personal social/sexual relationships, in addition to the 'mechanics' of sex (Williams and Davidson, 2004:98; Dyson *et al.*, 2003:1; Mitchell *et al.*, 2011:5). In many Western nations such as Australia, the United Kingdom (UK), and the United States of America (USA) there is a significant proliferation of dualist narratives that have conceptualised the body and mind as distinct entities. Consequently due to the increasing influence of neo-liberalism in the ideology behind many contemporary SRH policies this dualist conceptualisation of mind/body has constructed issues of the 'rational' mind being public, and embodied/'irrational' matters being private (Paechter, 2004). Extending from this, under dominant Western narratives based on this dualism when it comes to matters of sex, and by extension sexuality, such issues are dismissed from public discourses as they are perceived as being matters of the body and therefore a private issue. This dualist conceptualisation permeates the majority of Western SRH policies and creates a significant barrier to comprehensive policies that attempt to take a holistic approach and include embodied matters alongside more traditional approaches. More generally, under these dominant narratives school-based subjects such as sexuality education have been sidelined within the school's main curriculum due to its focus on the embodied (Paechter, 2004:311).

These cultural barriers to SRH policy are significant. Nevertheless, research in Australia, based on domestic and international sources, suggests that it is possible to accommodate these issues and employ a sex-positive comprehensive school-based sexuality education programme (Dyson *et al.*, 2003:2), providing several conditions are met. The research suggests that such a programme must be supported by a policy that takes a whole school approach which acknowledges young people as a diverse group of sexual beings, provides an appropriate and comprehensive curriculum, and acknowledges the professional development needs of educators and parents (Dyson *et al.*, 2003:2). Recognising the highly socio-political nature of sexuality, especially within the context of a school-based programme, such a programme would require support from many levels, including support from within the school at all administrative levels, support from the students and their parents, support from the community the school operates within, and finally support from government institutions. If support from all these stakeholders is not received by a school-based SRH programme, it runs a high chance of being silenced and made ineffective.

Australian Sexuality Education: Progressive in theory, conservative in practice

In Australia SRH policies rhetorically endorse sex-positive discourses via their provision of CSE to school students (Allen, 2007:222; Mitchell *et al.*, 2011:5). In theory educational institutions — with the backing of the Australian Federal Government, and by association the various state and territory ministries of education — endorse the idea of teaching sex-positive comprehensive *sexuality* education at schools within set curriculum guidelines (Mitchell *et al.*, 2011:5). However, in practice this is not always the case with policies regarding sexuality education tending to revert to previous methodologies based on a health pragmatist approach that is sex-negative (Johnson, 2006:1; Hillier *et al.*, 1998:3). More generally, bodily issues are often presented as voluntary extra-curricular courses existing outside of the official school curriculum, such as Health and Physical Education (HPE), which sexuality education is typically located within (Paechter, 2004:311). Reflecting this marginalisation, sexuality education is not compulsory in Australia, and is inconsistently delivered throughout the secondary school curriculum due to the absence of a national curriculum on the matter (Beasley, 2008:8; Williams and Davidson, 2004:98; Sackville, 2015).¹¹ Although education on sex (in one form or another) has officially been part of education policy in most Australian states since the 1970s, it is not considered as important as other academic subjects such as Mathematics or English, and is subsequently placed outside of the main focus of schooling (Mitchell *et al.*, 2011:6; Gibson, 2007:240; ACARA, 2016a). This marginalisation of HPE, including *sexuality* education, from the central agenda of schooling is not unique to Australia, and can be observed in most Western nations, including the UK and the USA (Weale, 2015; Young, 2004:174; Future of Sex Education Initiative, 2012:6). This trend has also been observed in Thailand with many school administrators positioning the provision of CSE as a much lower priority than other core curriculum areas (UNICEF, 2017:27). Under Australian education policies, the funding for sexuality education resources and professional development of staff is extremely poor compared to other subject areas (Mitchell *et al.*, 2011:27).

Several structural issues have arisen that prevent the consistent delivery of comprehensive sexuality education. The structural issues include factors such as poor allocation of time and resources to sexuality education (Mitchell *et al.*, 2011:6; Mitchell *et al.*, 2000:263). Unlike academic core subjects, HPE is not compulsory, nor is HPE currently governed by a mandatory national curriculum (ACARA, 2016a; Gibson, 2007:240; Smith *et al.*, 2011:44). When I began research for this chapter (early 2013) the Australian Curriculum Assessment and Reporting Authority (ACARA) had developed a draft national curriculum for HPE, scheduled for publication in September 2013. Based on ACARA's estimates the relevant state and territory educational bodies did not plan to implement the national HPE curriculum until February 2014 at the earliest under the Australian Curriculum (ACARA, 2012a). To complicate analysis further, ACARA had since released two versions of the Australian Curriculum, versions 8.2 and 7.5, which it states is to, 'allow schools time to transition to the new version of the Australian Curriculum' (ACARA, 2016b). As stated on ACARA's website, 'state and territory education authorities will determine the timeframe and take-up of the Australian Curriculum, including which version of the Australian Curriculum should be used' (ACARA, 2016b). Therefore, this has potential to further disrupt the consistent delivery of HPE, and sexuality education within that component. Given this guideline, the states and territories are at various stages of implementation, nonetheless most Government schools have fully implemented Mathematics, English, Science and History, using version 7.5, with version 8.2 not to be implemented until further notice, possibly by the end of 2016 (ACARA,

¹¹ Although HPE has been included in the new national Australian Curriculum, the HPE component of the curriculum is still awaiting endorsement by the Education Minister. This means that at present HPE is still not mandatory as it is not governed by national policy.

2016b).¹² It should be noted that at the time of finalising this chapter (early 2017) the HPE component the Australian Curriculum 7.5¹³ was still 'awaiting final endorsement' (ACARA, 2017b), which means HPE is still not governed by mandatory policy across Australia.¹⁴ Therefore sexuality education is still not mandatory and is not governed by a national framework of policy. Furthermore, the current version of the Australian Curriculum only covers foundation years to year 10 of schooling, labelled F-10 (ACARA, 2016a). Consequently, even if sexuality education does fall under the national policy it will not be covered for the final years of schooling, years 11 and 12. Given a higher proportion of year 12 students are sexually active compared to year 10 students, sexuality education is still relevant at this level (Mitchell *et al.*, 2011:12; Smith *et al.*, 2011:24).

Even when HPE eventually falls under the national ACARA curriculum, the guidelines on sexuality education are somewhat broad and unlikely to result in consistent and effective delivery of core content (Truong, 2016). Under the new ACARA developed national HPE curriculum there will be no mandatory time allocation for HPE courses. Rather there is only an indicative recommended time allocation of 80 hours for each year. Actual time allocations for HPE are to be determined by the relevant educational bodies in each state or territory, or by the individual school (ACARA, 2012b). In South Australia, the Department for Education and Child Development (DECD)¹⁵ announced the introduction of phase one of the Australian Curriculum R-10, which began in term 4 of 2010 for English, Mathematics, Science and History (DECS, 2011). The next phases are still pending confirmation from the Ministers of Education (ACARA, 2016a; DECS, 2011). Implementation of the phase that includes HPE, Design and Technology, Civics and Citizenship, and Business and Economics was not proposed until 2015 (DECS, 2011). However, in South Australia, even in October 2016, version 7.5 of the R-10 curriculum is being used by DECD schools, pending a switch to version 8.2, and therefore HPE is still excluded from mandatory national policy (ACARA, 2016b).

As this recent, at the least, plodding policy development indicates school-level delivery of sexuality education is often uneven owing to the lack of mandated national standards on the teaching of the course (Truong, 2016; Williams and Davidson, 2004:98), and more recently the resurgence of active antagonism to sexuality education programmes in schools (Stark, 2016; Conifer, 2016). In relation to this antagonism ACARA's Australian Curriculum originally proposed education on sex, and related matters, such as respectful relationships (under the HPE component), be introduced to students from years 3 and 4. Nevertheless, under pressure from parent groups ACARA pushed this introduction back to years 5 and 6, despite evidence-based research showing earlier introduction was more effective than later introduction (Walsh, 2012). Finally, limited time allocation in an overcrowded school curriculum means there is often not enough time allocated to sexuality education for teachers to deliver it in a comprehensive and effective manner (Truong, 2016; Mitchell *et al.*, 2011:6). Educators voiced this concern in the first national survey of Australian Secondary School Teachers of Sexuality Education (conducted in 2010).

¹² In some states, such as South Australia, Catholic schools and independent schools have been instructed by ACARA to use either version 7.5 or 8.2 (ACARA, 2016b)

¹³ The HPE component of the Australian Curriculum has only been approved for version 8.2/8.3, version 7.5 still lacks an officially approved HPE component (ACARA, 2017b).

¹⁴ ACARA's latest estimate (in March 2017) was that Government schools in South Australia would transition from Version 7.5 to the new 8.3 (which replaced 8.2 implemented for private and independent schools in 2015) throughout 2017, with no definitive deadline given (ACARA, 2017b).

¹⁵ The Department for Education and Child Development (DECD) in South Australia was known as the Department of Education and Children's Services (DECS) prior to 2012. However, to avoid confusion I will use the name DECD throughout this thesis, even when referring to the organisation in events prior to 2012.

The survey found that most teachers involved in providing CSE found they were unable to provide the high level of teaching quality and comprehensive content that is required in effectively teaching sexuality education, owing to a very limited time allocation (Smith *et al.*, 2011:5). Similar concerns with inadequate allocation of time were voiced by teachers in Thailand during a 2017 review of the implementation of CSE in Thailand (UNICEF, 2017:30).

Although there is currently no mandatory national curriculum for sexuality education in Australia (ACARA, 2016a, Smith *et al.*, 2011:44), in 1989 following the global AIDS epidemic all Education Ministers in Australia agreed upon an education policy of implementing a national statement that requires all Australian schools must provide an explicit focus on 'sex education' to their students (Gibson, 2007:240). The Australian national policy framework of sexuality education provides the foundation for schools to base their sexuality education programmes on, and is complimented by state and territory guidelines, with curriculum guidelines varying substantially between states (Smith *et al.*, 2011:37, 44). Given sexuality education is not obligatory in Australia, it is usually up to the individual school (usually the school's principal or delegate) to decide on what components of the programme should be taught and to what level they should be taught (Smith *et al.*, 2011:44). As a result, there is a high likelihood of a severe disjunction between what national policy recommends should be taught and what is actually taught at the school level. Furthermore, it should be clarified at this point that this policy framework is not a mandatory policy for the provision of compulsory sexuality education at schools. Rather this framework is a set of recommendations schools can choose to follow or ignore at their discretion. This is likewise for the HPE curriculum under ACARA's current version 7.5 of the Australian Curriculum. Until it becomes compulsory for schools to follow version 8.2 of the Curriculum which includes HPE (albeit at a rather vague description), the guidelines for HPE under version 7.5 will remain as recommendations for schools to follow or ignore at their discretion.

Under the current system each state and territory have their own education policies in relation to HPE which leads to several inconsistencies in the way sexuality education is delivered. Consider the following examples from Victoria and South Australia, states that have historically led Australia with their approach to sexuality education (Johnson *et al.*, 2016:17). Sexuality education is compulsory in Victoria as governed by the HPE component of the Victorian Essential Learning Standards (VELS) education policy (DET, 2015). Schools in Victoria are expected to report on CSE achievement as with Mathematics, English, Science and so on, reflecting student learning against the VELS framework (DET, 2015). However, it is at the discretion of the schools to develop their own individual learning and teaching programmes, ensuring they align with the VELS framework (DET, 2015). Consequently, without the Victorian government providing funding for the development and implementation of such teaching programmes, it seems highly unlikely that individual schools will develop their own programmes to such a level that they are fully comprehensive. Likewise, in South Australia despite national pressure to provide some form of sex education to students, educational authorities were reluctant to develop such a curriculum for South Australian schools. Instead a non-governmental organisation, SHine SA (Sexual Health information and education SA) had to pursue the South Australian Department of Health for funding to develop and implement a comprehensive sexuality education programme for years 8-10 to fill this gap (Johnson *et al.*, 2016:12). As of early 2016 SHine SA's programmes supports 93 percent of government secondary schools and has recently expanded its support to include primary schools (Johnson *et al.*, 2016:13). Thus, both examples show that despite national guidelines suggesting schools provide sexuality education, without actually providing the resources to do so, the individual schools will not be inclined, or indeed able to if willing, to develop and implement CSE programmes that meet the needs of the students.

Currently in Australia, pending the approval of HPE under the Australian Curriculum, the main national teaching resource for sexuality education is the *Talking Sexual Health* suite of materials prepared between 1999 and 2002 by the Australian Research Centre in Sex, Health and Society (ARCSHS) of La Trobe University, Victoria and funded by the Department of Health and Ageing (Johnson *et al.*, 2016:17; Mitchell *et al.*, 2011:28). Although the *Talking Sexual Health* suite consisted of a few stages, the most widely distributed and well-used resource was the *Talking Sexual Health: A teaching and learning resource* kit (Mitchell *et al.*, 2011:28). *Talking Sexual Health: A teaching and Learning resource* was launched in 2001 as part of the Australian Government's policy commitment to encouraging schools to provide comprehensive sexuality education designed to equip secondary school teachers with the skills necessary to promote a sex-positive and healthy environment in Australian schools (Williams and Davidson, 2004:98; Mitchell *et al.*, 2011:28). Nevertheless, this suite of resources is not to be confused with an actual working curriculum, rather it is a set of materials that suggests ideas for individual schools to incorporate within their own school-level working curriculums. This is not a substitute for a coherent national provision of sexuality education. Furthermore, it is currently unknown how these resources are translated and used by the respective schools given there is no policy to state how much of these materials are to be used, or how they are used (Johnson *et al.*, 2016:17). In addition, the key elements that make a programme such as *Talking Sexual Health* an effective sexuality education programme are currently incompatible with the way previous sexuality education courses were, and still are, provided at most Australian secondary schools (Dyson *et al.*, 2003:6).

The current inclination of health-pragmatist informed SRH policies is to focus narrowly on the 'mechanics' of sexual health and reproduction (often within a family planning context) in the setting of traditional didactic top-down teaching methods (Mitchell *et al.*, 2000:262; Schaalma *et al.*, 2004:264; Giami *et al.*, 2006:487; Allen, 2007:225). This can often be observed in sex education resources that are employed to provide a one-way flow of information from teacher to student and construct the human body as desexualised and sanitised (Beasley, 2008:158). The resources tend to depict medicalised line-diagrams of dissected genitalia that have been purposefully labelled 'reproductive organs', with such constructions projecting dominant cultural narratives that sex should only be for procreation (Allen, 2004:155; Harrison and Hillier, 1999:280). Instead the World Health Organisation (WHO) recommends, based on their large body of international case studies on sexuality education, that a student-centred participatory learning approach is needed in which teachers can promote an active learning environment that promotes a holistic and comprehensive approach to sexual health and relationships (Smith *et al.*, 2003:13; Mitchell *et al.*, 2011:5). However, as the following Australian example will show, providing such a comprehensive policy requires a lot of time, and relies on highly confident and well-trained education providers.

The foundation of Australia's *sexuality* education programmes is typically derived from the approach set out in the WHO's 1998 set of 'life skills' needed for young people to maintain their sexual health (Mitchell *et al.*, 2011:5). These life skills promote in young people the ability to: make sound decisions about relationships and sexual intercourse and stand up for those decisions; deal with pressures for unwanted sex or drug use; recognise a situation which may turn risky or violent; know how and where to ask for help and support; know how to negotiate protected sex and other forms of safer sex when ready for sexual relationships (WHO guidelines cited in Mitchell *et al.*, 2011:5). The international support for employing a sexually liberal approach to CSE was further demonstrated in late 2009 when the United Nations Educational, Scientific and Cultural Organisation (UNESCO) released their report *International Guidelines on Sexuality Education* (Mitchell *et al.*, 2011:5). The report cited its meta-analysis of 87 SRH projects from across the world and stated that sex-positive

CSE programmes were much more effective than traditional sex-negative sex education programmes such as abstinence-only programmes (UNESCO report findings cited in Mitchell *et al.*, 2011:5).

Commenting on areas for improvement within Australian SRH policy in relation to CSE programmes, Mitchell and colleagues (2011:5) note that while 'the programs reviewed in the UNESCO report were generally focussed on HIV prevention, the evidence drawn from this meta-evaluation ... [led to the construction of] ... five elements of best practice [for CSE programmes] that are highly relevant in the Australian context.' They note that Australian SRH policies would greatly benefit from incorporating these five practices which require such an educational programme to be taught over at least 12 or more sessions; include sequential sessions over several years; select capable and motivated educators to implement the programme; provide quality training to educators; and provide ongoing management, supervision and oversight (Mitchell *et al.*, 2011:5). Mitchell and colleagues (2011:5) state that such elements are, 'commonly found to accompany measurable improvement in student knowledge and behaviour.' This approach is reflected in the *Talking Sexual Health* framework that suggests utilising five interlocking components for an effective and comprehensive programme with those being: taking a whole school approach — developing partnerships; acknowledging that young people are sexual beings; acknowledging and catering for the diversity of all students; providing an appropriate and comprehensive curriculum context; and acknowledging the professional development needs of the school community — including parents (Mitchell *et al.*, 2011:6). Although these elements of comprehensive teaching are highly valuable, it appears unlikely that most Australian schools would be able to deliver such a programme considering the minimal amount of time and resources allocated to sexuality education under current education policies (Smith *et al.*, 2011:25; Mitchell *et al.*, 2011:24).

The approach behind the *Talking Sexual Health* framework implies policy support for the provision of sex-positive sexuality education at secondary schools. However, due to several structural barriers, in practice most schools do not implement the five interlocking components it outlines (Smith *et al.*, 2011:24). The most apparent of these barriers is the poor amount of time allocated to sexuality education and lack of a whole school approach to the provision of CSE (Mitchell *et al.*, 2011:6). The maximum hours spent on CSE per year level varies, given the course is not included in mandatory national guidelines. Nevertheless, it typically involves an average of 11 hours, over the whole teaching year, for Year 9 students, in which the largest amount of CSE is provided. This is followed by an average of 10 hours for Year 10 students (Smith *et al.*, 2011:25). Such a provision is very meagre when one considers these 11 to 10 hours are provided across the entire year. Considering that in 2012 in South Australia the secondary school year consisted of 40 teaching weeks (DECD, 2012) that would imply an average of 17 minutes per week for the provision of sexuality education. With such minimal time allocated to sexuality education, it appears unlikely that teachers would be able to cover all the learning outcomes recommended in their school-level curriculums (Smith *et al.*, 2011:51). Therefore, while a school may have a CSE policy in place, it is most doubtful, indeed implausible, that such a programme can actually be provided.

The lack of practical SRH policy commitment to effectively providing a CSE to young people is reflected in the inconsistent delivery of such education across all year levels of secondary schooling in Australia. In general CSE is mainly provided at secondary level to year levels 8, 9 and 10 (generally students are aged 12-15), with CSE often not being taught at year levels 11 and 12 (typically aged 16-18) (Smith *et al.*, 2011:25).¹⁶ Given the average age of first sexual intercourse for young Australians is

¹⁶ Data on the levels of CSE provided to primary school students is not available. As Mitchell and colleagues note (2011:30), 'the paucity of information about sexuality education in Australian primary schools makes it currently

16 years of age (and slowly getting younger) it seems appropriate that the bulk of CSE is targeted at year 8-10 students (Williams and Davidson, 2004:97). Nevertheless, based on recommendations from WHO and UNESCO, in conjunction with recent Australian surveys on young people's sexuality, CSE must be provided at all year levels, and should continue into years 11 and 12 (Smith *et al.*, 2011:24). Contemporary studies in Australia also indicate that a higher percentage of year 12 students are more likely to be sexually active than year 10 students (88% versus 70%), and therefore still require education on how to manage their sexual relationships (Mitchell *et al.*, 2011:12; Smith *et al.*, 2011:24). However, work by Smith and colleagues (2011:25) on the provision of CSE at secondary schools revealed that most teachers do not provide CSE at all in years 11 or 12 (56% in year 11 and 72% in year 12). This most likely reflects the marginalised position of non-academic studies in years 11 and 12, with the curriculum for those year levels targeted at developing knowledge and skills for students to enter tertiary education or further vocational education (Young, 2004:174). This lack of CSE at year 11 and 12 seems to contradict the tenor of a recent Australian Government national SRH policy targeted at young people, the *National STI Prevention Program: Sexual Health Campaign*.

In 2010 in response to rising levels of Sexually Transmitted Infections (STI) and poor levels of STI knowledge amongst young Australians the government launched its *National STI Prevention Program: Sexual Health Campaign*, which appears to be targeted at promoting condom use amongst young people, especially those in years 11 and 12 (Australian Government, 2010a; 2010b). The *National STI Prevention Program: Sexual Health Campaign* resource kit contained an information sheet for teachers entitled *Classroom Guide: Helping Young People Get the Facts About STIs* which clearly states, 'given their explicit content [the class handouts and information provided in the kit] these resources are not appropriate for students under fifteen years' (Australian Government 2010a). Thus, the resource kit appears to be inappropriate for year 8-10 students. Yet, given the subordinated position of CSE in the curriculum for year 11 and 12 students, it appears highly unlikely the materials of this resource kit would be taught to year 11 or 12 students (those aged 15 or older). In this sense the Federal Government has deliberately or by default taken a health pragmatist approach in its exclusive focus on providing knowledge about barrier protection without taking the educational context into account. This illustrates the need for policy makers to acknowledge that sexual health matters cannot be viewed in a political vacuum. Therefore, without a major improvement to the amount of time, resources and policy support allocated to the provision of sexuality education, Australian programmes will continue to be comprehensive in name only, and not in actual practice.

Safe Schools are Silent Schools: Political opposition to inclusive SRH policies in Australia

Dominant cultural narratives that make matters of the body a private issue can severely limit the types of public discourse permitted on sexual health, even in nations where public discourse on sexual matters are not outright taboo. This can be further exacerbated during times of political instability within governing institutions which allows conservative narratives to gain a disproportionate advantage over other narratives. In Western nations such as Australia, the UK and the USA many citizens, including SRH policy makers, educators and politicians are heavily influenced by narratives that are highly fearful of the sexuality of young people (Hillier and Mitchell, 2008:211). Indeed, the majority of international SRH literature presents young people's behaviour as relatively homogenous and risk-laden, and usually devoid of passion and personal agency (Hirst, 2004:115). Consequently school-based SRH policies take a sex-negative approach and teach young people that matters beyond the mechanics of human sexual reproduction, such as experiencing sexual pleasure or desire is

impossible to consider if Australian children are being well-prepared with age appropriate information and skills for what lies before them in puberty and the relationships so crucial for their adolescent years.'

'wrong', and a 'risky' practice to pursue (Allen, 2007: 227). Extending from this, matters of the body have been sidelined within the school curriculum, making it extremely difficult for educators to provide comprehensive and sex-positive *sexuality* education. For a sexuality education to be comprehensive and effective it must take a sex-positive approach that acknowledges the socio-political nature of sexuality and works with, rather than against young people. However, if CSE takes a sex-positive approach it challenges several dominant Western narratives and runs the risk of being silenced by strong political opposition from outside of the school. Political parties will often exploit existing fears within their voting community to further the goals of their party. For Conservative parties, CSE is often used as a political bargaining tool. I will analyse two contemporary Australian examples to illustrate how Conservative parties rally community fears around young people's sexuality to support their political platform. This will further demonstrate that sexuality cannot be viewed in a de-politicised manner. For a school-based sex-positive CSE programme to be effective it must have support from the broader community and from a material sense, policy support and funding from government institutions.

In South Australia, in response to a lack of state government support towards developing and implementing a comprehensive sexuality education programme, as recommended by national policy, SHine SA developed and implemented a CSE pilot programme for students in year levels 8-10 (Johnson, 2006:1). This programme was known as the Sexual Health and Relationship Education (SHARE) programme,¹⁷ the draft programme was trialled in 15 secondary schools in South Australia between 2003 and 2005 (Johnson, 2006:1). The aim of SHARE was to, 'improve the sexual health, safety and well-being of young South Australians by running sexual health and relationship education programs...', that took a whole school approach (Dyson *et al.*, 2003:3). Moreover, the programme employed a curriculum that acknowledged young people as sexual beings and acknowledged and catered for the diversity of the student population (Johnson, 2006:4). Although the aims of SHARE came across as taking a sex-positive approach going beyond a traditional focus on managing sexual health by reducing risky behaviours, in practice the programme still adopted several health pragmatist aspects. These included SHARE being highly attentive to teenage pregnancy and STIs, emphasising the value of rational knowledge-based choice in a gender-blind manner, 'safety', and service usage (Beasley, 2008: 159). Nevertheless, because the *aim* of SHARE went beyond the traditional health pragmatist approach of simply providing preventative medical health knowledge to students it started to challenge several dominant Australian cultural narratives. Consequently, opponents to the programme claimed SHARE was a threat to the community as it was too explicit about sexuality, promoted homosexuality and that it did not promote abstinence from sex or the institution of marriage (Johnson, 2006:17; Gibson, 2007:239; ABC, 2006).

To ensure the SHARE programme was as comprehensive as possible it was designed to be a multifaceted project that was built upon extensive SRH research, both domestic and international. The SHARE programme consisted of four linked components. The most prominent component was the extensive curriculum framework with supporting resource documents for teachers, with this framework being designed to be consistent with the South Australian Curriculum Standards and Accountability (SACSA)¹⁸ framework (Johnson, 2006:4). The curriculum framework provided the scope and sequence of 15 lessons on sexual health per year for years 8, 9 and 10, and the supporting teachers

¹⁷ The South Australian SHARE programme should not be confused with another SHARE programme in Scotland called Sexual Health and Relationships: Safe, Happy and Responsible (Gibson, 2007:248)

¹⁸ In 2012 the *Australian Curriculum* for Mathematics and Science only was implemented, followed by English and History in 2013, and SACSA was completely replaced by the complete *Australian Curriculum* in 2016, following the national endorsement of the complete *Australian Curriculum* on 18 September 2015 by the Education Council (Forbes Primary School, 2016; ACARA, 2017a).

resource was entitled *Teach it like it is* (Johnson, 2006:4).¹⁹ In support of an interconnected approach the *Teach it like it is* resource was also intended to be used in conjunction with the pre-existing *Talking Sexual Health* suite of resources (Johnson, 2006:4), and the resource was also designed to include students and their parents in the programme (Gibson, 2007:241). Given the marginalised position of sexuality education and the associated significant lack of professional development allocated to the subject, the SHARE programme included 15 hours of compulsory teacher training (Gibson, 2007:241). Furthermore, to ensure this framework worked with, rather than against already established power structures, the SHARE programme established a committee (in each school) comprising of parents, community agencies, teachers and students whose role was to review operational policy and practice (Gibson, 2007:241).

The curriculum used in SHARE was based on supportive narratives that acknowledged young people as sexual beings who should be provided with education and information to assist them in having 'safe and healthy' relationships (Gibson, 2007:241). Such an approach is in keeping with the WHO recommendation that, '... every person has a right to receive sexual information and to consider accepting sexual relationships for pleasure as well as procreation' (WHO, 1975 quoted in Dyson *et al.*, 2003:1). This young people-inclusive narrative was put into practice by the evaluation process of SHARE which included surveying students involved in the SHARE pilot project at the beginning and end of the three-year trial, with these findings being compared against surveys of students not participating in SHARE (Gibson, 2007:241). Involving young people in the design, implementation, and evaluation of programmes helps to ensure their needs are addressed (Braeken & Rondinelli, 2012:S61). Furthermore, including student concerns directly into the programme supports and empowers young people by symbolically acknowledging their sexual agency by including them in the process of designing and implementing the programme. Consequently, the SHARE programme received an extremely positive response from both students and teachers involved in the programme (Johnson, 2006:12). Furthermore, to acknowledge the diversity of the student population, the curriculum was originally designed to cover non-traditional topic matter such as same-sex attraction, and sexual practices beyond penetrative heterosexual intercourse (Dyson *et al.*, 2003:6; Johnson, 2006:3). While this sex-positive approach facilitated positive sexual health messages within the classroom, this approach was strongly at odds with dominant cultural narratives such as those privileging male-centred (and often predatory) heterosexuality, the hegemonic position of the nuclear family, or protective narratives that construct young people as non-sexual beings (Dyson *et al.*, 2003:6; Johnson, 2006:17; Braeken & Rondinelli, 2012:S60).

Despite positive feedback towards SHARE from within the school, opponents to the programme perceived it as a threat to societal values, especially the institution of 'the family' due to aspects such as the open discussion of non-normative sexualities in a non-stigmatic manner (Gibson, 2007; Johnson, 2006). The campaign against SHARE was organised by several Christian Right groups and joined by the Conservative state opposition, the Liberal Party, and the then newly formed Conservative political party, the Family First Party (Gibson, 2007:241). These groups claimed that SHARE was a threat to society because it promoted homosexuality, was too explicit about human sexuality, and did not promote sexual abstinence or the institution of marriage (Johnson, 2006:17). This opposition clearly demonstrates that because the SHARE programme sought to address some of the key cultural power structures that make young people vulnerable to sexual harm — such as

¹⁹ For a comprehensive account of the inner workings of the *Teach it like it is* resource see page 10 of B. Johnson (2006) *Final Research Report: An evaluation of the trail implementation of the Sexual Health and Relationships Education (share) program 2003-2005*, South Australia: Sexual Health information networking and education SA

silences around young people's sexuality, or the privileging of a predatory male heterosexuality — it encountered strong opposition from conservative elements of the community.

One of the key strategies used by opponents to SHARE was to incorporate pre-existing concerns in the public arena into the anti-SHARE campaign (Gibson, 2007:243; Johnson, 2006:19). These included issues such as the unfounded, but persistent, concern that discourse about sex is performative, and recent public debates over marriage equality to allow same-sex-attracted couples to wed (Gibson, 2007:243). To maximise the impact of their opposition to SHARE these opponents used evocative language and created panic over the validity of SHARE by extrapolating from a narrow range of activities from the SHARE curriculum and over-stated their significance to maximise their shock value (Johnson, 2006:19; Gibson, 2007:242). The use of such exaggerated and sexually evocative language is clearly demonstrated in the following press release from the Advocates for Survivors of Child Abuse – SA (issued 28th April 2003, quoted in Johnson, 2006:18):

[SHARE] is a program that centres on homosexuality, group masturbation and licking of body parts, use of sexual aids and mind/thought manipulation by telling students to 'imagine' themselves in these situations. Forget family values, forget cultural diversity, forget religious beliefs, forget moral and wholesome nurturing of young minds. In fact, forget parent's rights to maintain any control over what their children are exposed to when not in their care.

Such evocative language is designed to draw on the fears of parents and help reinforce dominant cultural narratives that position 'the family' and sexuality within marriage for reproduction as the norm. Such evocative narratives were also used by members of the shadow government. Federal Liberal Member for Makin, Trish Draper, repeated the above concerns in an officially authorised anti-SHARE flyer that argued (Draper, 2003 quoted in Johnson, 2006:18):

The State Government has produced a blueprint for sex education in our schools that I believe devotes a disproportionate amount of time to homosexuality and encourages promiscuity ... I have a son, who is 14, and he would be immediately removed from any school with education classes like this.

In keeping with this narrative of alarm over government interference in the 'right' of the family to educate their children about sexuality there was strong concern over SHARE's 'passive consent' process (Johnson, 2006:6; ABC, 2006). Initially parental consent for students to participate in the programme was obtained by providing parents with information about SHARE and asking parents to formally notify the school if they did not wish their child to participate in the programme (Johnson, 2006:6). This is known as 'passive consent' and this process was widely accepted and used with previous CSE programmes in secondary, and even primary schools (Johnson, 2006:6). Nonetheless, following extraordinarily high levels of opposition to SHARE and the allegation that the government was forcing their values onto vulnerable children, in early 2003 the Minister for Education intervened and changed the process from 'passive consent' to 'active consent' (Johnson, 2006:6; ABC, 2006). In early 2003 the political climate in South Australia was unstable due to the indecisive state election results that made the minority Mike Rann Labor Government reliant on the support of socially conservative independents to form government (Johnson, 2006:20). This instability gave opponents to SHARE greater currency that they otherwise would have had if the political climate were more stable (Johnson, 2006:20).

Although the SHARE pilot project was not cancelled following this strong opposition, key elements of the programme were edited to accommodate the opposition. As a direct response to the religious and political opposition to SHARE, the curriculum was updated to include a module aimed at delaying intercourse and highlighting the important role of parents (Gibson, 2007:247). The number of scenarios featuring same-sex couples was reduced and the words 'harm minimisation' were

completely removed from the curriculum materials (Gibson, 2077:247). Finally, in addition to the change in the parental consent process from 'passive' to 'active', the Minister for Education and Children's Services made it a requirement that DECD officials monitor the number of students given permission to participate in the programme (Johnson, 2006:25). The following statement made by the Minister in explaining her decision highlights the highly political nature of sexuality (Minister for Education and Children Services quoted from April 2003 in Johnson, 2006:25):

It [SHARE] is a pilot program being trialled in 14 schools. I want to make clear one fundamental point and that is that parents should and do have the say in what is taught to their children about sexual health and relationships. It's not a topic like maths or English where teachers come in and just teach the students. ... I've made it clear to the Chief Executive that schools are to be reminded that they are to make explicit to parents the fact that those parents can withdraw their children from these lessons at any time that they are uncomfortable with the program.

It is clear from the Minister's statement that she is trying to counter the opposition's claims that the government is trying to force their ideals onto helpless children. The emphasis on the autonomy of the family unit over that of the State is very strong. This significant shift in the consent process was counter to the overall aim of SHARE to reduce teachers' administrative workloads. By moving to active consent teachers had to devote extra time to chasing down these consent forms. As one teacher (quoted in Johnson, 2006:25) stated, 'we spent a lot of time on the phone chasing them, chasing, chasing, chasing, and that's just an aggravation a teacher does not need.' Fortunately, this structural barrier did not significantly impact on the programme in a negative manner, with an estimated 95-98 percent of parents giving active and continuing consent for their children to participate in the SHARE programme (Johnson, 2006:29).

This trend of political parties using discursive debates on sexuality education as a political platform in times of political uncertainty was recently observed on a national level. During the lead-up to the July 2016 Federal Election in Australia, and a Federal Government ruling by just a few seats (and the possibility of a hung parliament), sexuality became a 'political football' with strong opposition to same-sex marriage and the Safe Schools Coalition Australia (SSCA) forming a significant part of the Coalition's re-election campaign (Stark, 2016b). The Safe Schools Coalition Australia is a national coalition of organisations and schools, convened by the Foundation for Young Australians. SSCA had partnered with an existing organisation in each state and territory to deliver the SSCA programme, for example SHine SA for the South Australian branch (Louden, 2016:4). The SSCA programme offered eleven official resources to assist schools, especially teaching staff with supporting students to reduce bullying and discrimination based on sexuality (Conifer, 2016). As outlined on their website SSCA, 'offers a suite of free resources and support to equip school staff with knowledge, skills and practical ideas to create safer and more inclusive school environments for same sex attracted, intersex and gender diverse students, staff and families (SSCA, 2016a). These resources included: four sets of guidelines for educators and administration staff; the *All of Us* teaching resource, a 56 page teaching and learning booklet containing eight lesson plans, accompanied by seven short films; three resources created by young people for young people and their support networks; and three posters for display in the school yard (Louden, 2016:5).²⁰

²⁰ Given the large number of materials covered in the SSCA programme, they are omitted from this thesis as the content list is not applicable to the scope of this analysis. For a detailed discussion of the content see - Louden W. (2016) *Review of Appropriateness and Efficacy of the Safe Schools Coalition Australia Program Resources*, Australia: Independent Review

As with the SHARE programme and *Talking Sexual Health* suite, SSCA is evidence-based to ensure it is age appropriate for the target audience and addresses the issues identified in schools in terms of reducing bullying and discrimination based on one's sexuality (Jones, 2016). Australia's work on opposing homophobia and transphobia in schools is internationally praised, and even features in UNESCO's best-practice examples for such programmes (Jones, 2016). Despite this, SSCA has been criticised by its opponents as being highly inappropriate for students, and a form of political radicalisation.

Following fierce criticism from some of the Coalition Government's backbenchers the then Prime Minister Malcolm Turnbull requested an investigation into the SSCA programme in February 2016, despite the programme already being officially approved as appropriate by the former Labor party Federal Government in 2013 (Anderson, 2016). Turnbull's request for an investigation into SSCA sent a clear message that legitimated Conservative narratives that inclusive sexuality education will make young people 'turn gay' (Jones, 2016). This signalled that the Federal Government believes inclusive sexuality education is harmful to young people and should not be supported. The instigator of this opposition was Conservative Liberal Party Senator Cory Bernardi who told the media that SSCA was seeing children, 'being bullied and intimidated into complying with a radical program'. Bernardi continued to assert, 'it's not about gender, it's not about sexuality ... it makes everyone fall into line with a political agenda' (Anderson, 2016). Presumably Bernardi is referring to the 'homosexual agenda', a term popular with Conservative politicians and the Christian Right, in which they allege 'radicals' are trying to destroy the institution of 'the family' by normalising issues such as homosexuality and same-sex marriage (Stark, 2016b). This was explicitly reflected in a statement Bernardi made to Sky News, 'the program itself, the Safe Schools Coalition, is actually more about intimidating and bullying kids into conforming to what is, the homosexual agenda' (Sky News, 2016). This links up to the Christian Right's fears against inclusive sexuality education. Just as they allege talking about sex will make children go out and have sex (even though research shows the opposite occurs), they also allege that inclusive sexuality education will 'turn people gay' (Jones, 2016). There is no evidence to support this outrageous claim. Instead, such education has made people that do not identify as heterosexual feel a lot safer at schools (Jones, 2016). Nevertheless, as with the campaign against SHARE, the Coalition with the backing of the Christian Right had stirred up community fears to oppose school-based inclusive programmes. They did so by alleging these programmes were harmful, despite research-based evidence showing the opposite, that such programmes are protective to young people.

Like the sustained opposition to the SHARE programme, anti-SSCA factions were able to draw on existing fears in the community, namely challenges to the autonomy of 'the family' and parents to educate their children on sexual matters over the institutions of the State. This was especially evident in the *Statement on Safe Schools Coalition* made by Education Minister Senator Simon Birmingham. This statement was made following the Government-requested independent review into SSCA by Professor Bill Louden, Emeritus Professor of Education at the University of Western Australia (Birmingham, 2016). Since SSCA was based on protecting the rights of young people the statement opens with, 'each student has the right to feel safe at school. Tolerance should be taught in our schools and homophobia should be no more accepted than racism' (Birmingham, 2016). This appears to be placed to counter any claims by supporters of SSCA that an attack on SSCA could be perceived as a support for bullying or homophobia. Nevertheless, the statement soon moves away from young people's rights and instead supports the rights of parents over the State, 'parents should have confidence in what is taught in a school and receive clear information, especially about potentially contentious issues. Parents should have a right to withdraw their child from classes dealing with such matters' (Birmingham, 2016).

This statement has heavy parallels to those analysed previously in the anti-SHARE campaign, with allegations that these programmes will harm vulnerable children. Furthermore, the use of the term 'contentious issues' highlights the concern by the Christian Right that the discussion of homosexuality and other related matters is inappropriate and disruptive to Australian society.

Using Louden's 2016 *Review of Appropriateness and Efficacy of the Safe Schools Coalition Australia Program Resources* as a justification for their actions, the Government drastically cut a significant portion of the content from the SSCA programme and limited its use to secondary schools only (Conifer, 2016). As with the campaign against SHARE, the opposition against SSCA focused on certain aspects of the programme and exacerbated their impact to give more currency to their calls to silence the disruptive narratives promoted in the SSCA programme, namely narratives that did not stigmatise, or deny and condemn homosexuality. The Government found that some of the resources, including roleplaying activities, were inappropriate and should be removed (Conifer, 2016). One of the activities found to be objectionable by the Government appears to be *Lesson 2: Same Sex Attracted Experiences*, in 'which the class is asked to imagine themselves in someone else's shoes, and to explore how that [being same-sex attracted] affects their experience' (Louden, 2016). Voicing its concern over the programme content the Government justified its overhaul of the SSCA programme as follows (Birmingham, 2016):

The review by Professor Bill Loudan, Emeritus Professor of Education at the University of Western Australia, into the appropriateness and efficacy of the resources generated by this programme has identified shortcomings that need to be addressed. Further, public concern has been expressed about the actions, including the political advocacy, of some of the participant organisations.

The government will seek to address these findings and reasonable concerns via a number of immediate actions.

Those actions included a significant censorship of materials deemed to be 'age inappropriate' or being used for 'political advocacy' via the removal of content or restricting access to such content (Birmingham, 2016).

In his statement on SSCA the Education Minister outlined the 'strong but measured' actions the Federal Government would be taking to 'improve' the SSCA programme (Conifer, 2016; Birmingham, 2016). Birmingham advised that activities identified by the Loudan's 2016 independent review into SSCA as 'potentially unsuitable for some students' would be removed (Birmingham, 2016). This included removing a sizeable amount of important material from lessons 2, 5, 6 and 7 of the *All of Us* resource (Birmingham, 2016). Birmingham's statement regarding lesson 5 seems particularly odd if such censorship is based on Loudan's report, rather than pandering to unfounded fears from the Christian Right. Part of this fix includes, 'having the content of Lesson 5 of the *All of Us* resource redesigned to ensure that the content aligns with the curriculum content for biology appropriate to the target age group' (Birmingham, 2016). This is somewhat perplexing as Loudan's review reports, 'Lesson 5 [Intersex experiences] of *All of Us* is consistent with the aims of the programme and the Australian Curriculum, suitable, educationally sound and age-appropriate' (Louden, 2016:13). Instead it appears this component is being removed because it discusses intersex people in a normative manner. Indeed, reflecting on the validity of the SSCA programme overall, the Executive Summary of Loudan's review states that 'the four official Guides are consistent with the aims of the program and are appropriate for use in schools', and that, 'the resource *All of Us* is consistent with the aims of the program, is suitable, robust, age-appropriate, educationally sound and aligned with the Australian Curriculum' (Louden, 2016:2).

The report did state that the three resources created by young people could benefit from further guidance to schools about the suitability of some of the material on websites recommended by these resources, especially third-party websites not designed for use in schools (Louden, 2016:2). Nevertheless, the report did clarify that these resources 'are not intended as classroom resources. They are not normally circulated to primary schools and in some states only circulated to secondary schools on request' (Louden, 2016:2). Nonetheless, Coalition MP Christensen, one of the programme's most vocal opponents, proclaimed, 'we're gutting most of the bad content... we're not going to have students exposed to websites that take them off to adult shops or to groups that are running sex toy workshops for youth and that sort of thing' (Conifer, 2016).

During his justification for the severe Government censorship of the SSCA programme Christensen asserted, 'I don't want to see [the] sexual liberation of young people, I don't want to see young people sexualised at all' (Conifer, 2016), reflecting several dominant protective narratives. This statement neatly summarises the general misconception opponents to comprehensive *sexuality education* share. As Jenny Walsh (2012) from the Australian Research Centre in Sex, Health and Society, La Trobe University reflects, 'we have confused children learning about sex in an appropriate educational context with the sexualisation of children.' In relation to SSCA being restricted to secondary schooling only, a great volume of research shows that sexual learning starts before year levels 5 and 6, and therefore sexuality education should be introduced prior to the onset of puberty in young people (Walsh, 2012). In relation to the sexualisation of children, this is a valid concern, but one that must not be conflated with introducing young people to sexuality education at primary school level. Under consumerist societies, such as Australia, people (especially young people) are constantly bombarded with images of sexual identity by a range of cultural forms (Beasley, 2013:152). Reflecting on this phenomenon Beasley (2013:152) states 'this bombardment amounts to the provision of sexual education by privatised commercialised sources with sexuality presented in terms of material consumption. Such sources say in essence, 'Buy this, be sexy.' Therefore, it is essential for non-commercial narratives, in this case school-based sexuality education, to provide a counter-point to this barrage of commercial narratives on (hetero)sexuality (Beasley, 2013:152). Regarding the ever-increasing silence towards young people's sexuality and pleasure, Walsh (2012) asserts, 'our job as educators and parents and policy makers, is not to seal children from their sexual development, nor is it to stop the conversation. We have a part to play in setting guidelines and expectations around this aspect of children's lives, as we do any other.' Unfortunately, in Australia due to the dominance of protective narratives from the Christian Right that privilege heterosexuality and limit sexuality to within the institution of marriage, it would appear current education policy is indeed stopping the conversation and sealing children from their sexuality.

Conclusion

The analysis of Australian case studies in this chapter suggests that even in a nation where discourse on sexual matters are not outright taboo, it is difficult for policy makers to effectively implement sex-positive SRH policies for young people. As with the cultural barriers encountered in Thailand, the dominance of dualist narratives that privilege rationality and informed decision-making in the face of risk have significantly impacted on the provision of sex-positive sexuality education in Australia. Subjects such as sexuality education have become extremely marginalised in the overall school curriculum which is dedicated to academic subjects that focus on numeracy and literacy skills, such as Sciences, Mathematics, or English. Due to the marginalised position of sexuality education within the school curriculum, it is extremely difficult for educational institutions to effectively employ a sex-positive and comprehensive programme. The Australian examples analysed in this chapter suggest that sexual matters cannot be viewed in a political vacuum. Without a major improvement to the amount of time and resources allocated to the provision of sexuality education, Australian programmes will continue to be comprehensive in name only. Even with a large body of international and domestic research arguing that a sex-positive approach is the best way to promote a sexually healthy population, sex-negative discourses such as the moral right and the health pragmatist approach continue to dominate most contemporary SRH policies aimed at young people. Indeed, several of the structural barriers for Australian CSE that were identified in this chapter have also been identified in Thailand. Therefore, the lessons learned from the Australian case studies should provide some useful insight for Thai policy makers when it comes to designing contemporary programmes to be more culturally appropriate, while at the same time addressing the rights and concerns of young people.

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'Actually, in my school, we teach safe sex but emphasise the abstinence-only direction. I don't think that parents would appreciate it if we seriously taught their daughters how to practice safe sex.'

School administrator of an all-girl school in Chanthaburi Province, Thailand
- quoted in Nitirat (2007: 166)

CHAPTER FOUR

Just Say 'No' to Abstinence: Arguments against the use of sex-negative SRH policy

The Thai culture of silence and stigmatisation of young people's sexuality appears to have made young people vulnerable to HIV infection and other sexual health risks. There is emerging evidence that sexual relationships amongst young Thai people outside of marriage, and in a non-commercial setting, have become common in contemporary Thailand (UNICEF, 2016:20; Tangmunkongvorakul, 2010:1476; Allen, *et al.*, 2003:9). Nevertheless, dominant Thai cultural narratives continue to heavily stigmatise sexuality outside of marriage, and deny it by silencing public discourse on non-marital sexuality, even for health purposes (Supametaporn *et al.*, 2010; Fongkaew *et al.*, 2005; Thato *et al.*, 2008). This cultural silence around young people and their sexuality could perhaps be a reason for the possible rise of Sexually Transmitted Infections (STI) rates amongst young Thais, which increases their vulnerability to HIV infection (UNICEF, 2016). Although annual new HIV infections dropped by 50 percent in Thailand between 2010 and 2016 (UNAIDS, 2017), there is emerging evidence to suggest young people remain vulnerable to new HIV infections. A 2016 review of young people in Thailand by The United Nations' Children's Fund (UNICEF) found that 70 percent of all sexually transmitted HIV infection cases in Thailand were occurring among people between the ages of 15 and 24 (UNICEF, 2016:23). Furthermore, in contrast to the national drop in new HIV infection rates, within the 15 to 24 years-old age group, reported STI rates increased from 62 per 100,000 people in 2008 to 93 per 100,000 people in 2012 (UNICEF, 2017:2). Consequently, Thailand's National AIDS Committee called for improvements in the provision of sexuality education to curb the transmission of STI, especially HIV (UNICEF, 2017:2).

These rising STI rates imply young people are sexually active which directly challenges dominant Thai cultural narratives that deny young Thai citizens are sexually active. Coupled with this rising evidence of young people's sexuality has been the public concern with the rising level of unplanned pregnancies amongst young people, which are highly at odds with dominant Thai narratives. The Asian Forum of Parliamentarians on Population and Development (AFPPD) stated that (AFPPD:2016):

Teenage pregnancy has been a growing problem in Thailand over the past decade. More than 50 out of every 1,000 girls aged 15 to 19 give birth at a young age each year. A report from the Department of Health states that 80 per cent of teenage mothers say that their pregnancy was unintended, and nearly one third resorts to abortion. Another 10 per cent deliver babies but then abandon them at hospitals.

Dominant Thai cultural narratives restrict the sexuality of women to within marriage, and as such a large amount of stigma is attached to young women that become pregnant outside of marriage (Ounjit, 2010:111; UNFPA, 2016). Consequently, in addition to preventing the spread of new HIV infections, national Sexual and Reproductive Health (SRH) policy has also been tasked with dealing with the 'problem' of unplanned pregnancy amongst young people (UNICEF, 2017:1).

In 2016 the National Legislative Assembly approved the Prevention and Remedial Measures for Adolescent Pregnancy Bill (commonly referred to as the Adolescent Pregnancy Bill) which stipulates that young people aged 10 to 19 must be given access to reproductive health information and services (AFPPD, 2016). The Adolescent Pregnancy Bill states that schools are to provide Comprehensive Sexuality Education (CSE) with content that matches each age group and with suitable teachers, who are trained or have teaching experience in the subject (Amornviputpanich, 2016). However, given dominant Thai cultural narratives deny and stigmatise the sexuality of young people, especially young women, the implementation of this new policy has encountered several barriers. A 2017 review into the implementation of CSE in Thailand found that in practice CSE was not being delivered in accordance with current SRH policy aims due to views held by the educators delivering the content (UNICEF, 2017:40). Namely that the narratives these educators were delivering were heavily permeated by dominant cultural narratives that stigmatised sex-outside-of-marriage, and construct women's sexuality as being passive to men's sexuality (UNICEF, 2017:40). Therefore, it appears that current CSE has focused on the negatives of sex and tends to focus on educating young people on how to say no to sex, with the primary aim of reducing unplanned pregnancies amongst young people (UNICEF, 2017:40). Which is in opposition of the goal of CSE to take a comprehensive approach that teaches about gender, sexual rights, societal power structures, respect for the rights of others and having attitudes that support gender equality and gender/sexual diversity (UNICEF, 2017:40). The Thai Ministry of Education (MoE) defines sexuality education as (UNICEF, 2017:1):

Processes of learning about sexual matters including the development of body and mind; functioning of bodily anatomy; health care and hygiene; sexual attitudes, values, relationships and behaviors; social and cultural dimensions that affect sexual lifestyle; being processes of developing knowledge, thoughts, attitudes, emotions and skills that are necessary for an individual and that assist an individual to lead a happy and safe sexual life and to develop and maintain responsible and balanced relationships with others.

Thus, taking a sex-negative approach appears to be greatly at odds with the MoE's goals as reflected in their definition of sexuality education.

This focus of current CSE onto the negatives of sex and preventing unplanned pregnancies amongst young people will increase the vulnerability of young people to HIV infection and associated sexual harm, such as psychological issues brought on by being stigmatised by the local community. Therefore, Thai policy makers must be cautious with how CSE is delivered in Thailand and ensure that Moralistic narratives do not change the aim and direction of current SRH strategies. A move which would shift content from sex-positive CSE to sex-negative pro-abstinence policies. Pro-abstinence policies are highly popular in nations wishing to silence forms of sexuality deemed inappropriate to the national character, namely sex-outside-of-marriage, especially for young people. Despite this popularity, from an SRH policy perspective abstinence policies often lead to enhanced stigma, gender discrimination and negative health consequences towards those targeted by these programmes, particularly young women. Abstinence policies come in two broad categories — abstinence-plus and abstinence-only (Weaver *et al.*, 2005:177). Abstinence-plus policies promote abstinence from sex as the preferred choice for young people in avoiding unplanned pregnancy and contracting an STI (Landry *et al.*, 1999:283; Weaver *et al.*, 2005:177). Abstinence-only policies require that abstinence from sex until marriage is promoted as the *only* option to avoid unplanned pregnancies or STI. Moreover, discussion of contraceptives is either prohibited, or if discussed, only in a manner that highlights their ineffectiveness in preventing unintended pregnancies or STI (Landry *et al.*, 1999:283; Weaver *et al.*, 2005:177). Furthermore, this claim that contraceptives are ineffective is scientifically incorrect, and irresponsible from a health and wellbeing perspective.

As with most allegations against contraceptives they are based on moral panic and fear, rather than research-based evidence (Landry *et al.*, 1999:280; Brückner and Bearman, 2005:277; Hearst and Chen, 2004:39,44). Such an approach is strongly at odds with the aims of CSE to provide 'non-judgmental' information to young people. The United Nations Educational, Scientific and Cultural Organization (UNESCO) defines sexuality education as an, 'age-appropriate, culturally relevant approach to teaching about sexuality and relationships by providing scientifically accurate, realistic, non-judgmental information' (quoted in UNICEF, 2017:1). Therefore, both Abstinence-plus and Abstinence-only programmes conflict with the aims of CSE as they reflect narratives that are laden with judgement which highly stigmatises the sexuality of young people and denies their legitimacy as sexual actors. Consequently, for this thesis I will be primarily referring to these two policies jointly as 'abstinence-policies' as I believe abstinence-plus policies still stigmatise contraceptives and reflect the moralist narratives of abstinence-only policies.

Abstinence-policies promote moralist narratives that align well with dominant Thai cultural narratives, both stigmatise non-marital sexuality and silence public discourse on sexual health matters. Consequently, despite the potential negative health outcomes of abstinence-policies, such policies have become highly popular in Thailand. Unfortunately, the silence and stigma promoted by such policies tends to increase the vulnerability of young people to HIV infection and other risks associated with sexuality, such as unwanted sex or dating violence. Studies show that approximately 80 percent of HIV infection in Thailand has occurred through heterosexual intercourse without a condom (Janepanish *et al.*, 2011:460). Despite this vulnerability, the public space allowed for the provision of school-based sexuality education has been significantly limited by policy preference for abstinence-policies (Chamrathirong, 2009:179; Klunklin and Greenwood, 2005:49; Lyttleton, 2000:123-126; Thianthai, 2004:190). Abstinence-policies promote narratives that highly stigmatise those living with HIV and/or AIDS and enhances stigma against women's sexuality — given abstaining from sex is primarily focused onto women denying men access to their bodies (Chamrathirong, 2009:183; Supametaporn *et al.*, 2010:738).

The rising popularity of abstinence-policies in Thailand is relatively recent. Over the last two decades Thailand has been internationally recognised as being one of the few nations that has taken an open and pragmatic approach to their national HIV intervention policies. Policies that did not attempt to deny HIV was being spread through the commercial sex population via unprotected sex (Rojanapithayakorn and Hanenberg, 1996:1; Smith *et al.*, 2003:9; Hearst and Chen, 2004:44). Instead of denying there was a problem Thailand launched several SRH campaigns in the 1990s that publicly acknowledged there was a problem, such as the highly successful '100% condom' programme that promoted universal use of condoms in the commercial sex setting (Phoolchareon, 2006:256; Hearst and Chen, 2004:40). Nevertheless, the contemporary HIV epidemic has moved beyond the socially marginalised and quarantined grouping of stigmatised commercial sex workers to the 'general population'. This shift has made it problematic for SRH policy makers to acknowledge this new group of vulnerable citizens. Consequently, there has been an increase in discursive debates concerned with greater public awareness of non-marital sex being practiced by young Thais, given such a public acknowledgement directly challenges dominant Thai cultural narratives that deny non-marital sexuality (Podhisita *et al.*, 2004:24; Hearst and Chen, 2004:40). As this rising popularity of abstinence-policies has only began over the last decade or so in Thailand, there is a limited number of studies into the validity or cultural appropriateness of abstinence sexuality education programmes as part of Thailand's pre-existing national SRH policies (Chamrathirong, 2009:180,186).

Therefore, to carefully analyse the potential long-term consequences of sex-negative abstinence programmes in Thailand, it is necessary to analyse the school-based abstinence sexuality education programmes promoted under national SRH policy in the United States of America (USA), in which such policies originated. A US report on the national sexuality education standards for grades kindergarten to 12 (K-12) conducted in 2011 noted that, 'teens who received comprehensive sexuality education were 50 percent less likely to report a pregnancy than those who receive abstinence-only education' (Future of Sex Education Initiative, 2012:7).

A Policy of Silence and Discrimination: The rise of pro-abstinence school-based sexuality programmes in the USA

In the USA the cultural barriers to employing sex-positive sexuality education at schools extended beyond discursive barriers and created significant structural barriers set up under federal government funding policy. Since the late 1990s the US federal government has actively pressed for the exclusive promotion of abstinence-until-marriage sexuality education programmes in public schools under Title V, Section 510, of the Social Security Act – referred to herein as Title V (Sonfield and Gold, 2001:166).²¹ The more alarming concern was that under the George W. Bush Administration abstinence-only programmes started to replace CSE programmes. Although there are a variety of abstinence programmes in the USA, they are typically characterised by proscriptions against masturbation, cuddling (sexual touching, or 'petting' as the Americans call it), non-marital sexual intercourse and condemning single motherhood (Irvine, 1994:3). During the Bush administration federal funding was actively diverted from CSE programmes to abstinence programmes. Furthermore, similar funding diversions occurred in international family assistance programmes (Rose, 2005:1210). Thus, this US policy shift impacted on policies in other nations and had an impact on global HIV prevention efforts, namely the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). PEPFAR was launched in 2003 to assist 15 nations in sub-Saharan Africa, the Caribbean, and Asia that had been severely affected by AIDS (Santelli *et al*, 2017:278). However, after 2006 HIV prevention programmes funded under PEPFAR were required to follow specific guidance on Abstinence, Be Faithful, and Condom use, better known as ABC (Santelli *et al*, 2017:278). ABC programmes promote the following message: sexual health is achieved by abstaining from sex-until-marriage, 'A', and once married, being faithful to one partner, 'B', and as a last resort measure, if you cannot comply with A and B, then you must use a condom 'C' to protect society from your social transgressions (Smith *et al.*, 2003:12; Chamrathirong, 2009:181; Dworkin and Ehrhardt, 2007:1). Within Thai SRH policy abstinence programmes have been allowed to creep in under the façade of being comprehensive by taking the ABC approach (Smith *et al.*, 2003:13; Nitirat, 2007:163).

Within the USA, this move to replace pre-existing CSE programmes with ones that are pro-abstinence represents a recent shift in tactics from conservative elements opposed to school-based sexuality education. Although narratives of the moral Right pushing for abstinence-only education is not new, the success of lobby groups in advocating pro-abstinence educational policies is relatively novel (Williams, 2011). In Western nations, such as the USA, narratives of the moral Right have been attempting to silence public discourse on non-marital sex since the 1960s by campaigning against CSE being taught at schools. However, they shifted tactics in the 1980s following the rise of public support

²¹ The scope of the critical analysis employed in this chapter will primarily focus on Title V programmes under the George W. Bush Administration because this was when such policies were at their height, and subsequently there is a significant body of critical sources on this time period. Even in late-2018 a review of currently published US studies on SRH policy in the USA revealed few studies on SRH policies under the Obama administration, therefore analysis of SRH policy under the Barack Obama Administration will be minimal.

towards comprehensive school-based sexuality education following the advent of the AIDS epidemic (Irvine, 1994:23). Previous attempts had sought to silence public discourse on non-marital sexuality by lobbying to ban school-based sexuality education. However, the contemporary tactic is not to ban these programmes, but instead replace them with pro-abstinence programmes, based on narratives of the moral Right (Irvine, 1994:23). Conservative groups within the USA used the moral panic and public fear caused by the AIDS epidemic, originating in the 1980s, to justify this promotion of sex-negative abstinence programmes (Irvine, 2000:68; Rose, 2005:1214). Based on this backdrop of fear over the AIDS epidemic, a discourse of the moral Right was reinvigorated. This discourse pushed for abstinence policies that promoted programmes making bold claims that abstinence programmes were 100 percent successful.

Moreover, abstinence programmes boldly asserted that they were the best way to prevent the spread of HIV and fight the AIDS epidemic as they stopped young people from having sex-outside-of-marriage, which was publicly blamed at the time for being a main vector for the spread of HIV (Irvine, 1994:23; Fortenberry, 2005:270; Chamrathirong, 2009:181-182). This was compounded with another concern of conservative groups in the USA, the rise of teen pregnancy and the decline of family values (Sonfield and Gold, 2001:166; Trenholm *et al.*, 2007:2). Despite the apparent logic behind this moralist argument, contemporary studies demonstrate that in the USA abstinence-policies do not reduce the incidence of new HIV infections and those policies do not promote good sexual health practices.²² Furthermore, as Rose (2005:1207) highlights, the USA '...leads the industrialized world in teen pregnancy, abortion and sexually transmitted disease rates – and in legislating and funding abstinence-until-marriage programs as social policy'. The critical cultural barriers constructed by narratives of the moral Right extend beyond the USA given the role US aid plays in international SRH policies.

The USA is one of the largest international funders of SRH programmes in the Global South or 'Developing Nations', and US domestic policy heavily influences their international efforts (Sinding, 2005:39). As a remnant of the Cold War and US foreign policy interests, the USA provides large amounts of development programmes to the Global South via its US foreign assistance programme, USAID. As stated on the USAID website (USAID, 2015):

U.S. foreign assistance has always had the twofold purpose of furthering America's interests while improving lives in the developing world. USAID carries out U.S. foreign policy by promoting broad-scale human progress at the same time it expands stable, free societies, creates markets and trade partners for the United States, and fosters good will abroad.

Within this broad programme there are many programmes targeted at reducing the spread of HIV. Three major examples are, the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), the Global Fund for AIDS, Tuberculosis and Malaria (the Global Fund), and the World Bank's Multi-Country AIDS Program (MAP). Indeed, in Thailand, one of the key programmes for assisting the Thai government with implementing CSE into Thailand and providing essential training to teachers, known as *TeenPath*, was primarily funded by the Global Fund (UNESCO, 2014:72). On an international scale, the Mexico

²² For a broad summary of the ineffectiveness of abstinence policies see Chamrathirong A. (2009) 'ABC Program for HIV Prevention in Thailand: Empirical Evidences and Policy Implications', in A. Chamrathirong and D. Phuengsamran (eds), *The Era of ARV in the Generalised HIV Epidemic in Thailand: Research Approaches*, Bangkok: Institute for Population and Social Research, Mahidon University; for a good US case study see Brückner H. and Bearman P. (2005) 'After the promise: the STD consequences of adolescent virginity pledges', *Journal of Adolescent Health* 36

City Policy, referred to by critics as the 'Global Gag Rule' (Senannayake and Hamm, 2004:70), was an example of narratives of the moral Right within the USA inculcating global SRH policies. The policy restricted foreign non-governmental organisations (NGOs) that receive USAID funding from using their own funds to engage in abortion-related activities, irrespective of whether abortion is legally permitted in that country (Senannayake and Hamm, 2004:70). The Global Gag Rule was not established from a health pragmatist perspective to service the public health needs in the Global South, nor is it a reflection of the majority of health professionals in the US who strongly opposed the policy (Crane and Dusenberry, 2004:129). Instead the policy reflected the moral panic in the USA from conservative groups over curtailing the sexual rights of citizens and silencing public discourse that that does not condemn behaviour labelled as non-normative by the Christian Right (Crane and Dusenberry, 2004:129; Senannayake and Hamm, 2004:70). Reflecting the politicised nature of these policies, with a weakening support for the moral Right with the coming end of the Bush administration, the emphasis of PEPFAR policies shifted to science-based SRH policies after 2008 (Santelli *et al.*, 2017:278). This global policy has been used by incoming US Presidents to signify their stance on issues of morality. The policy was first implemented in 1984 under Republican President Ronald Reagan and has been rescinded by every incoming Democrat President since, and likewise, reinstated by every incoming Republican President. The current Republican President Donald Trump reinstated the policy almost immediately upon his appointment to office in January 2017 (BBC News, 2017).

The concern, albeit unfounded, that sexuality education speech is performative continues to permeate debates over school-based sexuality education and SRH policy implementation in the USA (Irvine, 2000:59). Consequently, policy makers are concerned over what type of SRH policy to implement. Those that promote a comprehensive array of sexual health messages (comprehensive *sexuality* education) or ones that promote abstinence-until-marriage (abstinence-only and abstinence-plus sex education). Despite a large array of research that shows abstinence programmes often lead to negative health outcomes, the preferred policy choice for SRH programmes in the USA – especially under Republican administrations – are ones that promote abstinence-until-marriage messages over comprehensive programmes (Chamrathirong, 2009:183; Rose, 2005:1208). This preference for abstinence-policies has been further strengthened by the recent social construction that sexual discourse is a form of sexual intercourse capable of inflicting 'harm' to vulnerable students. A construction that has been compounded with the previous concern that discourse about sex promotes an 'unhealthy' level of sexual thought and practice amongst young people (Irvine, 2000:60). Emerging in the mid-1980s and continuing into contemporary debates, opponents to school-based sexuality education, mostly from the Christian Right, alleged that, 'a broad spectrum of words in a range of contexts rape, seduce, or molest [students] in the moment of their utterance' (Irvine, 2000:64). Thus, unlike previous attempts in the 1960s to eliminate sex education from the school system, contemporary opponents seek to replace, rather than remove, CSE programmes with an SRH policy they believe is more appropriate. One that promotes a discourse of the moral Right which limits sexuality to sex for reproduction within marriage (Irvine, 1994:23).

Reflecting the socially situated nature of sexuality, during the late-1980s the cultural barriers to discourse on sexual health eased slightly due to health pragmatist discourses dominating discursive debates over sexuality education. In response to the validation of comprehensive school-based sexuality education brought on by the AIDS epidemic, conservative groups have had to redesign their opposition to public discourse on sexual health. Therefore, they argued that the very act of talking about sex 'molests, abuses, or assaults' allegedly 'innocent' children in the classroom, thereby countering AIDS anxiety with the immediate threat posed by apparently 'dangerous' classroom programmes (Irvine, 2000:68). Such narratives reinforce the dualist narratives that construct the ideal

young person as one who is non-sexual. The child is perceived as being innocent but potentially corruptible (Farrelly *et al.*, 2007:65). Building on this assumption of child innocence opponents to CSE argue that any programme that explicitly talks about sexuality beyond the traditionally defined role of sex for reproduction within a monogamous marriage will cause irreparable damage to the child's 'innocent' mind (Farrelly *et al.*, 2007:65). Consequently, opponents to CSE argue that any programme that mentions homosexuality without utterly condemning it, or mentions any other form of heterodox sexuality, including safer sex instruction, masturbation, or heterosexual intercourse outside of marriage, places children at harm by exposure to these impure ideas (Irvine, 2000:69). By constructing public discourse on sexual health as a harmful act against vulnerable student populations, the Christian Right has been able to further stigmatise non-normative sexuality and silence public discourse on sex-positive educational messages.

Within the US political system, narratives of the Christian Right have had a significant impact on social policy. In the early-1990s, Joseph Fernandez, former chancellor of the New York public education board, lost his job (and received a barrage of criticism, including death threats) following his introduction of the now infamous first-grade level curriculum programme, *Children of the Rainbow*, designed to bolster multicultural tolerance and understanding in cosmopolitan New York City, and more controversially, to combat homophobia (Gutmann, 1993). The *Children of the Rainbow* programme utilised a 443-page booklet to act as an instructional guide to teachers, and primarily contained songs and games designed to heighten student awareness of other cultures (Gutmann, 1993). However, the section entitled, 'Fostering Positive Attitudes Toward Sexuality', advised teachers that children need, '...actual experiences via creative play, books... in order for them to view lesbians/gays as real people to be respected and appreciated' (Gutmann, 1993). Because the programme encouraged teachers to educate young children to perceive all people as equal regardless of their sexuality, it was highly controversial on two levels. One, it allegedly exposed 'innocent' children to the 'perverted' ideologies of homosexuality, and two, because it was supportive of, rather than condemning of, a non-normative sexuality. In this case, once the education board decided to pursue a policy designed to influence attitudes, rather than just inject skills in the form of knowledge assimilation, a significant discursive battle between education policy makers and school-level teachers and parents began. In addition to Fernandez losing his job, the programme was scrapped, which demonstrates the political power of the Christian Right in the USA, and the cultural dominance of a discourse of the moral Right.

Overlapping this discursive battle was the criticism against Fernandez's HIV intervention programme for grades kindergarten to six (K-6). This programme took a sex-positive approach utilising a narrative that was open about sexuality and sexual practices, as opposed to just promoting abstinence (Gutmann, 1993). As part of this discursive battle anti-Rainbow activist Dolores Ayling accused the New York educators of homicide for suggesting that promising treatments were available for HIV in her protest video *Why Parents Should Object to Children of the Rainbow and the HIV K-6 Curricula* (Irvine, 2000:71; Gutmann, 1993). In this video Ayling asserts, 'no one is safe from this disease, and to even suggest that they can engage in sex and be safe from a virus like this is in my estimation actually committing murder', extending on this analogy she states, 'would you like your child to take a gun and put one bullet in and play Russian roulette and take the chance that he will not kill himself? Well, basically what's happening here is the same thing' (Irvine, 2000:71). By employing such inflammatory language to create public moral panic the Christian Right has significantly silenced public discourse on sexual health matters and directly influenced SRH policy.

Since the 1990s, narratives of the moral Right were gaining more power over silencing public discourse on sexual health by manipulating federal SRH policy. In response to concerns that traditional sexual values were being eroded, namely that the welfare system had become a disincentive to marriage and an incentive to non-marital childbearing, the US congress overhauled the welfare system in favour of one that promoted 'family values' (Sonfield and Gold, 2001:166). In the mid-1990s the overhauled welfare system led to the promotion of sexual abstinence programmes at the exclusion of scientific-based (health pragmatist) programmes, such as CSE (Wiley, 2012:309). This new approach was centred on dominant narratives of the Christian Right which promoted 'family values', namely restricting sex to within marriage (Wiley, 2012:309). Although CSE appears to be broadly supported by US health professionals, since the late-1990s it was steadily replaced with pro-abstinence education (Lindberg *et al.*, 2006:182), especially during the George W. Bush administration from 2001 to 2009 (Santelli *et al.*, 2017:275). This was highlighted in a 1999 study by Landry and colleagues into abstinence promotion and the provision of information about contraception in school-based sexuality education policies (Landry *et al.*, 1999). The study demonstrated that among districts that had a policy to teach sexuality education, 14 percent reported that their policy addresses abstinence as one option for adolescents to avoid unplanned pregnancy and STI in a broader sexuality education program that includes discussion of contraception (comprehensive sexuality education); 51 percent promote abstinence as the preferred option, but allow contraception to be discussed as being effective against STI and unplanned pregnancy (abstinence-plus); 35 percent promoted abstinence as the only option to sexuality outside of marriage (abstinence-only) (Landry *et al.*, 1999:283). However, a review of the 1995 and 2002 National Survey of Family Growth (NSFG) by Lindberg and colleagues (2006:184) revealed that between 1995 and 2002 the focus of formal sexuality education programmes had shifted away from birth control instruction to promoting the moral and health values of abstaining from sex until marriage. On a national scale, the NSFG revealed that in 1995 approximately 9 percent of young people in the USA received abstinence-only education, with this figure rising to approximately 24 percent in 2002 (Lindberg, 2006:184). This significant expansion in Federal and state support for these abstinence-only education programmes occurred without any significant empirical research-based evidence into the effectiveness or worth of such programmes (Lindberg *et al.*, 2006:182).

Title V played a key role in the rising popularity of pro-abstinence SRH policies in the USA. It was introduced by the US Congress in 1996 to allocate federal funding to state programmes promoting abstinence-policies and to establish universal criteria for what could be defined as abstinence education for the purposes of receiving federal funding (Kohler *et al.*, 2008:345). Title V initially guaranteed US\$50million annually from fiscal year (FY) 1998 through FY2002 to school-based SRH programmes (Sonfield and Gold, 2001:166). However, the policy proved to be so popular that during the Bush Administration Title V funding was further extended beyond FY2002 and was still in effect in the final year of the Democrat Obama administration in 2016 (Yakush, 2012; SSA, 2015). The longevity of the Title V policy continues to present a significant barrier to effective SRH policy in the USA. A 2016 study by Lindberg and colleagues into changes in young people's receipt of school-based sexuality education between 2006 and 2013 found a continuing trend of declining levels of formal school-based sexuality education amongst young people. Furthermore, this knowledge gap has not been filled by parents, as it was prior to the introduction of formal school-based sex education (Lindberg *et al.*, 2016). Lindberg's study found that young people were less likely to receive instruction about birth control than about saying no to sex, and that this decline was more pronounced for young people who had the highest levels of religious attendance (Lindberg *et al.*, 2016:623). Based on measures from the 2011-2013 NSFG Lindberg's study found that approximately 25 percent of young people reported not receiving formal instruction on birth control topics — condom use for boys and accessing birth control for girls (Lindberg *et al.*, 2016:623). Thus, between 1995 and 2013 the focus of formal sexuality

education programmes had shifted away from birth control instruction to promoting the moral and health values of abstaining from sex-until-marriage (Lindberg *et al.*, 2006:184).

To effectively silence sex-positive discourse Title V has clearly defined criteria that police what may be discussed in public school programmes that receive federal funding. To receive federal funding state programmes must ensure they exclusively promote abstinence from sexual activity outside of marriage as the expected standard for all school-aged students, and that such abstinence is the only certain way to avoid unplanned pregnancies and STI transmission (Kohler *et al.*, 2008:345). For the purposes of allocating federal funds Title V clearly states the eight criteria under which a programme may be considered as 'abstinence education' (SSA, 2015). These criteria are shown below in Table 1.

Table 1: U.S. Social Security Administration Statement of What Qualifies as 'Abstinence Education' (SSA, 2015)

Under Title V, the term 'abstinence education' means an educational or motivational programme which:	
A	has as its exclusive purpose, teaching the social, psychological, and health gains to be realized by abstaining from sexual activity
B	teaches abstinence from sexual activity outside marriage as the expected standard for all school age children
C	teaches that abstinence from sexual activity is the only certain way to avoid out-of-wedlock pregnancy, sexually transmitted diseases, and other associated health problems
D	teaches that a mutually faithful monogamous relationship in the context of marriage is the expected standard of human sexual activity
E	teaches that sexual activity outside of the context of marriage is likely to have harmful psychological and physical effects
F	teaches that bearing children out-of-wedlock is likely to have harmful consequences for the child, the child's parents, and society
G	teaches young people how to reject sexual advances and how alcohol and drug use increases vulnerability to sexual advances
H	teaches the importance of attaining self-sufficiency before engaging in sexual activity

Although it is not necessary for a particular programme to place equal emphasis on each criterion, a programme may not be inconsistent with *any* aspect of the abstinence education definition (Sonfield and Gold, 2001:167). This means that as a condition of receiving federal funding a programme may not promote methods of birth control or STI prevention, other than abstinence (Sonfield and Gold, 2001:167). In this case, unlike in the Thai situation, moralist narratives that limit sexuality to heterosexual intercourse within the boundaries of marriage have become more totalising, seeking to deny heterodox sexual practices in both the private and public domains. For example, article D of Title V states that schools must teach their students that, 'a mutually faithful monogamous relationship in the context of marriage is the expected standard of human sexual activity' (SSA, 2015). This statement thereby denies all other forms of sexuality.

The stigmatic narratives promoted by Title V are highly counterproductive to the effective promotion of sexual health that relies on normalising rather than stigmatising the sexuality of young people. A study by Landry and colleagues (2003:263) analysing data collected in 1999 noted that although, 'one-third of Americans believed that sexual intercourse should occur only within marriage', the majority of the public supported the provision of school-based sexuality education (93% for such provision at high school; 84% for junior high school). Nevertheless, it is the content of these programmes, rather than the provision of such programmes, that has become the key issue of debate in the USA. The same study notes that although approximately 60 percent of educators reported

teaching that the use of contraceptives was an effective means for preventing pregnancy and STI among sexually active people, 23 percent reported promoting abstinence as the only way of preventing pregnancy or acquiring an STI (Landry *et al.*, 2003:267). Furthermore, 28 percent of educators reported presenting contraceptives as ineffective and 12 percent did not teach about contraceptives at all (Landry *et al.*, 2003:267). These trends are rather unsettling. Furthermore, this data was collected in 1999, only a few years after the Title V funding was introduced, unfortunately there has not been a similar contemporary study to illustrate the national spread of educator preferences towards promoting abstinence education over other forms of education. Nevertheless, there are contemporary reports from organisations such as the US Centre for Disease Control and Prevention (CDC) and the National Centre for Health Statistics (NCHS) that shed some light on the impact Title V has had on education.

A recent NCHS data brief analysed national data on education from 2006-2008 and found that, 'a larger percentage of teenagers reported receiving formal sex education on "how to say no to sex" (81% of male and 87% female) than reported receiving formal sex education on methods of birth control (62% male and 70% female)' (Martinez *et al.*, 2010:2). Likewise, Lindberg and colleagues reported declines in formal instruction about birth control. Reporting that in 1998, 81 percent of young men and 87 percent of young women, reported receiving formal instruction about birth control. However, by 2011-2013 this had fallen to 55 percent for young men and 60 percent for young women (Lindberg *et al.*, 2016:625). In contrast, the study reported a significant increase in formal instruction about "how to say no to sex" without instruction about birth control (abstinence education), however the report did not give comparative figures on the levels of education (Lindberg *et al.*, 2016:625). Commenting on the negative impact of Title V funding Landry and colleagues (2003:267) note that, 'although public support for instruction on condoms and other contraceptives is almost as high as that for abstinence instruction, recipients of federal funds for education programs promoting abstinence are prohibited from using their grants to advocate contraceptive use.' Overall, it appears that national SRH policy such as Title V, that denies advocating contraceptive knowledge, appears to also deny the rights of both the individual US citizen and the greater community by denying citizens unrestricted access to potentially life enhancing knowledge. Reflecting on the ethical issues of pro-abstinence policies Santelli and colleagues (2017:277) state that US programmes are at odds with commonly accepted notions of medical ethics, explaining that:

The withholding of information on contraception or barrier protection to induce the adolescent to become abstinent is inherently coercive. It violates the principle of beneficence (i.e., do good and avoid harm) as it may cause an adolescent to use ineffective (or no) protection against pregnancy and STIs. Similarly, government programs providing abstinence as a sole option are ethically problematic, as they exclude accurate information about contraception and misinformation by overemphasizing or mis-stating the risks of contraception.

In addition to the ethical issues of pro-abstinence policies, contemporary studies demonstrate that in the USA abstinence education has not achieved its promised goals of delaying sexual activity amongst young people to curb the rates of unplanned pregnancy or STI.

Reflecting on the impact of abstinence education Charo (2017:1557) observes that, 'abstinence-only education has been tried, and has failed to significantly delay onset of sexual initiation or pregnancy; comprehensive education about both abstinence and contraception has succeeded.' Studies have shown that in addition to containing medically inaccurate information, abstinence-only education have not been effective in changing the sexual behaviours of young people to delay sex or to reduce the number of sexual partners (Williams, 2011). Rather, studies indicate that

CSE programmes have been most effective in reducing the number of young people having sex at an early age, and once they do become sexually active, reducing the frequency of sex, and their number of sexual partners, thereby reducing their vulnerability to STI (Williams, 2011). Consequently, following the election of President Barack Obama in 2009 (and loss of government support to moralist narratives), the government pushed for evidence-based SRH policies and programmes, and as such abstinence education lost significant funding and federal government support (Williams, 2011). Studies within the USA demonstrated that it was contraceptive use, rather than the level of sexual activity, that was the primary driver of reduction in teen pregnancy rates (Charo, 2017:1557). With an administration sympathetic to evidence-based SRH policies funding was diverted to CSE programmes that were better equipped to promote effective sexual health practices amongst young people (Williams, 2011). Commenting on the positive impact of this policy change Charo observed that:

In 2016, there were nearly 210 000 births to teenagers in the United States. The 2016 rate was nearly 10% lower than in 2015, and more than 50% lower than in 2007. These temporal trends coincide with, among other factors, the shift in policy under the Obama Administration away from abstinence-only approaches, and toward comprehensive education and contraceptive access.

Following the 2016 election of President Donald Trump, there is strong evidence to suggest that the current Republican Administration will reinstate many of the abstinence education policies that were highly popular under the previous Bush Republican Administration, at the expense of the CSE programmes that ran under the Obama Democrat Administration. On his first full day in office President Trump reinstated the 'Global Gag Rule' to prohibit the allocation of all US funding to foreign NGO that offer abortion services or information about the procedure (Quackenbush, 2018). Originally the policy only restricted funding from USAID, however Trump's new provisions expand the restriction to all global health assistance offered by the USA (Quackenbush, 2018). In 2017 the US Department of Health and Human Services announced that it would be discontinuing its Teen Pregnancy Prevention Program — established in 2010 under the Obama Administration — and cutting all funding to such services (Charo, 2018:1557). The Teen Pregnancy Prevention Program was an evidence-based programme that encompassed a variety of interventions aimed at, 'abstinence, delayed sexual initiation, responsible use of contraceptives, and other measures' (Charo, 2018:1557). The cancellation of such a programme without any sound evidence or reason by the Trump administration reflects the moralistic approach of this administration's SRH policies — being based on moral panic, rather than research-informed policy. The impact of this programme is predicted to have a significant negative impact on vulnerable young people, as noted by Charo (2018:1557) reflecting that:

Discontinuation of the program is likely to reverse what has been a successful trend in public health and adolescent well-being. US teen pregnancy, birth, and abortion rates — that is, for women 15 to 19 years of age — are at the lowest levels in 4 decades, largely owing to comprehensive sex education and access to reliable contraception. The likely outcomes of discontinuing the program are lowering the age of first intercourse, increasing the rate of premarital sex among teenagers, increasing the number of unintended pregnancies, and increasing the number of abortions.

This reversal of the evidence-based CSE policies under the Obama Administration demonstrates the highly political nature of sexuality and its importance within the dominant narratives that define a State. In the case of the USA, despite a large body of evidence-based research that abstinence education policies have a significant negative impact on US citizens from both a bio-medical and psychological perspective, abstinence policies are still highly popular with conservative narratives of the moral Right.

Effective and culturally sensitive SRH in Thailand, not as easy as ABC

Over the last two decades in Thailand there has been a decline of SRH policies based on a health pragmatist approach, and a rise in popularity of pro-abstinence programmes, namely ABC policies. This recent trend led to increased levels of stigma against sexually active young people (IATT, 2008:55; Chamratrithirong, 2009: 180,186; Noppakunthong, 2007; Supametaporn *et al.*, 2010:749). Contemporary Thai SRH policy makers had been keen to adopt these US-style ABC strategies into Thai policies given they align with dominant Thai cultural narratives. Narratives that seek to deny sex-outside-of-marriage, and silence public discourse on sexual health. Thailand had been identified by many health analysts as having one of the most comprehensive school-based sexuality education programmes amongst other Southeast Asian nations (Smith *et al.*, 2003:7). However, the past success of Thailand's previous SRH intervention campaigns, especially during the 1990s, appears to be faltering when it comes to effectively educating young people on reducing their vulnerability to HIV infection, among other concerns such as unplanned pregnancy and gendered violence (UNICEF, 2014:1; Herman, 2014; UNICEF, 2016:25). It appears that once the HIV epidemic moved beyond those designated as morally impure 'others' (namely commercial sex workers – CSW – and their clients) who could legitimately be the objects of State policy interventions, Thai sexual health strategies began to falter. This influence of dominant Thai narratives on SRH policy narratives can be witnessed in contemporary ABC policies in Thailand that promote narratives that sex-outside-of-marriage leads to poor health and social disharmony, and that 'good' young Thai citizens are not sexually active (Nitirat, 2007:163-166; Thongpriwan and McElmurry, 2009:877,884; Supametaporn *et al.*, 2010:739).

Due to the urgency of the AIDS epidemic of the 1990s with the rapid spread of new HIV infections within Thailand's commercial sex industry, the public was exposed to rather open and frank discussions of barrier protection (condoms) and STI (primarily HIV infection and the subsequent amplification to AIDS). This open public discourse on sexual health was enabled via national SRH policies that took a health pragmatist approach of information saturation through mass media campaigns (Thongthai and Sabaiying, 2009:215). This included programmes such as the National Mass Media Programme on HIV and AIDS prevention, launched by the Office of Prime Minister in 1991. This programme provided generic information about HIV and AIDS, emphasising how HIV was transmitted and how infection could be prevented (Thongthai and Sabaiying, 2009:215). This linked in strongly with the '100% Condom Programme' (also launched in 1991), which promoted condom use amongst CSW and their clients (Rojanapithayakorn and Hanenberg, 1996:1; *Reproductive Health Matters*, 2000:165). In terms of effectively promoting condom use to reduce and contain the AIDS epidemic by reducing new HIV infection rates, Thailand has been heralded as the most effective case internationally, with their national intervention policies leading to significant drops in new HIV infections (Hearst and Chen, 2004:39,43; Rojanapithayakorn and Hanenberg, 1996:1). Nevertheless, these campaigns still took a sex-negative approach and depicted commercial sex as a marginalised and impure practice (Rojanapithayakorn and Hanenberg, 1996:3,4; *Reproductive Health Matters*, 2000:165; Lyttleton, 2000:62). In terms of a sex-positive SRH policy – one that employs a discourse of sexual liberalism and does not stigmatise and deny sexuality beyond that of marriage and reproduction – Thailand is highly deficient (IATT, 2008:55; Chamratrithirong, 2009:197,198; UNICEF, 2017:43). Based on recent reviews of sexuality education within the Thai education system as part of Thailand's broader SRH policy, it would appear this sex-negative approach that denies the sexuality of young people is one of the main contributing factors to the potential increased vulnerability of young people to HIV infection.

Thai policy makers have attempted to implement sex-positive sexuality policies, however programmes under these policies have encountered strong public resistance. The first major national move to update and regulate school-based sexuality education was in 2002 when the Ministry of Education (MoE) announced the experimental application of the *Basic Education Curriculum 2001*. Part of this experiment was to include sexuality education into the broader health and physical education programme, under 'Strand 2: Life and Family' (MoE, 2008:18; Kay *et al.*, 2010:11; Nimkannon, 2006). The need to implement school-based comprehensive sexuality education was considered a core strategy of the National AIDS Plan 2007-2011 (UNESCO, 2014:72). Following concerns that CSE was not adequately addressing the combined issues of increasing new STI rates amongst young people and rising levels of unplanned pregnancy amongst teenagers, the Teenage Pregnancy Prevention and Alleviation Act of 2016 was passed to strengthen policy commitment to young people's sexual health (UNICEF, 2017:1). Article 6 of this law mandates that, 'educational institutions are to provide age-appropriate sexuality education; and to hire and develop teachers who can teach sexuality education and give counselling to students on the prevention and alleviation of teenage pregnancy' (UNICEF, 2017:1). In theory, these policies support sex-positive comprehensive sexuality education, in practice the effective implementation of CSE continues to encounter many barriers (Nimkannon, 2006; Nitirat, 2007:174; UNICEF, 2017:39).

Thai educational institutions exist within the web of Thai power structures and act as a point of dissemination for modern Thai cultural narratives. Therefore, there is considerable disjunction between the sex-positive narratives of the MoE's sexuality education curriculum and modern Thai cultural narratives. The practical delivery of sexuality education classes is left to the school and individual teacher, rather than being explicitly governed by a national education policy for all schools to follow. Moreover, the Thai education system is very decentralised, which results in a high level of autonomy for individual schools to decide on the delivery of CSE material (UNESCO, 2014:75). Consequently, teachers tend to modify the content of their lessons to match with what they believe modern Thai cultural norms demand of sexuality (Nitirat, 2007:160,174; UNICEF, 2017:26). The 2017 UNICEF review of the implementation of CSE in Thailand found that (UNICEF, 2017:26):

Many [secondary school] directors thought that sexuality education should encourage adherence to the norms and ethical principles of Thai culture. This conceptual basis and resulting school regulations can be considered to conflict somewhat with the value base of CSE that emphasizes the right of each individual to self-determination over their sexual lifestyle and to be at odds with the sexual lifestyles and environments actually experienced by contemporary youth.

The reflection of sex-negative dominant Thai cultural narratives being voiced by those delivering CSE has been observed within the limited amount of studies in Thailand into young people and sexual health. Typically, most educators tended to believe that young people should not be sexually active and that they should delay such behaviour until after schooling has been completed (Supametaporn *et al.*, 2010:747; Smith *et al.*, 2003:13; Nitirat, 2007:163,166).

A 2007 study in Chanthaburi province revealed that in order to comply with dominant Thai narratives most teachers modified the way they conducted their classes, moving their actual content back into sex education rather than *sexuality* education (Nitirat, 2007:161). These teachers tended to focus their sex education messages to emphasise abstaining from sex-until-marriage and just broadly touching on safer sex practices as a last resort measure (Nitirat, 2007:163). This approach reflects that of US-style ABC programmes that promote abstaining from sex-until-marriage. This preference for ABC methods is also reflected on a national level in Thailand with most school-based sexuality education programmes following the practice of teaching about safer sex but promoting abstinence-until-marriage as *the* best option (Smith *et al.*, 2003:14; Vuttanont *et al.*, 2006:2072; Kay *et al.*,

2010:10; Chamratrithirong, 2009:179). With studies revealing that most school directors, teachers, and parents believe sexuality education is important because of its role in discouraging sexual relations amongst young people (UNICEF, 2017:33). During its review of the implementation of CSE in Thailand UNICEF observed that elements of Thailand's SRH policy were specifically sex-negative and pushed protective health pragmatist narratives that strongly promote the importance on saying no to sex, and the negative health consequences of sex itself (typically STI and unplanned pregnancy). These narratives reflect dominant Thai narratives that heavily stigmatise those that are sexually active. With the review noting that (UNICEF, 2017:33):

The 2008 Basic Education Core Curriculum indicators also state that the negative consequences of sex for school-age individuals must be covered. This includes analyzing behaviors that might lead to having sex (such as meeting a friend of the opposite sex after school), to the consequences of sex itself (such as teen pregnancy and STIs), and further possible consequences, such as having to drop out of education and "losing one's future." These consequences are covered together with skills for refusing sex and various methods of contraception. Teachers' attitudes, together with the way these contents are specified to be covered by the core curriculum, result in teaching that only covers the negative aspects of sex. As a result, students do not gain a comprehensive understanding of the related issues and may be left confused in situations where their sexual lifestyles do not match with the normative prescriptions they are presented with in class.

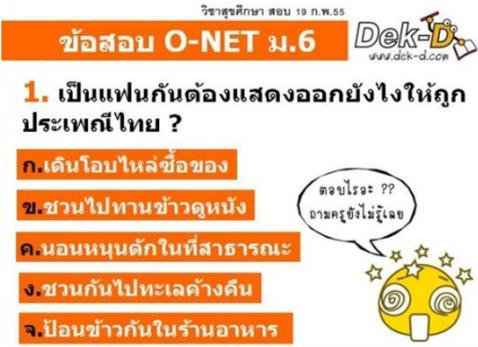
This focus on promoting a non-sexual student as the ideal student was quite noticeable in 2012 when the Ordinary National Educational Test (O-Net) drew public criticism for including sexual matters in its national test (Nimpanpayungwong, 2012).

The O-Net test is designed and implemented by the National Institute of Educational Testing Service (NIETS) as part of the national testing administered to final year secondary school students to assess their eligibility to pursue tertiary education (Nimpanpayungwong, 2012). In 2012 questions on sexuality were included into this academic test. This inclusion into the national O-Net test highlights the significance the Thai State places on monitoring and policing public views on sexuality. Questions from the Health Education section of the O-Net test drew strong criticism with many parents questioning the intent of such questions (Khaopa, 2012).

These questions were presented in multiple choice format with five answers to choose from, see Figure 1 and Figure 2 for an example of the format and questions asked (Saengpassa and Khaopa, 2012; Saiyasombut and Siam Voices, 2012).

Question: 'If you are a couple, what is an appropriate behaviour according to the Thai traditions?'

Answer: a) *Walking together, hand over each other's shoulders, shopping*
b) *Going out together, eating and seeing movies*
c) *Putting head on the other's lap in public*
d) *Going to the beach, staying overnight together*
e) *Feed each other in restaurants*



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1. เป็นแฟนกันต้องแสดงออกยังไงให้ถูกประเพณีไทย ?

ก.เดินโอบไหล่ชื่อของ
ข.ชวนไปทานข้าวดูหนัง
ค.นอนหนุนตักในที่สาธารณะ
ง.ชวนกันไปทะเลค้างคืน
จ.ป้อนข้าวกันในร้านอาหาร

ตอบไรอะ ??
ตามครูยังไม่รู้เลย

Figure 1: Example of questions asked in O-Net Test for Health Education of Matayong 6 students - 'If you are a couple, what is an appropriate behaviour according to the Thai traditions?' (correct answer is b)

Question: 'If you have a sexual urge, what must you do?'

Answer: a) *Call friends to go play football*
b) *Talk to your family*
c) *Try to sleep*
d) *Go out with a friend of the opposite sex*
e) *Invite a close friend to see a movie*



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2. หากเกิดอารมณ์ทางเพศขึ้นมา ต้องทำอย่างไร ?

ก.ชวนเพื่อนไปเตะบอล
ข.ปรึกษาครอบครัว
ค.พยายามนอนให้หลับ
ง.ไปเที่ยวกับเพื่อนต่างเพศ
จ.ชวนเพื่อนสนิทไปดูหนัง

ตอบไรอะ ??
เตะบอลไปเตะเข้า

Figure 2: Example of questions asked in O-Net Test for Health Education of Matayong 6 students - 'If you have a sexual urge, what should you do?' (correct answer is a)

The NIETS defended these questions, arguing they were intended to test the level of health education knowledge amongst secondary school level students (Nimpanpayungwong, 2012). The inclusion of such questions into a standardised national level test illustrates the investment of state power structures into making young Thai citizens believe they should suppress their sexual urges.

As representatives of the Thai State many teachers feel culturally obliged to act as models of moral decency to their students by exhibiting behaviours and narratives that are in line with Thai cultural norms (Smith *et al.*, 2003: 17). Moreover, many teachers and administrators are concerned with the performative nature of sexuality education discourse, which further silences the topic

(UNICEF, 2016:24; IATT, 2008:55; Nitirat, 2007:151). Western studies have found that CSE programmes tend to postpone initiation of sexual intercourse, reduce frequency, reduce number of partners, increase contraceptive use and reduce pregnancy rates among teens (Charo, 2017:1557; Rose, 2005:1210). Nevertheless, Thai policy makers and educators do appear to be constrained by modern Thai cultural narratives and the misbelief that discourse about sex is performative. This has led to the MoE's policy of comprehensive school-based sexuality education being honoured mostly in name rather than in practice (UNICEF, 2017:33,39; IATT, 2008:56). Despite slight structural variations in teaching models between schools across Thailand, current school-based sexuality education can typically be classified by its focus on human reproductive development, hygiene and care, but not on the specific sexual practices or wider social issues that students are interested in (IATT, 2008:56; Noppakunthong, 2007). These courses prioritise biological issues (body changes, biological differences between the sexes) over practicalities such as using contraceptives, with almost no formal teaching about emotional issues or negotiation skills, aside from saying no to sex (Vuttanont *et al.*, 2006:2071; UNICEF, 2017:43; UNICEF, 2016:25).

The communal narratives of the Thai State further constrain student narratives by explicitly reminding students that they are part of a broader, yet highly interconnected and hierarchical community, and that students occupy a subordinate position in this hierarchy. Within the class-room setting students are taught that they exist within the school community, with students being subordinate to teachers (the 'goodness' of teachers is second to that of parents), and the school exists within the hierarchy of the Thai State (Mulder, 1997:32- 35).²³ Within this national hierarchy symbols of State are at the top (such as the Monarchy and the national religion, Buddhism), all the way down to the individual family and its members (Mulder, 1997:35). Indeed, the Thai language is designed to reflect this hierarchy, with younger citizens having to address older citizens (or citizens in higher positions of authority, such as teachers or police officers) with extra respect in their everyday discourse. This is symbolised through the addition of titles before the person's name, for example 'Pee' (พี่) when a younger sibling addresses an older sibling (or a member of the public addressing a police officer), or 'Acharn' (อาจารย์) when a student addresses a teacher. In addition to this, the subordinate Thai must initiate greetings by saying hello first in parallel with conducting a 'wai' (ไหว้) to the superior, the subordinate must wait for the superior to return the *wai* before ending their *wai*, see Figure 3. The closest Western example is in the military where non-commissioned personnel must salute commissioned Officers and await the return salute from the Officer before ending the salute.

²³ In addition to the sources cited, I have also witnessed this process first hand as an exchange student in a secondary school in Bangkok, Thailand, and as a volunteer teacher teaching English as a Foreign Language at a secondary school in Bangkok.



Figure 3: Thai tertiary student greeting a teacher with a Wai (ไหว้)
(Photo credit: http://www.thailandin1.com/general_information)

In addition to the social etiquette of everyday greetings and social interactions, students are reminded that they, as responsible citizens, must show respect to their immediate communal group, the school, by acting in culturally appropriate ways. These appropriate behaviours include, but are not limited to, ensuring one does not dress in a sexually provocative manner, abstaining from sex throughout their entire school life, and being sexually naïve (Mulder, 1997:35; Nitirat, 2007:156; UNICEF, 2017:26).

Thai students appear to be highly aware of the State's expectation for them to be publicly silent on sexual matters. Recent studies indicate that most students say they would prefer more information in their sexuality education classes, but that they would dare not ask such questions given the highly privileged and respected position of their teachers as educators and not peers (UNICEF, 2017:35). This is further compounded by the assumption that as students they are too young to ask such questions in the first place (Noppakunthong, 2007; Vuttanont *et al.*, 2006:2076; Boonmongkon and Thaweessit, 2009). The clash between the MoE policies of promoting safer sex versus schools upholding modern Thai cultural values is illustrated neatly in the following comment from a male school administrator from an all-girl school in Chanthaburi Province regarding why his school promotes abstinence-only education (Nitirat, 2007: 166):

The image of the female [only] school can be our strength to impede sexual behaviours. Actually, in my school, we teach safe sex but emphasise the abstinence-only direction. I don't think that parents would appreciate it if we seriously taught their daughters how to practice safe sex. As an all-girl school, we don't accept premarital sex as a common behaviour.

As the above quote illustrates ABC policies are popular as they fit well with the various cultural taboos placed on sexual practices outside of socially determined ideal-types. Unsurprisingly these taboos have been identified as one of the main reasons for the persistence of HIV and AIDS globally (Boesten and Poku, 2009:9).

The USA is the largest funder of international HIV intervention and AIDS assistance programmes (Sinding, 2005:39). Unsurprisingly US-funding contributes to numerous Thai NGOs involved in SRH programmes, which tend to favour ABC approaches (Nitirat, 2007; Boonmongkon and Thaweessit 2009). ABC programmes claim to be comprehensive as they include discussion on safer sex, however, such programmes tend to focus on abstinence and 'being faithful to one partner' over safer sex practices (using condoms), and often construct young people's sexuality as a negative health factor (Smith *et al.*, 2003:13; Nitirat, 2007:163; Chamratrithirong, 2009:181). The marginalisation of safer sex

practices, such as condom and contraceptive use, is reflected in the C coming after abstinence and 'being faithful' to one partner in the term ABC (Chamrathirong, 2009:181). Indeed, the term 'being faithful' reveals the dominance of moralist narratives of the Christian Right in ABC narratives. Often condoms are portrayed as a last resort measure for those who choose to deviate from normative sexual practices or more simply those who 'lose control' (Nitirat, 2007:163; Chamrathirong, 2009:181). Reflecting on the damaging impact of ABC programmes in the USA Rose states that, 'fear rather than affirmation, rejection rather than acceptance, and denial rather than knowledge about sexuality tend to dominate abstinence-only materials' (Rose, 2005:1213).

By constructing young people's sexuality as a 'risky' practice, ABC programmes are inculcating young Thai citizens with the dominant Thai cultural narrative that non-marital sex, and in effect young people's sexuality, is 'wrong', or at the very least inappropriate for good Thai citizens (Thongpriwan and McElmurry, 2009:884). This stigmatisation of young people's sexuality and the associated cultural silence makes young people vulnerable to HIV infection. The 2017 UNICEF review of CSE in Thailand found that (UNICEF, 2017:31):

The values present in Thai society and families affect the sexual behavior of Thai students. This is evident, for example, when a male student is too afraid and embarrassed to buy a condom, or has to hide evidence of having sexual relations from his family. In such cases it would be difficult for students to ask their parents about sexual matters.

Thus, by stigmatising the sexuality of young people ABC programmes have the potential of significantly reducing sexual discussions between young people and their parents, or even their teachers.

By adopting ABC programmes into Thai SRH policy the Thai State is actively silencing public discussion on non-marital sex and simultaneously stigmatising those who engage in non-marital sex by labelling such groups as 'at risk' groups. Furthermore, the narratives used in ABC programmes will significantly enhance stigma towards sexually active young people, with such stigma being attenuated on young women. As with abstinence policies in the USA, Thai policies tend to focus the chaste aspect of ABC onto women and their bodies. Modern Thai narratives on moral citizenship are largely symbolised through normative family structures with normative expressions of sexuality in the public realm being limited to reproduction (Whittaker, 2004:74). Based on the modern Thai narratives concerning sexuality, maintaining symbolic virtue through abstaining from sex-until-marriage and consequently being 'faithful' to that one sexual partner, falls primarily onto Thai women (Ounjit, 2010:111; Klunklin and Greenwood, 2005:49; Lyttleton, 2000:123-126; Thianthai, 2004:190). Consequently, ABC programmes focus heavily on the female body to enforce the social construction of women being solely responsible for denying others sexual access to their bodies (Thongpriwan and McElmurry, 2009:872; Supametaporn *et al.*, 2010:743).

The modern Thai narratives that deny women's sexuality and stigmatise non-marital sex also link men's masculine traits positively with a perceived 'naturally' higher sex drive than that of women (Thongpriwan and McElmurry, 2009:884). Thus, the stigma attached to a woman engaged in non-marital sex, either consensual or non-consensual will be extremely high, while simultaneously removing men from almost any blame. Dominant Thai narratives on masculinity enhance the vulnerability of women to STI and sexual violence given their construction of men's sexuality as active and women's sexuality as passive (Tangmunkongvorakul, 2010:1476). Consequently, this leaves little room for women to actively negotiate for safer sex with their partners. Under these hegemonic narratives a 'good' Thai woman is expected to express her moral citizenship by suppressing any sexual desire, preserving chastity until marriage, and committing themselves to one sexual partner (Supametaporn *et al.*, 2010:743). Under these expectations young women are typically discouraged from seeking information or support with their sexual health while being expected to take the

responsibility of pregnancy prevention and the consequences should they become pregnant (UNICEF, 2016:26). These restrictions are not applied to men (UNICEF, 2016:26; Harrison, 1999:169; Tangmunkongvorakul, 2010:1476). Extending from these expectations is a highly significant barrier to SRH policies. Thai women are recognised as 'good' if they are sexually inexperienced and naïve about sexual matters (Thianthai, 2004:192; Vuttanont *et al.*, 2006:2069; Tangmunkongvorakul, 2010:1476). In contrast if they exhibit signs of being sexually aware or sexually active, they will be stigmatised as promiscuous and 'bad', or more popularly in the Thai language stigmatised as a 'fun loving girl' – *sao rak sanook* สาวรักสนุก (Supametaporn *et al.*, 2010:743; Thianthai, 2004:190,195). This potential for a hostile environment to women's sexual rights was demonstrated in a 2009 study by Kanchanachitra and colleagues. The study (Kanchanachitra *et al.*, 2009:167) found that amongst their sample of 6,048 participants, approximately 21 percent of the women did not plan to have their first sexual experience (7.6% unwanted, 9.3% unintended, 3.7% forced).

The enforced cultural silence around non-marital sexuality, especially young people's sexuality, denies young Thais from accessing sexual health knowledge and expressing their sexuality. Furthermore, it restricts adult educators from delivering sexual health messages that acknowledges young people's sexuality. If educators or policy makers use narratives that acknowledge young people's sexuality in a non-stigmatic manner, such narratives are typically silenced. Thus, teachers (both men and women) are highly conscious of how they teach and of what students' parents may think of them (Nitirat, 2007:175). Many teachers are concerned that teaching about safer sex, as opposed to abstinence-only, might imply that teachers accept young people having sex. This would be strongly at odds with their teaching role to be models of Thai modesty (Smith *et al.*, 2003:17; Nitirat, 2007:151). Furthermore, it appears that the cultural expectation of non-married women being sexually naïve has presented a critical barrier to non-married women teaching sexuality education classes. Some parents find un-married women teaching about sexual health to be highly inappropriate, especially if the class mentions safer sex in a positive manner (Nitirat, 2007: 179; Smith *et al.*, 2003:17). A survey of Thai secondary school students, their parents, teachers and school administrators by Nitirat revealed that teachers are highly conscious of this cultural expectation to reflect 'good' Thai morals in the classroom (Nitirat, 2007). In the study, a female teacher stated that (Nitirat 2007:175):

I don't know how thoroughly I should provide sex education. If it is too detailed, parents may go against it. I used to face this problem. I taught grade 11 students about the reproductive system and function. Of course I taught it thoroughly. One of my students told her mom what she had learned from my class. Her mom questioned me as to why I had to teach that thoroughly. Her reaction was quite negative. After that, I didn't dare teach it deeply.

Even in a medically focused mechanical approach to standard *sex education* a female teacher discussing sexual reproduction in a public venue was still challenged. Moreover, parents appear to be questioning the content of school-based sexuality courses, rather than challenging the appropriateness of having such classes. Another respondent in Nitirat's survey, a father of a female secondary school student, commented that, 'providing sex education in school is good. But, it must be real education and not encouragement of sex. Thus, we have to instil morality and Thai culture at the same time' (Nitirat, 2007:189). These two responses clearly demonstrate that educators are heavily constrained by dominant Thai cultural narratives to promote school-based programmes that deny and stigmatise young people's sexuality. If not, then such educational discourses are often silenced.

Even though ABC policies align well with the Thai State's desire to silence and stigmatise non-marital sexuality, the gender-bias of such programmes and their moralistic emphasis on denying non-marital sexuality makes them highly ineffective as part of a broader SRH policy. The sex-negative approach of most ABC programmes would likely lead to long-term harm to young people as it actively denies the legitimacy of their sexual, especially for women. In relation to this matter UNICEF observed that emphasis of the 2008 Basic Education Core Curriculum to promote teaching that only covered the negative aspects of sex would disadvantage students in the long term. By only focusing on the negative consequence of sex, such as unplanned pregnancy, having to 'drop out' of school and/or catching an STI, '...students do not gain a comprehensive understanding of the related issues and may be left confused in situations where their sexual lifestyles do not match with the normative prescriptions they are presented with in class' (UNICEF, 2017:33). ABC policies do not address the core social inequalities that create vulnerability to HIV infection and other sexual health concerns, such as coerced sex and unplanned pregnancy. Furthermore, from a health perspective, the added danger of ABC policies is that they often use programmes that exclusively promote abstinence while only mentioning condoms or other contraceptives in a negative manner, such as emphasising the potential failure of contraceptives (Chamrathirong, 2009:181). Often the moralist narratives employed in these programmes emphasise the misery and harm caused to both individual and community by young people engaging in non-marital sex, and consequently safer sex measures are constructed as a desperate last resort measure, rather than as an option equivalent to abstinence or being faithful (Smith *et al.*, 2003:12,14; UNICEF, 2017:33). Consequently, ABC policies are often abused by state authorities to promote top-down moralistic narratives and deny individuals access to knowledge or equipment/treatment that could lead to healthier lives (Santelli *et al.*, 2017:277; Smith *et al.*, 2003:19; Rose, 2005:1208). To date there is no conclusive evidence that abstinence-policies have been successful in any nation in the world in reducing HIV-infections (Santelli *et al.*, 2017:278; Sinding, 2005:39).

In addition to discursive barriers, the dominance of Thai cultural narratives to deny and stigmatise young people's sexuality has also led to significant structural barriers. Compared to other areas of Thai society – such as SRH policy targeted at commercial-sex – the education sector's response to Thailand's national HIV epidemic has been flagged as significantly lagging (IATT, 2008:55). Recent studies have noted that many teachers are hesitant to provide fully comprehensive sexuality education as they feel they lack the knowledge and expertise to do so adequately (UNICEF, 2017; Noppakunthong, 2007; Kay *et al.*, 2010; Smith *et al.*, 2003; Nimkannon, 2006). Like educational institutions in the West, sexuality education is not provided as a separate course in Thailand, instead it is often tasked to Health Studies or Physical Education teachers with no specialist training on delivering sexuality education, to provide as an 'add-on' topic within their broader health curriculum (Noppakunthong, 2007). Teachers are expected by the MoE curriculum to provide a fully comprehensive sexuality education programme, that includes 'life skills' (such as managing relationships) but are not provided with adequate materials or training to do so (Noppakunthong, 2007; Nitirat, 2007:169; Kay *et al.*, 2010:11). Of the limited assistance given to teachers, the focus is on the contents to be taught, rather than on how to effectively and/or practically deliver that content (UNICEF, 2017:38). Reflecting on this shortfall, Noppakunthong (2007) states that this has led to teachers doing little more, '... than engage in one-way, teacher-centred presentations to students about sexual anatomy, intercourse and rudimentary sexual behaviour'. This shortfall is often reflected in student accounts of their inadequate or 'boring' classes.

In a 2004 study of young people living in Bangkok, a female participant reflected that (Thianthai, 2004:197):

In schools, they teach us about sex, but not sexual relationships. It was taught in health education. All they taught us was about sex, emphasizing the anatomy of our bodies and the human reproductive process. They should also teach us about sexual relationships.

A similar concern was observed in a 2015 study of secondary and vocational colleges across Thailand, with one young person stating that, 'the key message that we get from sex education in schools is that sex is bad. Lessons focus on the biology of pregnancy and childbirth. Details about relationships, intimacy or the mechanics of sexual intercourse are never discussed' (quoted in UNICEF, 2017:25). The inability of teachers to actively engage with their students was noted by a school administrator in Chanthaburi Province who stated the following in another Thai survey (Nitirat, 2007:170):

I can say that current school-based sex education is not yet effective because the teachers' have less sex education information than their students. I tell you the truth. Our students are more technologically advanced than their teachers. Teachers don't even know how to access the internet. So, their sex education information is so simple and absolutely based on the course books.

The UNAIDS Inter-Agency Task Team (IATT) noted in their 2007 report entitled *Improving the Education Response to HIV and AIDS* that from the very limited number of critical studies (still being funded) into the role of education in HIV prevention, that a greater focus on prevention efforts combined with a frank and open approach to sexuality education is needed (IATT, 2008:59). The IATT noted however that this research was not feeding into the processes of decision-making at the national and school level regarding SRH policy (IATT, 2008:59). The IATT noted that, 'the mainstreaming of HIV/AIDS [within education] needs policy and political commitment, a single message, comprehensive guidance, and coordination among partners in order to enable clear understanding and effective implementation' (IATT, 2008:57). Thai SRH policy makers appear to have taken some of these findings onboard and tried to implement more effective SRH policy, especially through the mandated provision of CSE under the recent Teenage Pregnancy Prevention and Alleviation Act of 2016. However, recent reviews of the implementation of CSE under these newer policies have found that there is still a critical lack of support to reviewing the effective delivery of CSE (especially in secondary schools) and providing adequate teacher training (UNICEF, 2017:41). Moreover, the specific focus of CSE to address the 'problem' of unplanned teenage pregnancies – especially under the recent guidance of the Teenage Pregnancy Prevention and Alleviation Act of 2016 – and to a lesser extent, rising STI levels, has reduced the overall effectiveness of Thai CSE. As such the influence of dominant health pragmatist narratives to focus current Thai SRH programmes exclusively on the negative impacts of sex severely undermine the effectiveness of such programmes as they do not address the social inequalities that make young people vulnerable.

The impact of this cultural barrier and the need to address it was nicely summarised in UNICEF's 2017 review of CSE in Thailand, stating that (UNICEF, 2017:41):

The findings of the present review indicate that policies at the ministry level do not place sufficient importance on instruction about gender, rights and power, especially in light of the indicators of the Basic Education Core Curriculum... The various indicators set in this curriculum only cover human sexual development, sexual health, sexual behavior, relationships, personal skills and life skills, and do not refer to social, cultural or rights issues. Therefore, to ensure that sexuality education in Thailand becomes truly comprehensive, policy makers at the ministry level need to pose questions about the general framework of sexuality education. In particular, teaching sexuality education based solely on solving specific problems [teen pregnancy and HIV] many not be sufficient to equip students with analytic skills to make informed decisions about their relationships and sexual lives. Educational institutions need to place more emphasis on teaching about equality, sexual rights and gender to cultivate attitudes that help to solve sexual problems at their roots. However, this aim cannot be realized unless there is a clear and continuous policy from the Ministry mandating teachers and school directors to ensure that such topics are properly covered.

Thus, for school-based sexuality education to be fully comprehensive in nature and effectively reduce the vulnerability of young people to various sexual 'risks' the current focus of SRH policy will need to shift away from ABC type programmes that focus on educating young people on how to say no to sex. As recommended by UNICEF, SRH should instead encourage Educational institutions to place more emphasis on teaching about gender equality and sexual rights to promote narratives that address these sexual issues at their roots. Without such an approach it is likely that schools will be unable to effectively deliver a school-based sexuality programme that is comprehensive in nature and addresses the cultural factors that make young people vulnerable to sexual health risks such as HIV, gendered-violence, coerced sex and unplanned pregnancy.

Conclusion

Within both Thailand and the USA dominant narratives strongly linked to State identity have stigmatised and denied non-normative sexuality, especially the sexuality of young people. Consequently, public discourse on sexual health matters that do not deny and condemn the sexuality of young people tend to be silenced. In Thailand, this has led to the rising popularity of SRH policy that favours ABC programmes which promote abstaining from sex-until-marriage as the preferred method for preventing the spread of STI, namely HIV, and reducing the numbers of unplanned pregnancies. In the USA, this cultural silence had been allowed to extend beyond a discursive battle and instead manifest as Federal policy that funded measures to actively deny and silence the sexuality of young people. Often with extremely negative consequences to the well-being of young people. Pro-abstinence policies promote programmes that highly stigmatise those living with HIV and enhances stigma against women and their public expression of sexuality. Under such programmes the chaste aspect is focused onto women and their sole responsibility in denying men access to their bodies. This creates a highly hostile environment to the sexuality of young people, especially for women. The persistence of the global HIV epidemic is strongly linked to the cultural silence created around non-normative sexuality and the stigma attributed to those labelled as being sexually transgressive.

Despite the potential enhanced stigma, gender discrimination and negative health consequences of abstinence-policies, they appear to remain popular in Thailand and are making a come-back in the USA as they align well with moralist cultural narratives. By adopting ABC programmes into Thai schools, the Thai State is actively silencing public discussion on non-marital sex and simultaneously stigmatising those who engage in non-marital sex by labelling such groups as 'at risk' groups. Reflecting the ongoing discursive debates in the USA on school-based sexuality education, dominant Thai narratives continue to deny that 'good' young Thai citizens are sexually active. Despite being highly popular with policy makers operating under protectionist health pragmatist narratives, abstinence programmes have a high potential for enhancing negative sexual health matters, such as increasing the vulnerability of young people to new HIV infections. Moreover, pro-abstinence SRH policies do not address the core social inequalities that make young people vulnerable to several health factors, such as contracting an STI (such as HIV), gendered-violence, coerced sex, and unplanned pregnancy. Finally, from a health and medical ethics perspective, pro-abstinence policies are typically coercive in nature as they withhold information on barrier protection/contraception to induce young people to abstain from sex. Typically, the moralist narratives employed in these policies emphasise the misery and harm caused to both individual and community by young people engaging in non-marital sex. This is strongly at odds with the aim of comprehensive sexuality education to provide age-appropriate, culturally relevant education about sexuality and relationships by providing scientifically accurate, realistic, non-judgemental information to young people. Therefore, although ABC policies may align well with dominant cultural narratives, from a health and medical ethics perspective, they should be avoided as they enhance the vulnerability of young people to sexual harm by denying them accurate information about their sexuality and sexual health.

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'Very little is known about sexual risk behaviours among young Thai women who are not female sex workers.'

Allen *et al.* (2003:9)

'Little research in Thailand has explored the sexuality of adolescents in different social groups. Studies of this nature in this heavily socially stratified population are needed...'

Tangmunkongvorakul *et al.* (2010:1476)

CHAPTER FIVE

Accommodating a Culture of Silence: Designing a questionnaire to accommodate the Thai taboo on publicly talking about sex

Despite dominant Thai narratives denying the existence of non-marital sexuality in Thailand, especially among young people there is strong evidence to argue a high level of non-marital sexuality exists (UNICEF, 2016:1; Tangmunkongvorakul, 2010:1476; Klunklin and Greenwood, 2005:49; Lyttleton, 2000:123-126; Thianthai, 2004:190; Fongkaew *et al.*, 2005:252). The most notable evidence of this sexuality is the highly international profile of Thailand's massive commercial sex trade, and more recently, and less publicly visible, the rising level of non-commercial heterosexual non-marital sexuality — referred to herein as NHNS — amongst Thailand's 'mainstream' population. I have constructed this term, NHNS, to differentiate my research from the majority of Sexual and Reproductive Health (SRH) research that exclusively focuses on commercial sex or homosexual relations as a non-normative sexuality. This definition of NHNS includes what is popularly known as 'casual sex' and 'romance-based' long-term relationships. This latter group has become highly vulnerable to HIV infection due to the majority of contemporary SRH research focusing exclusively on Commercial Sex Workers (CSW) and their clients (Musumari, 2016:2; VanLandingham and Trujillo, 2002:6; Khumsaen and Gary, 2009:219; Allen *et al.*, 2003:9). The existence of HIV infections in young Thais implies they are sexually active. This is at odds with modern Thai cultural narratives that restrict the sexuality of 'mainstream' citizens within the boundaries of marriage and reproduction, especially for women (UNICEF, 2016:20; Klunklin and Greenwood, 2005:49; Lyttleton, 2000:123-126; Thianthai, 2004:190; Khumsaen and Gary, 2009:219).

Sex-outside-of-marriage is typically labelled as a corrupt Western practice, or more importantly, not the behaviour a proper or 'good' Thai citizen exhibits (Supametaporn *et al.*, 2010:742; Vuttanont *et al.*, 2006:2068; Whittaker, 2004; Thianthai, 2004:195). Consequently, public discourse on sex-outside-of-marriage is heavily silenced, or at the very least constructed in a negative manner to stigmatise the practice, and those who identify with it (Jackson, 2004:182; Thianthai, 2004:196; Supametaporn *et al.*, 2010:739). The culture of silence around non-marital sexuality not only hinders running and maintaining effective SRH policies, it also hinders researchers' attempts to better understand how young people are made vulnerable to HIV and AIDS and other risks associated with sexual health. This taboo on publicly discussing non-normative sexual matters in a positive manner makes it extremely difficult for researchers to access willing participants in SRH studies. Furthermore, this silence raises several validity concerns for any data obtained from such studies (Podhisita *et al.*, 2004:5-6). This barrier is especially evident in the highly skewed nature of Thai empirical research into SRH. The majority of Thai research (and non-Thai researchers investigating SRH in Thailand) tends to focus on 'at risk' groups constructed as existing outside of the 'mainstream' of Thai society, such as such as CSW and their clients (namely married men engaged in extramarital trysts), homosexuals (almost exclusively focused on men who have sex with men: MSM) or on Injecting Drug Users (IDU) (VanLandingham and Trujillo, 2002; Knodel, *et al.*, 1997; Allen *et al.*, 2003:9). This focus away from the

'mainstream' of Thai society has left Thailand's core cultural narratives unchallenged.²⁴ Furthermore this silence has meant a significantly large proportion of Thailand's population, namely young people, has been overlooked in SRH research. A 2016 report by the United Nations' Children's Fund (UNICEF) note that, 'Thailand does not include youth in its sentinel surveillance for HIV. The prevalence of pregnant women (aged 15–24 years) and military recruits (aged 21 years) making antenatal clinic visits are used as a proxy to track trends among young people.' Therefore, it is difficult for policy makers to have accurate data to draw on when making informed policy decisions in relation to the sexual health of young people in Thailand.

Although NHNS in contemporary Thailand has been identified as an area of relevant study for SRH research, little research has been done on the attitudes and perceptions of the so-called 'modern/Western' generation of contemporary young people in Thailand²⁵ and NHNS (Thianthai, 2004:190; Van Landingham and Trujillo, 2002:6; Allen *et al.*, 2003:9; Supametaporn *et al.*, 2010:739). There is data in Thailand indicating young people are becoming increasingly vulnerable to HIV infection, and other sexual risks such as coerced sexual intercourse and sexual violence (Tangmunkongvorakul *et al.*, 2010:1476; Musumari *et al.*, 2016:2). A 2015 media report stated that 70 percent of all sexually transmitted HIV infections in Thailand were occurring among young people aged 15-24 (UNICEF, 2016:23). Associated trends were observed by UNICEF which noted that the highest number of STI and unplanned pregnancies in Thailand were among people aged 15-24, suggesting safer sex messages were not effective for young people (UNICEF, 2014:2). Young people comprise an approximate 17 percent of the Thai population (Chen, 2008:9) making the management of young people's sexual health extremely important to Thailand's economy and social welfare. Despite these figures research into young people's sexual health and SRH policy aimed at young people is almost non-existent in Thai research.

Research into young people engaged in NHNS has been overlooked in the face of Thailand's impressive HIV intervention programmes so heavily associated with commercial sex and other 'at risk' social groupings (Tangmunkongvorakul, 2010:1476; Allen *et al.*, 2003:9). The need for more research into this significant and vulnerable group was voiced in a 2010 study into young people in Northern Thailand, stating that, 'little research in Thailand has explored the sexuality of adolescents in different social groups. Studies of this nature in this heavily socially stratified population are needed...'²⁶ (Tangmunkongvorakul, 2010:1476). This significant gap in Thai SRH literature, and focus on 'at-risk' groups to the exclusion of young Thais is further emphasised in the opening sentence from a 2003 study into sexual health among young Thai women (Allen, *et al.*, 2003:9), which opens with:

Very little is known about sexual risk behaviours among young Thai women who are not female sex workers. The limited data that are available indicate that although there has been a reported increase in levels of premarital sexual experience among Thai women over the past 20 years, very few practice safe sex or use contraception.

Thus, that opening statement highlights the attenuation of SRH research exclusively onto commercial sex, and female bodies, and the removal of men from such studies. Moreover, the dominance of health pragmatist narratives within SRH policy and research has led to SRH focusing on female bodies as carriers of disease. This has made men virtually invisible in SRH research and removes them from any responsibility for sexual health (Bamber *et al.*, 1993; Ford and Koetsawang, 1999; Allen *et al.*, 2003). This exclusion of men from research reflects the common practice of pro-abstinence policies

²⁴ See chapter one of this thesis for a discussion of these core cultural narratives.

²⁵ The term 'young people' can sometimes cover a range of age groups in SRH research, with some overlapping or falling into other categories such as adolescents or children. For clarity in this thesis, the term young people refers to people aged 15 to 25 years.

to focus on women and their bodies and making women solely responsible for denying others access to their bodies (Chamrathirong, 2009:183; Supametaporn *et al.*, 2010; Thianthai, 2004). Consequently, in Thailand the stigma enforced on women having sex-outside-of-marriage is significantly higher than that placed on men, if any at all. Furthermore, for men dominant narratives on masculinity often encourage men to be highly sexually active (Ounjit, 2011:115; Whittaker, 2004:91-93; Thianthai, 2004:190). This cultural marginalisation of women and their sexuality makes it extremely difficult for women to have much agency in safer sex issues, such as negotiating the use of condoms. Consequently, it is crucial that Thai men are included in contemporary studies and discussions of SRH in Thailand.

The Challenge of Analysing Thai Culture: Aims and limitations of the study

The dominance of modern Thai narratives over public discourse makes it very difficult for SRH researchers to engage with vulnerable groupings that are made invisible under these narratives. In the case of this thesis, young people and their sexuality have been made invisible by dominant Thai narratives that deny sex-outside-of-marriage beyond a commercial sex setting. Consequently, scholars in Thailand have not adequately engaged in researching this significant group, despite evidence indicating young people are highly vulnerable to HIV infection and other sexual risk factors (Musumari *et al.*, 2016:2; Tangmunkongvorakul, 2010:1476; Thato *et al.*, 2008:459; VanLandingham and Trujillo, 2002:6). There appears to be a minimal amount of research that engages with young Thais directly (Musumari *et al.*, 2016:2; Khumsaen and Gary, 2009:219; Thato *et al.*, 2008:459, Allen *et al.*, 2003:10). Of the small number of SRH studies on young people in Thailand, the majority tend to take the health pragmatist approach and construct young people's sexuality as a 'risky' behaviour that needs to be suppressed and controlled for the greater good of society (Podhisita *et al.*, 2004:1; Khumsaen and Gary, 2009:219; Supametaporn *et al.*, 2010:739). From my review of current SRH literature it would appear this is because of the barrier created by dominant Thai cultural narratives that actively constrain public discussion of sexual health issues. My reflexive response to these barriers encountered by prior studies in Thailand on sexuality (Vuttanont *et al.*, 2006; Thianthai, 2004; VanLandingham and Trujillo, 2002) has been the development of a qualitative questionnaire. A qualitative approach analyses the attitudes/perceptions of the respondent, in preference of a quantitative study that analyses behaviour and/or practices. From these studies qualitative methods have been identified as providing the ideal pathway to accessing willing participants in a culturally sensitive matter and allows for the open-ended analysis of complex data (VanLandingham and Trujillo, 2002:6). However, as Green and colleagues (Green *et al.*, 2007:545) note:

Qualitative data analysis is clearly not a stand-alone methodological task. A study design depends on the nature of the research problem. The conceptual and theoretical framework also structures the study design and informs the process of sampling and data collection.

Consequently, the type of qualitative methodology to be used for my study – from the theory that would be used to inform it, through to the sampling method – required careful consideration.

Because of the unique nature of Thai power structures Thai citizens are more likely to deny heterodox sexuality in a public forum. However, if asked in a manner that does not require them to publicly state what they actually do, there is more flexibility for them to acknowledge the existence of heterodox sexualities. Therefore, this study is focused on investigating people's perceptions of what they think Thai citizens should do, rather than what they do personally. In effect my study is asking young people what they believe they should do as Thai citizens, rather than asking what they actually do. The intent being to create a study that shows it is possible to interview young people about sexual health despite the Thai culture of silence around public discourse on sexuality. Although this study does not aim or claim to create solutions for addressing the current deficit in SRH policy targeted at

young people in Thailand, it is aimed at suggesting possible areas for future studies that can directly benefit future SRH policy makers in Thailand. In terms of identifying what aspects of Thai society present significant barriers to safer sex practices amongst young people, the responses to this study should be helpful in identifying areas that need to be improved in current SRH policy in Thailand. Furthermore, by not asking young Thais directly if they actually engage in NHNS, the study will not be putting participants in a situation that puts them in conflict with dominant Thai cultural narratives. Previous quantitative sexology studies in Thailand tend to produce data that suggests a disproportional amount of young men are sexually active with only a minority of young Thai women being sexually active. This skewing of data most likely reflects the impact of dominant Thai cultural narratives on the participants' responses supporting the social expectation that good Thai women are not sexually active outside of marriage (Podhisita *et al.*, 2004:5-6). Therefore, it is vital that a sampling method is employed that helps to recruit a large number of male participants too, so that perspectives of both men and women can be considered equally.

The Thai government, in concert with the joint United Nations Programme on HIV/AIDS (UNAIDS), is aiming to end the AIDS epidemic as a public health threat in Thailand by 2030 (UNAIDS, 2017). To have the best chance of meeting this target policy makers need accurate information on how and why people become vulnerable to HIV infection and AIDS. This contrasts with SRH policies targeted at short-term HIV infection prevention and/or AIDS treatment programmes that focus on identifying those who are 'at risk' of infection, with high levels of stigma often attached to those labelled as 'at risk'. Therefore, to address this crucial issue of perceptions and vulnerability (why people are more likely to behave the way they do), it was necessary to use an analytical tool that investigates the individual's perception of their own social responsibilities. And the impact of that perception of Thai culture on what types of social/sexual behavioural scripts are allowed or not allowed. That tool being a culturally sensitive qualitative study aimed at critically analysing the way young Thais (both men and women) perceive their social/sexual scripts within the context of current SRH policies in Thailand.

Rationale of the study

Before creating a design for my study of young Thai people it was necessary to identify who was being studied, why they were being studied, how they would be studied and finally, what the study aims to achieve. To address the matter of what the study aimed to achieve, a research theme had to be identified from which research categories could be formulated, from which research questions could be created. Based on my extensive SRH literature review the main theme I wished to investigate was the relationship between dominant Thai cultural narratives and the social/sexual scripts of young people in relation to HIV and AIDS and SRH policy in Thailand. Next, given the Thai culture of silence around public discussions of sex-outside-of-marriage in a positive manner, I needed to create an approach that could accommodate this barrier and allow researchers to question young people about sexual matters. The result was a qualitative questionnaire designed to critically investigate how young Thais perceive sexual health in relation to their own positioning within the modern Thai State, and the constraints dominant Thai narratives place on their agency when negotiating social/sexual situations. The initial design was pilot-tested by me, the author, as a 2009 field study conducted in Bangkok, Thailand. The findings were then used to help fine-tune my initial design, and that revised design was re-administered by me in a 2010 full-scale field study in Bangkok, Thailand.

Thailand's culture of silence around non-marital sexuality has led to a significant deficit of theory-driven studies into young people's sexuality (Khumsaen and Gary, 2009:219; Thato *et al.*, 2008:459). To effectively analyse how young people perceive sexual health in relation to their own positioning within the constraints of modern Thai cultural narratives, it was necessary to employ a

paradigm that allowed for the critical analysis of the gendered-State, and the individuals' perception of their own gendered-identity in relation to the State. From a theoretical stance this study will attempt to construct a methodology that combines Western analytical methods — often employed in empirical studies on sexual practices and attitudes — with analysing Thai cultural narratives. This is based on Jackson's 'Semi-colonial' analysis which attempts to, 'thread a middle path between empiricism that fetishises [*sic*] data and is resistant to theory, on the one hand, and theory-driven analysis that privileges general (implicitly Western) perspectives over local (Asian) contexts, on the other' (Jackson, 2007:331). Thus, I developed a framework that was based on a strong theoretical foundation to address previous critiques — that past studies on Thai sexual health have been empirically rich — yet theory poor (Jackson, 2007:331). Furthermore, I was mindful to ensure this framework included strong practical aspects, such as suitable and vigorous sampling methods. Consequently, to meet the needs of Thai-based SRH research, the theoretical aspects were drawn from post-colonial gender studies, focusing on gender and class in a post-colonial Thailand²⁶ (Thianthai, 2004; Jackson, 2007; Thaweessit, 2004; Bulbeck, 1998). This was incorporated with constructionist-based sexuality studies conducted in Thailand in the late 1990s (Jackson, 2000; Cook and Jackson, 1999; Harrison, 1999; Lyttleton, 1999). A consistent theme of this thesis has been the multidimensionality of sexuality, consequently the Thai-specific aspects of my framework are informed by the non-Thai-specific assumption that sexuality is socially constructed and that individual sexual behaviour is shaped by socially constructed 'scripts' that determine how an individual works (the concept of sexual scripting was introduced by Sociologists Gagnon and Simon).²⁷ The implication of scripted sexual behaviour is that there is no 'normal' version of sexuality from which other sexualities can be evaluated (Jackson and Scott, 2010:814). Furthermore, such behaviour is constructed daily from the society within which the individual lives, ruling out the idea of a universal innate sexuality (Jackson and Scott, 2010:814).

To apply this theory to practical applications it was necessary to find the most culturally appropriate and accurate way to sample information from Thai citizens to address the key issues of the thesis. To determine what analytical method was best suited to collecting the necessary data for the study, I drew heavily on sexology case studies from social and cognitive psychology — that mainly employ reductionist paradigms — conducted in Thailand (Vuttanont *et al.*, 2006; Knodel *et al.*, 1996; Knodel *et al.*, 1997; Thato *et al.*, 2003). Each field addresses some, but not all, of the issues targeted by my thesis. Gender and Sexuality studies provided a strong theoretical foundation for interpreting the data obtained in my field study but did not provide strong cases for how to obtain this data from Thailand. This is because neither field directly analyses the link between Thai culture, Thai gender/sexuality roles and the spread of HIV infections. On the other hand, given the more practical nature of social psychology over political theory, there were several case studies to investigate within social psychology. However, the analysis of the findings in such cases was more clinical and quantitative than theoretically investigative.

²⁶ Although Thailand was never outright colonised by a Western power, as most Southeast Asian nations were during the period of Western colonial expansion, it is still appropriate to use post-colonial paradigms to analyse Thai culture and political structures. Rather than direct Western colonial cultural assimilation through physical occupation, Thailand has been indirectly colonised through internal modernisation/Westernisation policies throughout its history, especially during the 1930s when the modern Thai state was created. See chapter one for more on this.

²⁷ For more on the origins of scripting theory see M.W. Wiederman (2005) 'The Gendered Nature of Sexual Scripts', *The Family Journal*, 13(4)

Analysis of the number of people infected by HIV and/or living with AIDS in Thailand, who is infected and what from, are investigated in depth by psychology and diagnostic medicine (Klunklin and Greenwood, 2005) and to some extent, why people put themselves at risk (Vuttanont *et al.*, 2006; Thato *et al.*, 2003). Analysis of how and why Thai culture makes young Thais who practice NHNS vulnerable to HIV and other harm associated with sexual relations is best analysed by Gender and Sexuality Studies using constructionist paradigms from a critical theorist point of view (Jackson, 2000; Whittaker, 2004; Lyttleton, 1999; Harrison, 1999). Reductionist based methodologies do not adequately isolate how dominant Thai cultural narratives encourage individuals to behave in a particular way and how an individual's perception of their own identity and their culture shapes the society around them in a dynamic relationship between individual and socialised environment (Knodel *et al.*, 1997; Singh *et al.*, 2000). Consequently, a paradigm needs to be employed that can deconstruct the gendered-agenda of the Thai State. Namely, one that can analyse how dominant cultural narratives are inculcated into Thai citizens to make them believe that non-marital sexuality is both inappropriate and unhealthy, and that sexual matters should not be discussed publicly in a positive manner. And finally, how these narratives are constructed as being an innate part of the Thai identity.

Scope of study

Regarding the study rationale of who is being studied and why, the scope of this study was focused on Bangkok-based tertiary students for several reasons. Bangkok has the highest concentration of young people in Thailand as shown below in Figure 1, obtained from a 2016 UNICEF study (UNICEF, 2016:9). The map of Thailand is divided into provinces, with the darker the blue shade, the higher the population of young people (in the UNICEF study, those aged 10 – 19), with Bangkok having the highest concentration of young people compared to other provinces in Thailand.

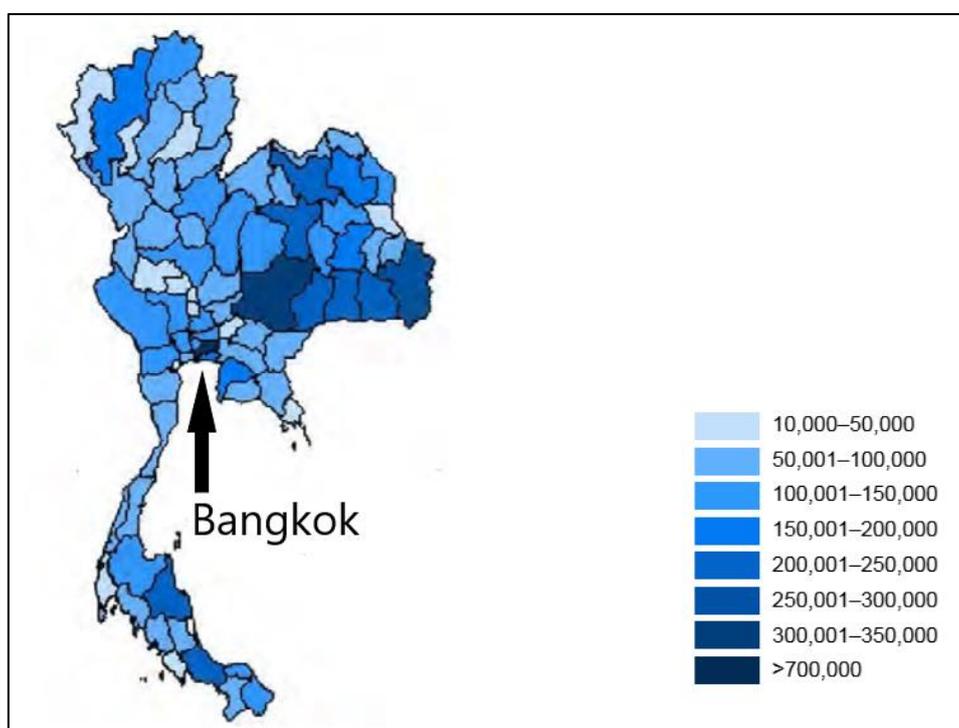


Figure 1: Concentration of young people living in Thailand, by province

Thai citizens living in urban areas such as Bangkok have been identified as having more liberal views, and more exposure to Western culture than their rural counterparts (Rasamimari *et al.*, 2007:14). Furthermore, Bangkok is often viewed as the most liberal part of Thailand in terms of sexual culture (Lyttleton, 1999:35; Sinnott, 2004:18). Finally, given the cosmopolitan nature of Bangkok, one might

assume that tertiary students studying in Bangkok, with their high exposure to Western concepts, would be more likely than the general Thai population to be sympathetic to SRH policies and their health pragmatist narratives. However, contemporary evidence seems to suggest that students hold social/sexual scripts that reflect sex-negative narratives. A 2010 study by Thangmunkongvorakul and colleagues (2010:1481) on young people in Changmai aged 17-20 found that secondary and tertiary students tended to hold more conservative narratives than young people outside of formal schooling or vocational students. The study found that young people from the secondary school and tertiary group, especially young men, were, '... more likely than the other two groups to agree that boys and girls should remain virgins until they marry and that most girls who have sex before marriage regret it afterwards' (Thangmunkongvorakul *et al.*, 2010:1481). These dominant narratives that depict non-marital sex as inappropriate for young people was also reflected amongst tertiary students in Bangkok. When the Thai Ministry of Health in 2003 proposed installing condom dispensers in university toilets as part of their national SRH programme there was strong opposition from the Student Union Network (BBC News, 2003). In response to this plan the Student Union Network blocked the programme and the head of the Union at the time, Khun Vitoon Chomchaipol (BBC News, 2003) was quoted as stating:

We totally don't agree with the plan. It's not necessary and not suitable as it could mislead students to believe that teachers approve of them having sex. ... Casual sex is a problem involving a small group of students. ... We are concerned that with easy access to condoms, the majority, who are reluctant now, will jump onto the [casual sex] bandwagon.

Therefore, I wished to explore this further and see if exposure to the State's educational institutions lead to a strengthening of dominant Thai narratives amongst students.

The sampling of my study was limited to Tertiary students for a few reasons. Due to informed consent issues, students under the age of 18 were not considered, therefore secondary school students were excluded. Moreover, I wanted to analyse what Thai students thought of the sexuality education programmes they had just recently been through. Therefore, it was best to interview people that had already completed secondary schooling, where such programmes take place. Finally, to challenge the assumption that un-educated or impoverished members of Thai society are responsible for the spread of HIV and AIDS via risky sexual behaviour (Thianthai, 2004:198) it seems logical to interview tertiary students. If a highly educated group, such as tertiary students, exhibited attitudes that made them highly vulnerable to HIV infection, this might suggest that education and social status are not the primary barriers to effectively implementing comprehensive SRH policies.

Given the unique nature of Thai power to heavily police public discourse while simultaneously being relatively disinterested in private discourse (Jackson, 2004:181), it was best to employ a study that used peer-based narratives, rather than ones that replicate authoritative/public narratives. To replicate peer-based discourse the study was delivered using plain Thai and avoided the use of technical or clinical language, while at the same time employing a tone that was not too colloquial to avoid causing offence to the participants. To reduce interviewee anxiety two interviewers were present, me (the author), and a Thai female — interviewees tend to disclose more when the interviewer is female (Fenton *et al.*, 2001:87). Additionally, from my own experience as a participant in job interviews, and psychology studies during my undergraduate years of study, I perceived two interviewers as less intimidating than just one interviewer. To accommodate the Thai taboo against public sexual discourse participants were recruited via people they knew, thereby replicating peer-based communication that could be perceived as private and not public discourse. Furthermore, being recruited by someone known to the participants would help reduce anxiety levels and minimise potential response bias.

Sampling

Sampling plays a critical role in the success or failure of empirical research and will significantly impact on the strengths and limitations of a study (Sadler *et al.*, 2010; Noy, 2008). Reflecting on the need for qualitative researchers to be more critical of their empirical investigations Noy (2008:328) observes that, 'sampling has been literally overlooked, qualifying as the least 'sexy' facet of qualitative research. Yet sampling procedures are unique facets within any paradigm within which empirical research is pursued.' In relation to sampling procedures in Social Sciences Sadler and colleagues (2010:3) observe that, 'the use of probability sampling methods [also known as random sampling] is considered the gold standard for recruiting participants who are most likely to be representative of the larger population from which they are drawn.' Although this method is the most popular approach due to its ability to produce data that is representational of a given population, based on the few past studies in Thailand on young people it was not the most appropriate (Vuttanont *et al.*, 2006). Given the paucity of research on young people in Thailand and the related cultural silence around the sexuality of young people, a sampling method that could locate hard to reach social groupings was required, something probability sampling methods could not do in this context. The shortcoming of probability sampling methods within this context is illustrated in the following example from Sadler and colleagues (2010:3,4):

Probability sampling is intentionally conducted by study recruiters who randomly contact potential participants who are drawn from a community-wide database. These recruiters, by definition, have no prior relationship with the potential participants they are contacting. In marketing jargon, this would be the difference between a "warm call" (a call to ask a favor of someone with whom the marketer already has a prior positive relationship) and a "cold call" (a call to ask a favor of random contacts with whom no prior relationship has been established). A high refusal rate is commonplace under the latter circumstances, thus contributing to a type of self-selection bias that can confound study outcomes

Extrapolating this general example to the Thai context, given the culture of silence around public discourse on sexual matters, if someone were to receive a random phone call from a stranger asking them to discuss personal sexual matters it is highly likely they would refuse to do so. Therefore, to accommodate this Thai culture of silence an appropriate sampling method was required. Based on my review of SRH literature and sampling methodologies snowball sampling (also known as chain referral sampling) was the most appropriate method.

Snowball sampling is defined as a method of sampling in which the researcher accesses participants through contact information provided by other participants, rather than through direct contact (Noy, 2008:330). That is, one person contacts their friends/associates and those contacts inform their friends/associates, ultimately forming a chain of referrals, hence the other common name of chain referral sampling (Vuttanont *et al.*, 2006:2070; Biernacki and Waldorf, 1981:141). Although this method meant the sample was not randomly selected, it was the most appropriate method for this type of interview, that is, a questionnaire on sexual norms and attitudes (Fenton *et al.*, 2001:84; Thaweesit, 2004:206; Catania *et al.*, 1984:54; Knodel *et al.*, 1996:181). Another advantage of snowball sampling is that the use of multiple participants to locate and recruit more participants means it will often shorten the time and reduce the financial costs required to assemble a participant group of suitable size compared to other recruiting methods (Sadler *et al.*, 2010:3). Thus, snowball sampling is a widely used method in qualitative sociology research and is well suited to situations in which the study focuses on a sensitive or private issue, which requires the knowledge of people within the social circle to locate people for the study (Biernacki and Waldorf, 1981:141). Consequently, snowball sampling is the most widely employed method of sampling in qualitative research across the Social Sciences, especially in a health setting when it comes to recruiting hard to reach populations (Noy,

2008:330; Sadler *et al.*, 2010:6). As Sadler and colleagues (2010:3) observe, 'a particular advantage of snowball sampling is its cultural competence and the inherent trust it engenders among potential participants. This can help to increase the likelihood that the identified person will agree to talk with the researcher/program coordinator'. Given the cultural competence of snowball sampling and the inherent trust it generates between researcher and participant it was the most appropriate method for accommodating the Thai culture of silence (Thianthai, 2004:191; Vuttanont *et al.*, 2006:2070; Thaweessit, 2004:206; Knodel *et al.*, 1996:181).

Snowball sampling helps accommodate the Thai taboo on public discourse on sexuality in several ways. As the interviewer was recommended by a friend or peer to the participant, and not just a random stranger wanting to question the individual about sex — a rather private and personal matter — the participant would be more trusting of the interviewer. The peer-based network of recruiting participants pushed the arena of this study more towards a private social network, rather than being perceived as part of the public arena. Researchers in Thailand have noted that previous SRH studies have encountered significant trust barriers when using conventional methods such as the self-completed anonymous questionnaire, as participants were often unsure of the nature of the study, and who was collecting the information (Lyttleton, 1999:40). However, the main limitation of snowball sampling is that it creates a non-random sample, which means the results from a study based on this method of sampling cannot be generalised to the wider population (Sadler *et al.*, 2010:3). This is because the sample may be biased — as contacts were selected through friends/peer groups for being similar — in that there is an over-representation of a grouping that is not reflective of the overall population being investigated (Sadler *et al.*, 2010:3). Nevertheless, within the design framework of my study to analyse the perceptions of young Thai people on culturally based social/sexual scripts, a non-random study was appropriate.

The study employed in this thesis was developed over two stages. The 2010 study was an improved version based on my 2009 pilot study. Given the methodologies of the 2009 and 2010 study were very similar I will only refer to the 2010 study in detail. The 2009 study exclusively employed snowball sampling methods to recruit participants. However, during the 2010 study I was presented with a unique opportunity to interview an entire class of tertiary students — which I will discuss in detail further on — so I also included a convenience sample into the 2010 study alongside the snowball recruited participants. The selection of participants was limited to those who were: Thai nationals studying at a tertiary institution; aged 18-25; and have never been married. Participants were sourced from two Bangkok-based tertiary educational institutions. The 2009 pilot-study exclusively employed snowball sampling to source all 25 participants (N=25) from two Bangkok-based universities. Both universities specialised in technical and trade subjects and were known for their liberal teaching atmospheres. One university was relatively new and modelled itself more closely on Western tertiary institutions. Tertiary students in Thailand are required to wear a uniform, as shown in Figure 2.

However, this newer university only requires junior level students to wear a uniform, whereas senior students can wear casual clothing reflecting the adult learning environment.²⁸ I have labelled this institution, University A. The other one, labelled University B, is a well-established university and still requires students to wear a uniform throughout the duration of their study. The students I sampled from University A were studying Interior Design and the students from University B were studying Information and Technology Systems.



Figure 2: Compulsory university uniforms worn in Thailand²⁹
(photo credit <http://uselectionatlas.org/FORUM/index.php?topic=181819.0>)

The rationale behind originally recruiting from more liberal/Western-influenced educational institutions was to investigate if these institutions still inculcated conservative dominant Thai cultural narratives onto their students. However, upon reviewing the 2009 data and conducting further literature reviews, it decided it would be best to have a comparison between a conservative university and a liberal university for the 2010 study. Moreover, to allow a comparison to the 2009 study I sampled from university A again, using the same contacts to sample from a different year level of Interior Design. For the second university, I sampled from one of Thailand's oldest universities which is renowned for its traditional/conservative image, which I will dub University C. In addition to the planned snowball sampling, when I visited University C to prepare for my study, by chance I was offered the opportunity to interview a class of Anthropology students by an academic known to me, who had heard of my 2009 study. Although convenience samples are known to have limitations due to being sampled from a 'captive' sample — such as HIV researchers investigating people seeking treatment at hospitals (Watters and Biernacki, 1989:418) — I felt this was a worthwhile opportunity to obtain a larger sample. Furthermore, this would offer a comparison between the snowball and convenience sampled students to observe if the selection methods influenced the answers. As the name suggests a convenience sample is obtained by selecting participants based purely on who is available at that time (Ritchie *et al.*, 2013:115).

²⁸ The policy of compulsory uniforms at Thai tertiary institutions has come under challenge from several Thai academics and students. For a brief overview see Ranong J.N. and Vasuhiroon P. (2013) video interview with student activist Aum Neko on <http://bangkokpost.com/multimedia/vdo/thailand/377200/examining-university-uniform>

²⁹ Note: As each uniform is unique to a university the above uniforms do not represent any of the universities used in my studies.

Due to the success of the 2009 study I was able to recruit a much larger sample for the 2010 study and sourced participants using the two methods of snowball and convenience sampling, making a total sample size of 93 participants (N=93). Two groups were snowball sampled, one from University A and the other from University C. The final group was recruited via convenience sampling from University C. The two snowball sampled groups consisted of 21 students from University C studying Law (N=21; N_f=10, N_m=11) and 19 students from University A studying Interior Design (N=19; N_f=10, N_m=9), in addition to the 53 convenience sampled Anthropology students from University C (N=53; N_f=43, N_m=10). Given most Thai students continue tertiary education immediately after completing secondary schooling, rather than doing tertiary study at a later period of life as many do in Western nations such as Australia, the age grouping was very close, as shown in Figure 3. Although I had set my selection criteria to those aged 18-25, the few students that fell above that age were included in the study. This is because after analysing the data their responses still fit within the general trends of the other students and did not appear as random variations.

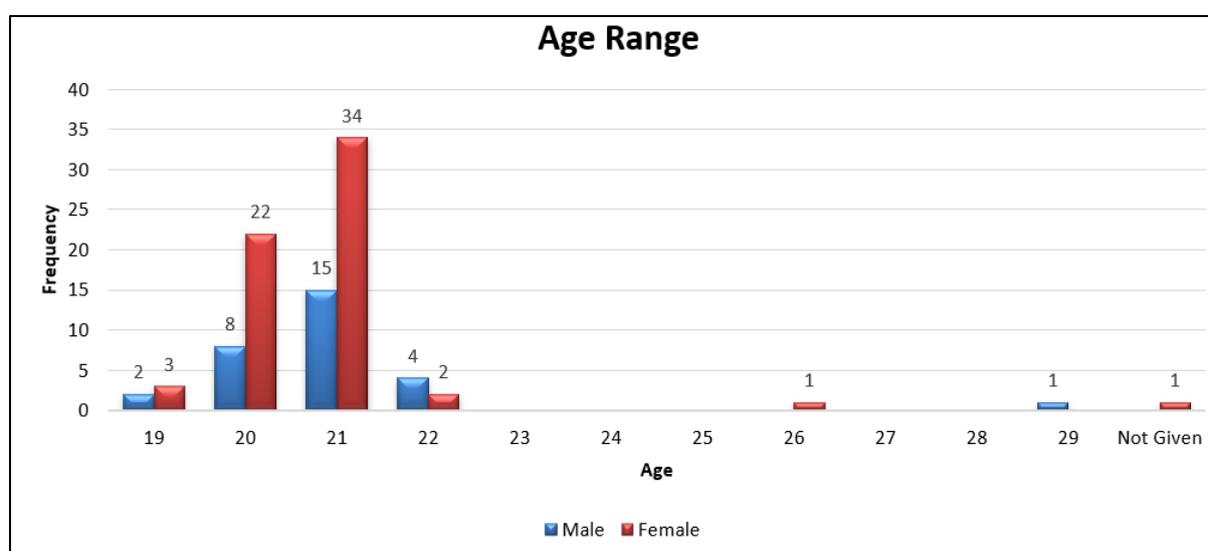


Figure 3: Age range of combined samples in 2010 study

Conducting the study

To further build on the chain referral networks created during the snow sampling phase, and further replicate peer-based discourse, I employed two Bangkok-based female Thai nationals who were known to me through family connections and were studying at the respective universities. They contacted their peers who contacted their peers and so forth, to obtain my snowball samples. For the convenience sample an academic from University C who is known to me through academic connections agreed to help recruit a convenience sample from students studying in the Anthropology department. Since I had intended to recruit an even number of men and women for the snowball samples, the gender distribution of my sample was artificially even. However, for the convenience sample there were significantly more women than men in the sample, reflecting the gender distribution of a Humanities subject class (see Figure 2 above for the gender spread of the samples, 30 men and 63 women).

Upon obtaining my sample of 93 students, the 2010 study employed a series of interviews utilising a hybrid method I developed in my 2009 pilot-study, which is a modification of a pen and paper survey and a face-to-face interview. My working title for this method is the DREW method, which stands for Directed Responses Employing Words. Before conducting the 2009 pilot-study in Thailand the initial plan was for me to conduct the study as a series of face-to-face interviews with my Thai assistant conducting the spoken aspect of the interview while I observed or asked some lesser

questions. To assist in the interview the participant and interviewer would both have a written copy of the interview questions each. This ensured the questions asked at each interview were consistent and to provide the interviewee with a place to write down any additional answers to their verbal responses. During the first three interviews I observed that the participants appeared to be uncomfortable answering the questions verbally, instead they preferred to write their responses down, that is they would give a very short verbal answer while at the same time writing down a longer written response. Given this was a pilot study, following each interview a brief exit survey was conducted in which the interviewees were asked what they liked and did not like about the interview and if they thought there could be anything that could be improved.

The general theme in their responses was that they would have preferred a set of numbered questions that they could follow and fill out at their own pace, making it more like surveys they had filled out in the past at their university. In relation to the interviewees not being very vocal during the interview I reflected on my past experience as a volunteer teacher in Thailand teaching English as a foreign language to secondary students in Bangkok. I remembered that students were often shy when it came to giving answers orally in class. When I asked other teachers in the faculty about this, they said that Thai students are often shy to say something in case they are wrong, and instead prefer writing, with some teachers suggesting I try getting students to write their answers. Therefore, in relation to the interviews I asked the interviewees about their preference for writing their responses down and if they would have preferred an anonymous written format instead, such as an online survey. The three interviewees stated that they did not mind being interviewed face-to-face since they knew the published results would be anonymous and presented in a different country to the one they live in. Rather, they said they had trouble articulating the responses verbally since they were worried they would take too long or sound silly trying to put sentences together on the spot. When I asked the interviewees about their thoughts on the possibility of an online anonymous survey two of them said it might come across as too difficult for some people since they have had bad experiences with online surveys not working well, such as broken links and slow to load pages. I also discussed this matter with some secondary and tertiary teachers in Bangkok and they advised against an online medium as students can often be lazy and many might forget to log in and complete the survey in a timely manner, or perhaps do the survey and close the web browser before correctly saving and lodging the survey. Some teachers advised that at least with the face-to-face interview the student is already there and will complete the questionnaire. From a logistical point of view, I also had concerns with an online survey as this would require me to create my own webpage as the pre-made online survey sites I reviewed at the time appeared to have limited capability for changing the format of the questions. Most appeared to be designed for quantitative surveys. Furthermore, there would also be security concerns with protecting the privacy of people's responses on a public webpage. Finally, it would also be harder to verify the identity of the interviewee in such a medium. Therefore, I decided on a face-to-face questionnaire, but completed in writing, rather than verbally, was the best solution for the study.

Consequently, after the first three interviews instead of asking the questions verbally, I decided to give the participant a written copy of the questionnaire and a pen and allowed them to fill in the questionnaire on their own. During this time my research assistant and I stayed within earshot of the participant, still in the same room, but not in direct contact. That way the participant could ask for assistance if needed, with answering any of the questions, while at the same time not feeling under pressure from direct scrutiny. The participant was advised that if they did not feel comfortable answering any of the questions they could write 'no comment' for that question, or if the interview was too much they could opt-out at any time. This method appeared to reduce interviewee anxiety and led to the production of more detailed answers. Given I was sampling Tertiary education students

I believed they had adequate experience with expressing themselves through writing, therefore was confident that providing their answers via written medium would not be a challenge for them as opposed to someone out of schooling. Following the completion of the pilot study using this new method it appeared the DREW method was quite useful. Although I delivered the interviews one-on-one during the pilot study, I noticed that by using the DREW method I could administer the interview to multiple people at the same time by having multiple participants in the same room. Given they could be seated separately but still in the same room, they would be able to answer questions without being influenced by the responses of other people in the room. This would allow me to interview more people in a follow-up study in a limited amount of time and thereby generate a larger sample size. Following the success of this hybrid method, the 2010 study exclusively used the DREW method.

During the 2010 study once participants were recruited they had the study explained to them both verbally by the interviewer and in writing via the information sheet handed to them. Part of the introduction was to explain to the interviewee that this study was completely confidential, and that personal data was only used for the consent forms and would not be linked to their questionnaire data. Finally, I informed them that this survey was not linked to their academic assessment, and that I was not associated with the university or the Thai government, and that I was an Australian national from an Australian university (see Appendix B for information sheet provided to interviewee). If the interviewee had any questions they were free to ask one of the interviewers. I found out later through my research assistants that most of the interviewees believed they could express more honest opinions about sexual matters since I was from Australia, which they dubbed a 'free sex' country, meaning Australians were viewed as being more sexually liberal than Thais due to having less cultural restrictions. Thus, my introduction as an Australian national appeared to have a positive effect on the interviews. Coming back to the interview, after the study was explained to the interviewee, and they gave informed consent, the interviewee was given a written copy of the questionnaire and a pen (see Appendix A), while two interviewers (me and my research assistant) stayed in the same room within ear shot of the interviewee, but not in direct contact. The written questionnaire was then collected, and the interviewee was asked if they had any further questions. By utilising the DREW method, it was possible to efficiently interview a large number of participants in a consistent and un-intrusive manner. In the case of the convenience sample I interviewed the entire class in one sitting in tutorial room to fit in with the restrictive timetable requirements of that class. Whereas with the snowball sample most interviewees were interviewed in groups of three to six people as I had an interview room set up in one of the spare tutorial rooms and students approached me during their spare time throughout the day. Upon reflection if I had been using the original one-on-one interview process, I do not believe it would have been possible to interview 93 people in the time I had available to me for the 2010 study. Therefore, the DREW method could be useful to future research teams that have limited resources but need to interview a large group of people. However, as noted earlier, a possible limitation would be trying to administer this technique to a group of people that do not have good literacy skills, such as factory workers or other people outside of a formal education setting. The success of peer-led sampling in recruiting participants was reflected by all 93 participants sampled giving informed consent, and none withdrawing from the study. The 'no comment' option was only used in a few questions in the study and did not affect the overall results gathered from the study.

To reduce anxiety levels in the interviewee and avoid any potential harm to them, the questionnaire was structured so that question sensitivity was gradually increased as the questionnaire progressed (Britten, 2000:14; Catania *et al.*, 1986:54). To achieve this staggered sensitivity the questionnaire was broken down into five sections to best accommodate the cultural silence surrounding young people's sexuality. The first section consisted of eight items targeted at obtaining basic biographical data, such as the participants' name, age, religion and province of residence. The

second section contained four items targeted at investigating how the interviewee perceived certain relational terms. The third section contained the first Vignette Scenario and the fourth section contained the second scenario (one targeted at men's concerns, the other at women's concerns). Given the narrative nature of the Vignettes the interviewer could question the interviewee in a non-intrusive manner. This acted as an 'ice-breaker' to allow the participants to be more at ease with the study. It also helped set the tone for the rest of the interview. The final section contained 29 items, with a mix of structured and semi-structured questions directly probing key issues, such as the level of knowledge these participants have about HIV and AIDS, how they perceive those who use condoms, the cultural appropriateness of discussing sexual health/education, and other critical factors. Overall this staggering of question sensitivity allowed the interview to appear less intrusive and maximise the potential for reducing self-censorship from the interviewee. A brief overview of the layout of the study is provided in Figure 4.

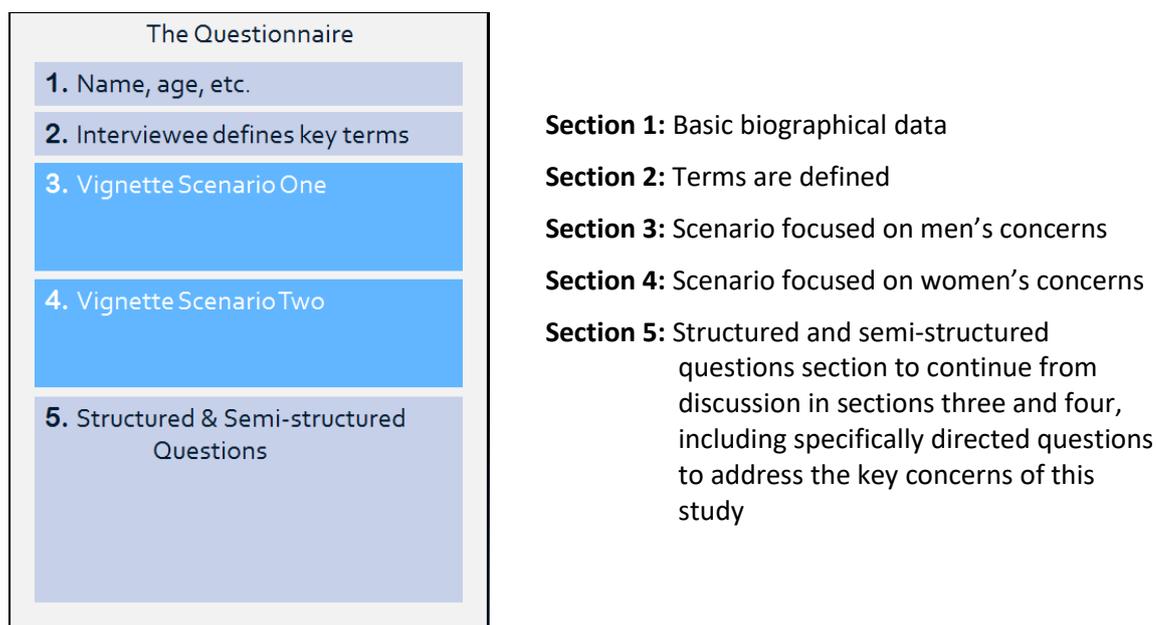


Figure 4: Template of the questionnaire.

The design and format of the study was very important, especially with the Vignette Scenarios. My study design was inspired by some of the research methods used by Vuttanonot and colleagues (2006) in their mixed methods study of young people in Chiangmai, Thailand. Their study selected participants from six secondary schools in Chiangmai and used a combination of quantitative and qualitative methods using statistical and thematic analysis respectively (Vuttanonot *et al.*, 2006). This included narrative interviews with key stakeholders; and analysis of key policy documents; questionnaire survey of 2301 teenagers; 20 focus groups of teenagers; questionnaire survey of 351 parents; and two focus groups of parents (Vuttanonot *et al.*, 2006). My study drew heavily on their qualitative methods, especially their use of a Vignette Scenario in their focus group. Vuttanonot and colleagues (2006) explained that their questionnaires were staggered in sensitivity following guidelines set by the World Health Organisation (WHO) on their webpage dedicated to, 'asking young people about sexual and reproductive behaviours' which includes a questionnaire template to follow (Cleland *et al.*, 2001). Accordingly, I also modelled my questionnaire around certain elements of this WHO questionnaire template, mainly the sequence and theme of questions, rather than the content or style of the questions. This is because the questionnaire template was designed for a quantitative study and employs Likert scale responses for most of the questions, in which responses are graded on a scale to allow for statistical analysis, as shown in the example below in Figure 5 (Cleland *et al.*,

2001:31). Furthermore, as with sexology studies of this type the questions tend to be very invasive as they are aimed at identifying what types of sexual behaviours the participants engage in. Whereas my study was aimed at identifying what young people believe they should be doing, rather than what they actually do.

Section 4: Types of heterosexual contact		
INTERVIEWER SEE Q. 3.1-3.3 ON PAGE 7		
ANSWER TO 3.1 IS "NO": You told me that you have had no girl/boy friends. I now want to ask you about any sexual contacts that you may have experienced.		
ANSWER TO 3.1 IS "YES": You have told me about your relationship with NAME. Apart from her/him and any earlier girl /boy friends, I now want to ask you about other types of sexual partners that you may have experienced.		
4.1 Some young people are forced to have sexual intercourse against their will by a stranger, a relative or an older person. Has this ever happened to you?	Yes No	1 2 → 4.3
4.2 How many different strangers, relatives or older persons have forced you to have sex against your will?	No. <input type="text"/> <input type="text"/>	
4.3 Did you or the sexual partner do anything to avoid a pregnancy on these occasions? IF YES Always or sometimes?	Always Sometimes Never	1 2 3
4.4 Some young people/females are touched on the breast or some other part of the body when they do not want to be, by a stranger, a relative or an older person. Has this ever happened to you?	Yes No	1 2 → 4.6
4.5 Would you say this has happened often, sometimes, or rarely?	Often Sometimes Rarely	1 2 3

Figure 5: Extract from WHO questionnaire template for interviewing young people about sexual health

The outline of the WHO questionnaire was as follows (Cleland *et al.*, 2001):

- Section 1:** Socioeconomic and family characteristics
- Section 2:** Sources of information on, and knowledge of reproductive health
- Section 3:** Current/most recent heterosexual relationship
- Section 4:** Types of heterosexual contact
- Section 5:** First sexual relationship
- Section 6:** Homosexual experiences
- Section 7:** Knowledge and ever-use of contraceptive methods
- Section 8:** Knowledge of HIV/AIDS and sexually transmitted diseases
- Section 9:** Condom knowledge and attitudes
- Section 10:** Sexuality, gender and norms
- Section 11:** Use and perceptions of health services

In my study the two vignette scenarios replaced sections 2-6 of the WHO template, section 11 was substituted with questions on school-based sexuality education (see Appendix A for example of questionnaire used in study).

In relation to the Vignette Scenarios their delivery encountered some minor problems in my 2009 pilot-study. This was most likely a result of the vignettes being used in a focus group during the Vuttanont and colleagues (2006) study, in which they could ask guiding questions, whereas in my pilot-study they were presented in writing as part of the questionnaire. In the 2009 pilot-study the scenarios were presented in a text box followed immediately by all four questions, with just one answer space provided for the interviewee to write their answers (see Figure 6). This led to several non-explicit responses to the second question (how would he/she feel?) in both scenarios. This question was not explicitly addressed by seven interviewees (N=7; N_f=4, N_m=3) in the first scenario and six (N=6; N_f=4, N_m=2) in the second scenario.

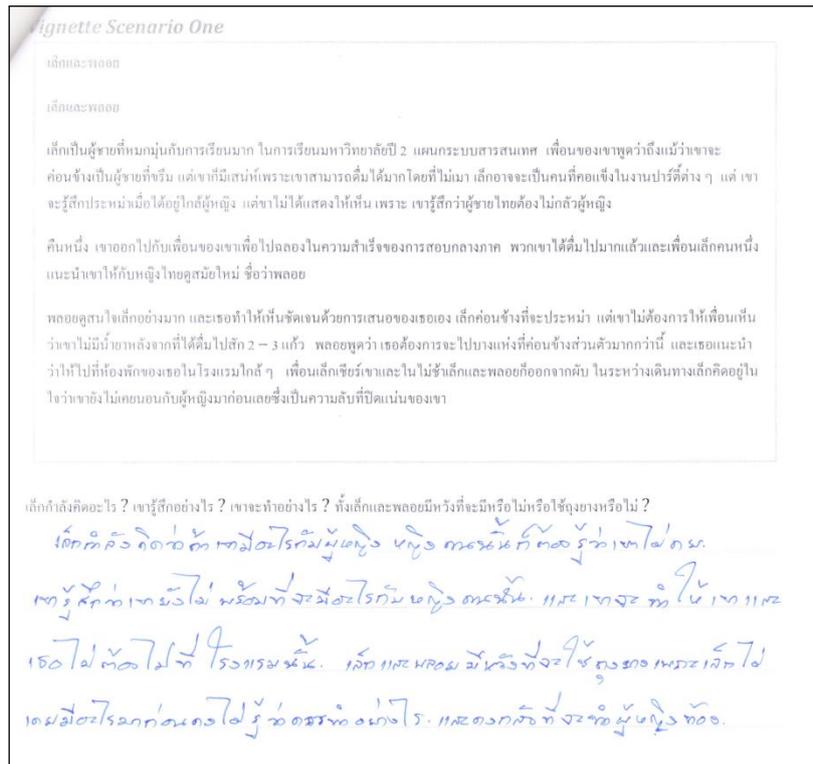


Figure 6: Vignette Scenario one as presented in the 2009 pilot-study, with responses

Upon reviewing the responses, it appeared that it was not that the interviewees could not say how the character would feel, rather they addressed this question implicitly with the emotive themes given in their answers to the other three questions in the scenario. To correct for this number of non-responses the two Vignettes were re-formatted in the 2010 study so that the four questions were labelled A, B, C, D and had their own respective place to write an answer (See Figure 7). Additionally, following feedback from the participants in my 2009 pilot-study, during their exit surveys, all the questions in the questionnaire were sequentially numbered.

Vignette Scenario One

เด็กและเธอ

เด็กเป็นเพื่อนที่สนิทกับเพื่อนมาก ในการเรียนภาษาอังกฤษ 2 แขนงระบบการเรียน แต่เพื่อนของเขาพูดว่าเธอมีแฟนแล้ว เธอจึงเป็นเพื่อนที่สนิท แต่เขาก็มีแฟนที่เธอสามารถคุยได้มากโดยที่ไม่บอก เธออาจจะเป็นคนหนึ่งที่สนใจในงานปาร์ตี้ต่างๆ แต่เขาจะรู้ที่ประมาณนี้คืออยู่ที่ไหน? แต่เขาไม่ได้แสดงให้คนอื่นทราบ เขาพูดว่าเธออาจจะไม่กลัวที่อยู่ที่

ดังนั้น เธออาจจะไปเที่ยวที่อื่นของเธอต่อไปเรื่อยๆ ในความจำเป็นของการสอบภาษาอังกฤษ ทักษะที่ดีมีไม่มากแล้วและเพื่อนสนิทคนหนึ่งแนะนำให้เขาให้เพื่อนอยู่ที่ไหนๆ เธออาจจะ

เธออาจจะไปเที่ยวที่อื่นของเธอต่อไปเรื่อยๆ ในความจำเป็นของการสอบภาษาอังกฤษ ทักษะที่ดีมีไม่มากแล้วและเพื่อนสนิทคนหนึ่งแนะนำให้เขาให้เพื่อนอยู่ที่ไหนๆ เธออาจจะ

เพื่อนสนิทของเธออาจจะไปเที่ยวที่อื่นของเธอต่อไปเรื่อยๆ ในความจำเป็นของการสอบภาษาอังกฤษ ทักษะที่ดีมีไม่มากแล้วและเพื่อนสนิทคนหนึ่งแนะนำให้เขาให้เพื่อนอยู่ที่ไหนๆ เธออาจจะ

A) เด็กดีใจอะไร?

จะขอยืมเงินเพื่อนเธอไปไหม? หรือ เก็บเงินไปซื้อของกินๆ ไม่เป็นไร

B) เขาดีใจอะไร?

กลัวว่าเพื่อนจะเลิกเรียน แล้วจะไปเที่ยวที่อื่นๆ อาจจะเที่ยวที่อื่นก็ได้

C) เขาดีใจอะไร?

เพื่อนของเธอไปเที่ยวที่อื่นโดยไม่บอกเธอ เธออาจจะไปเที่ยวที่อื่นก็ได้

D) ถ้าเพื่อนสนิทของเธออาจจะไปเที่ยวที่อื่นของเธอต่อไปเรื่อยๆ ในความจำเป็นของการสอบภาษาอังกฤษ ทักษะที่ดีมีไม่มากแล้วและเพื่อนสนิทคนหนึ่งแนะนำให้เขาให้เพื่อนอยู่ที่ไหนๆ เธออาจจะ

Figure 7: Vignette Scenario one as presented in the 2010 study, with responses

This re-formatting of the vignette scenarios in the 2010 study eliminated the non-explicit responses and increased the level of information the participants gave in their responses to each of the four questions. Aside from the addition of sequential numbers in front of each question, the remainder of the questionnaire template stayed the same (see Appendix A). The format and staggered approach in the questionnaire sensitivity led to a rich array of data, which will be analysed in sections based on theme and complexity in the remainder of this chapter and following chapters.

Analysing the Data

As this study was designed to investigate the relationship between dominant Thai cultural narratives and the social/sexual scripts of young people in relation to HIV and AIDS and SRH policy in Thailand it was necessary to analyse the data using thematic analysis. The main theme of this thesis has been that contemporary SRH policies aimed at young people have faltered due to dominant Thai cultural narratives denying the sexuality of young people and thereby silencing public discourse on the matter. Therefore, to analyse the data from the study in a purposeful way that helps address the research questions of this thesis it was necessary to employ thematic analysis to encode and interpret the empirical data from my 2010 study. Thematic analysis can come in varying forms depending on the context it is used in. However, the overall defining features of thematic analysis are neatly explained by Braun and Clarke (2012:57) in their discussion of thematic analysis:

TA [thematic analysis] is a method for systematically identifying, organizing, and offering insight into patterns of meaning (themes) across a data set. Through focusing on meaning across a data set, TA allows the researcher to see and make sense of collective or shared meanings and experiences. Identifying unique and idiosyncratic meanings and experiences found only within a single data item is not the focus of TA. This method, then, is a way of identifying what is common to the way a topic is talked or written about and of making sense of those commonalities

Accordingly, thematic analysis has become the most commonly used tool in public health research (Green et al., 2007:544). This is because it allows researchers to identify issues and trends across a given group and try to understand how it relates to their research questions and be able to present the findings in a way that is readily accessible to people that are not familiar with the jargon of that specialist topic. As Braun and Clarke (2014:2) suggest, thematic analysis, 'offers a toolkit for researchers who want to do robust and even sophisticated analyses of qualitative data, but yet focus and present them in a way which is readily accessible to those who aren't part of academic communities.' However, care must be taken to ensure this analysis is done correctly. Although numerous patterns can be identified across any data set, the purpose of this analysis is to identify the patterns that are relevant to answering a particular research question (Braun and Clarke, 2012:57). Therefore, it is important to build such an analysis around a theoretical framework as it sets parameters for what the researcher is looking for. An example of purposeful analysis will help further illustrate this concern, the following example is taken from Braun and Clarke's (2012:57) discussion of thematic analysis:

For instance, in researching white-collar workers' experiences of sociality at work, a researcher might interview people about their work environment and start with questions about their typical workday. If most or all reported that they started work at around 9:00 a.m., this would be a pattern in the data, but it would not necessarily be a meaningful or important one. If many reported that they aimed to arrive at work earlier than needed so that they could chat with colleagues, this could be a meaningful pattern.

Therefore, thematic analysis is a dynamic process in which initial research questions shaped the study, but the further analysis of the resulting data set often leads to the creation of a deeper analysis of this data once themes or meaningful patterns start to emerge.

Given the inner workings of thematic analysis it is important to fully explain how and why certain themes and codes were created for my dataset and how I interpreted them, rather than just presenting my findings. This need for attention to the analytical process was eloquently expressed in Green and colleagues (2007:546) paper on generating quality evidence from qualitative research:

Many qualitative papers restrict an explanation of data analysis to the phrase "categories and themes emerged from the data" or invoke mention of a computer package that has been used to manage the data. The difficulty here is that there is a perception that these standard phrases are code for "data analysis has been done properly". This lack of detail makes it impossible for readers to judge the adequacy of this key aspect of qualitative research method. The risk is that a qualitative study will then be assessed only on that which distinguishes it most clearly from a quantitative study: selected, moving, often emotional quotations from research participants' accounts.

Thus, to give strength to the findings I will be presenting in this thesis I will outline the analytical process in detail.

The first step of the data analysis was to immerse myself in the data collected from the 2010 study and to analyse that data within the scope of my research questions. The main argument of this thesis being that dominant Thai cultural narratives are providing the most significant barrier to contemporary SRH policies aimed at young people in Thailand. Furthermore, because young people's social/sexual scripts are shaped by these narratives their adherence to these cultural scripts makes them vulnerable to HIV infections and other associated sexual risks. Therefore, my task was to analyse the data and identify what trends within the participants' responses supported or did not support these research questions. As I was part of the interview process, I was already familiar with the data and the context within which it was generated. It has been observed by past studies using thematic analysis that it is advantageous for one of the interviewers to be one of the people doing the data

analysis as they are already the most immersed in the data as they were there when it was being collected and familiar with the context in which it was generated (Green *et al.*, 2007:547). Because interviewees wrote their responses down on the questionnaires this made it much easier to encode and analyse the data, as it was already in written form and therefore easy to sort and encode. Whereas with a spoken survey one would need to carefully transcribe audio recordings into written notes. Although this was a strength in collecting data, on reflection it would be beneficial to try to find a way in future studies to engage interviewees in a spoken narrative so that other factors such as pauses between words or emphasis on certain phrases could also be analysed to add more depth to the data. Nevertheless, for this study, to identify common themes related to young people's social/sexual scripts and dominant Thai cultural narratives, the written medium provided enough data.

The hand-written responses from the interviewee's surveys were translated from Thai to English by a qualified NAATI (The Australian National Accreditation Authority for Translators and Interpreters) interpreter. The English text was typed into a computer format so that I could readily code the text during my thematic analysis. I used the qualitative software programme NVivo 9 QSR to assist in sorting and coding my data. The programme allows the user to highlight selected parts of text and group them into nodes which can be used to correspond with codes used to group certain trends. Although the process of analysing the text is still done manually by the researcher, the use of this software streamlined the process. To assist with the familiarisation process of analysing the data I typed up the English versions of the surveys and entered them into NVivo 9. This ensured I read through the entirety of the responses an additional time. Once I had entered all the data and familiarised myself with the data base of responses, I began the coding process.

The coding phase involved generating initial codes from my analysis of the student responses within the scope of my research questions. Codes identify and provide the label for a feature of the data that is potentially relevant to the research questions (Braun and Clarke, 2012:61). Braun and Clarke (2012:61) give a good explanation of what codes can be conceptualised as, 'codes are the building blocks of analysis: If your analysis is a brick-built house with a tile roof, your themes are the walls and roof and your codes are the individual bricks and tiles.' During this stage I would identify meaningful common trends and code them into categories, for example if a response said something was not appropriate under Thai society that would be highlighted and coded under the 'not appropriate in Thai society' code. See Figure 8 on the following page for an example of the coding process. After I had sufficiently encoded the data the next step was to start thinking of common themes that were occurring and cluster the codes under these themes. The creation of themes was a dynamic process as trying to place the codes within a theme often led to the review of a code and in some instances led to a new code being created, deleted, or merged with another code. As Green and colleagues (2007:549) explain, a theme is more than just coding of data into neat clusters, 'the generation of themes requires moving beyond a description of a range of categories; it involves shifting to an explanation or, even better, an interpretation of the issue under investigation.' The creation of themes is crucial to linking the results from a study to what we know about people in other settings outside of the study. The extent to which this is achieved determines the extent to which the study is generalisable to other groups and other settings (Green *et al.*, 2007:549).

Upon completion of the coding and theme phases of my thematic analysis I reviewed the data against the codes and themes I had generated and the research questions behind my thesis. Upon completing my review, I was satisfied I had reached saturation level for my codes and themes. The themes I had identified in my study were: Thai culture makes young people vulnerable to HIV and other sexual risks; young people's social/sexual scripts are heavily permeated by sexually conservative Thai cultural narratives; despite the dominance of Thai hegemonic narratives, young people value the

protective factor of sexual health knowledge. See Figure 8 below for a representation of the coding process and creation of the theme, 'Thai culture makes young people vulnerable to HIV and other sexual risks'. As the example below shows, some responses can be coded under multiple codes. Therefore, during the discussion section of this thesis there will be instances where there are more responses than interviewees.

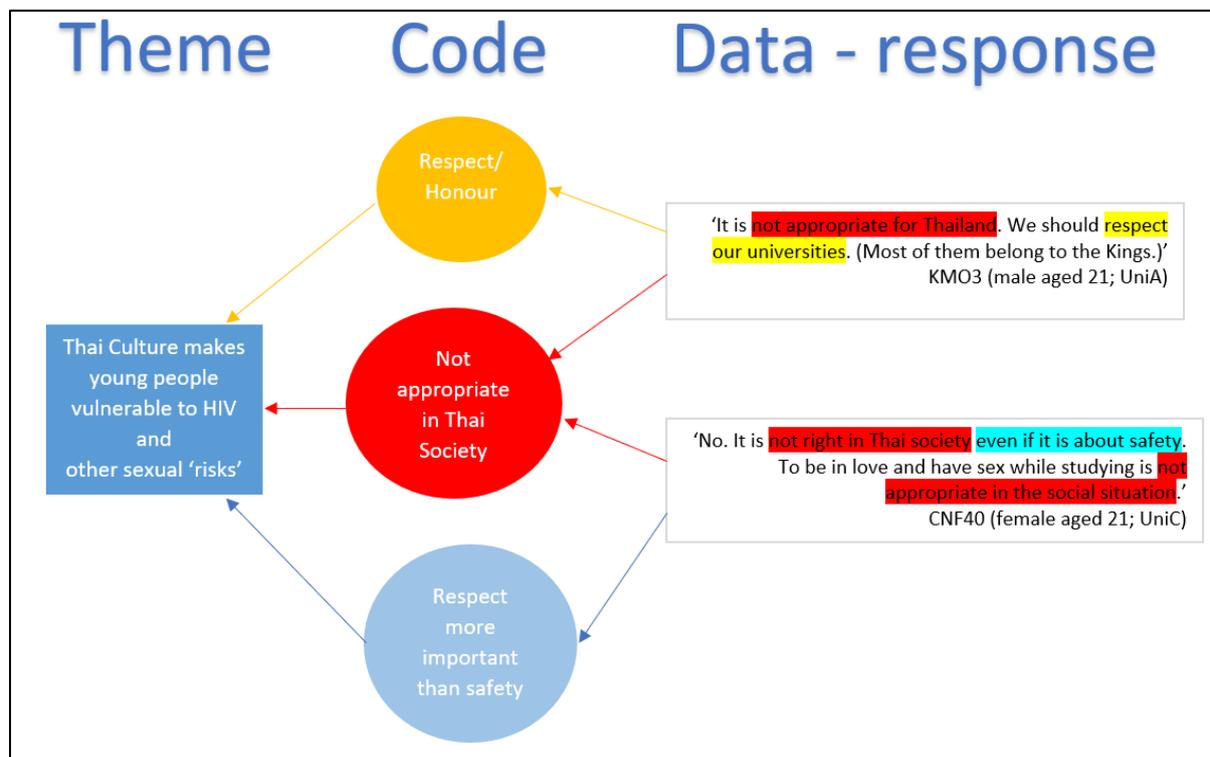


Figure 8: Representation of the thematic analysis process – theme ‘Thai culture makes young people vulnerable to HIV and other sexual risks’

The remainder of this chapter will discuss the findings in relation to the cultural silences that surround sexual health amongst young people in Thailand. To allow for a better engagement with the overall research questions I will not present my findings in the same order they appeared on the survey. Rather, I will discuss the findings in order of themes to allow a more logical flow of ideas. The two Vignette Scenarios will be analysed in chapters six and seven under the themes of young people's social/sexual scripts being heavily permeated by sexually conservative Thai cultural narratives, and that despite the dominance of Thai hegemonic narratives, young people value the protective factor of sexual health knowledge. Chapter eight will analyse the way young people perceive their social/sexual scripts within the context of SRH policy and revisit the overall theme that Thai culture makes young people vulnerable to HIV and other sexual risks.

The Findings: Young people in Bangkok and the Thai culture of silence

The overall themes identified amongst the sample of tertiary students appears to strongly suggest that Thai culture makes young people vulnerable to HIV and other sexual risks through its silencing of sexuality, even for health matters. Questions 15a asked, 'is it appropriate to talk about sexual matters in public?' followed by question 15b which asked, 'why is this? Where did you learn this, or who did you learn it from?' The overall response to question 15a was a clear 'no' (N=51; N_f=36, N_m=15) indicating strongly that dominant Thai narratives do silence public discourse on sexual matters. Moreover, the privileging of men's sexuality over women's in dominant Thai narratives appears to be reflected in these responses. Men were more liberal with their views on public speech, whereas

women tended to say it was either not appropriate to discuss sexual matters in public, or that it might be appropriate depending on what you are saying. The men however tended to say it was either appropriate to discuss sexual matters in public, or that it was not appropriate. This trend can be seen with the no response being more popular amongst women compared to men. For the men it was almost evenly split between yes and no, with 12 men saying 'yes', three saying 'maybe', and 15 saying 'no'. The no responses were still slightly higher. For the women the ratio was just over twice as many no responses to each yes, with 15 women saying 'yes', eleven saying 'maybe', and 36 saying 'no'. There was also one 'no comment' amongst the females. See Figure 9 for an overview.

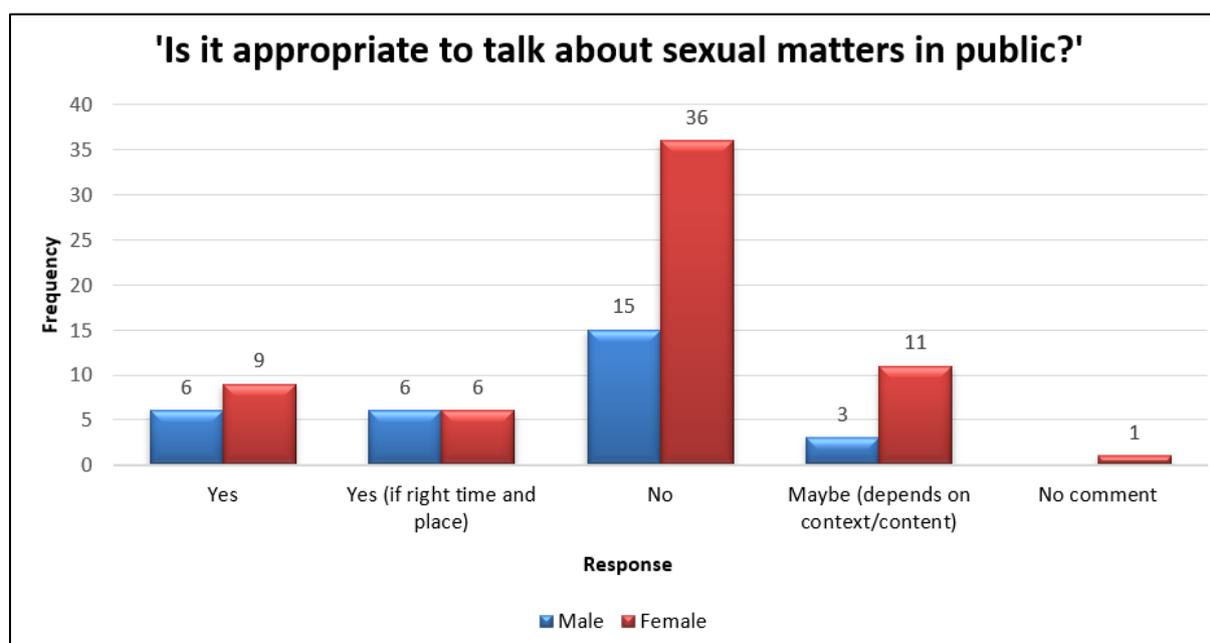


Figure 9: Responses to Q15a 'Is it appropriate to talk about sexual matters in public?'

As the link between the State and the individual is not static, it is important to understand from where or from whom these students learned this belief that sexual matters must not be discussed in public. Therefore, question 15b followed up on 15a and asked 'why is this? Where did you learn this, or who did you learn this from?' This question often generated multiple responses from each participant, hence why the total number of responses to this question is greater than the total number of participants. Furthermore, this indicates that the participants are aware that these narratives are created from multiple sources. The most common category for men and women was that the taboo against public discourse on sex was learned from their understanding of Thai culture or customs (N=40; N_f=27, N_m13). The remaining response categories appeared to be gender-differentiated. For the women in the sample, their remaining responses were almost evenly distributed across believing the values were self-learned/it was a personal issue (N=14), it was from their parents/upbringing (N=15), that everyone has the right to know about sexual health (N=10), and from their friends/media (N=7). This implies all four sources are relatively important to women in creating their perceptions of what is right and wrong. Men on the other hand did not appear to value the family as much as women did. For the men, their remaining responses were heavily weighted towards these values being self-learned/it was a personal issue (N=9), or that everyone has the right to know about sexual health (N=4). In contrast to the women, only two men stated they got these values from their family/upbringing, likewise friends/media rated low in their responses (N=3). See Figure 10 for a summary of response categories. The overall theme drawn from these response codes is that dominant Thai cultural narratives appear to play a significant role in silencing public discourse on sexuality. Furthermore, in relation to SRH policy it is significant to note that women place more

value on the family when it comes to shaping their social/sexual scripts, whereas men place more emphasis on themselves. This suggests that the delivery of SRH messages should be gender-specific.

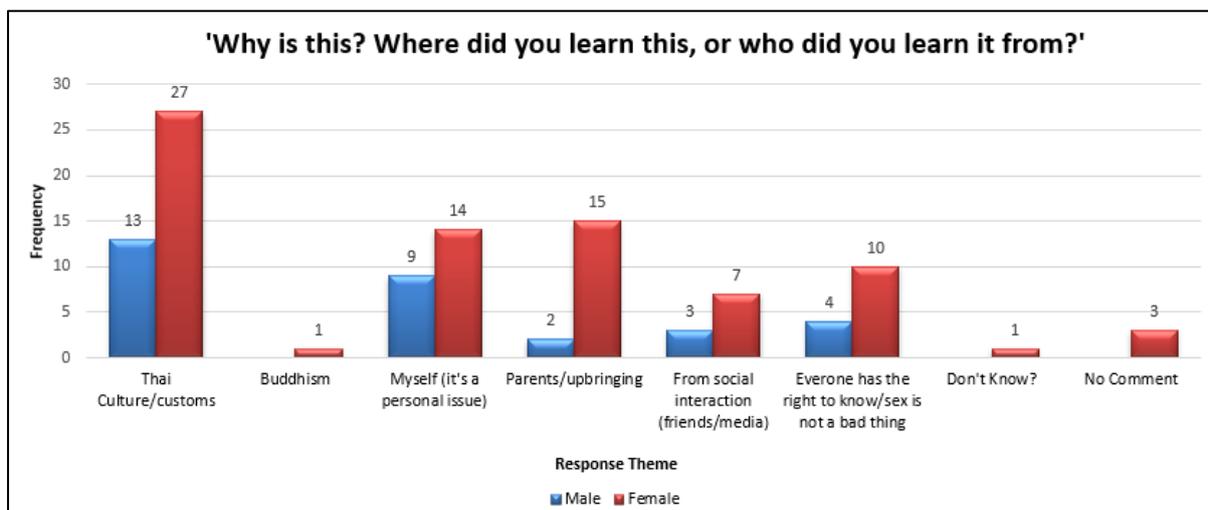


Figure 8: Responses to Q15b 'Why is this? Where did you learn this, or who did you learn this from?'

The overall trend of responses from this study indicates the students have constructed their own moderately conservative narratives from both external and internal sources. They are aware that modern Thai cultural narratives do not allow for public discussion of sexual matters, and they appear to reiterate this internally when they state that it is from their own reasoning that one does not talk about sex in a public setting because sex is a private issue. This is illustrated in the following sample of responses to question 15b 'why is this? Where did you learn this, or who did you learn this from?':

'The norm of Thai society that expected women to be girls of birth and breeding. Sexual relationship is taboo for good women. This thought is from being taught at school.'
CNF39 (female aged 20; UniC)

'It is from being taught at school and the religion. It also includes the culture that conceals sexual matters as a private matter.'
CNF27 (female aged 20; UniC)

'The value of the Thai society does not like it to be talked about in public.'
CNM3 (male aged 21; UniC)

'I have this view from parents and society. It is a matter being kept for two people to talk about. It indicates the values of the person and their social state.'
KM05 (male aged 21; UniA)

'I think it is a matter that should not be revealed'
KF06 (female aged 21; UniA)

'It is a general matter that everyone should know.'
CF6 (female aged 21 UniC)

'I have studied health/sex ed so I look at sex as a normal matter that people can openly talk about.'
CM8 (male aged 19 UniC)

'It is not a bad thing because it is not against the law. Everyone has a right to talk. This is a Western value.'
CNM8 (male aged 22; UniC)

The first five responses strongly reflect dominant State narratives in that they not only silence public discourse on sexuality, they also stigmatise non-normative sexuality. This is demonstrated in the first response that states sexual relationships are taboo for 'good' women. The final three responses were from students who had previously said it was appropriate to talk about sexual matters in public in response to question 15a. Thus, their responses in 15b states that sex is a 'normal' matter and that anyone should be able to talk about it. These views are highly liberal in nature and appear to be based around personal legal rights and health rights. The final response is interesting as the male student explicitly states that everyone has the right to talk about sex, and that this is a *Western* value. This response implies that the individual right to discuss private matters is not part of normative Thai culture.

The extent to which dominant Thai cultural narratives made young people vulnerable to HIV and other sexual health risks was strongly demonstrated in their responses to question 16. This question asked, 'should universities have condom dispensers in their toilets?' The response trends were highly gender-differentiated with women appearing to be more vulnerable than men. For women the most common response was 'no' universities should not have condom dispensers in their toilets (N=48 – this included 32 'no' responses and 16 'no, because...' responses). There were almost three times as many no responses compared to yes responses for women (13 'yes' responses, and 2 'yes, but...' responses). For the men however, response trends were almost evenly distributed between 'yes' (N=15 – this included 12 'yes', 1 'yes, because...', and 3 'yes, but...' responses) and 'no' (N=16 – 12 'no' and 4 'no, because...' responses). The strong gender-bias in these responses most likely reflects the overall privileging of men's sexuality in modern Thai narratives. Thus, popularity of the 'no' response amongst the women likely reflects the higher level of stigma modern Thai cultural narratives place on women's sexuality outside of marriage compared to that of men. See Figure 11 for an overview of the responses.

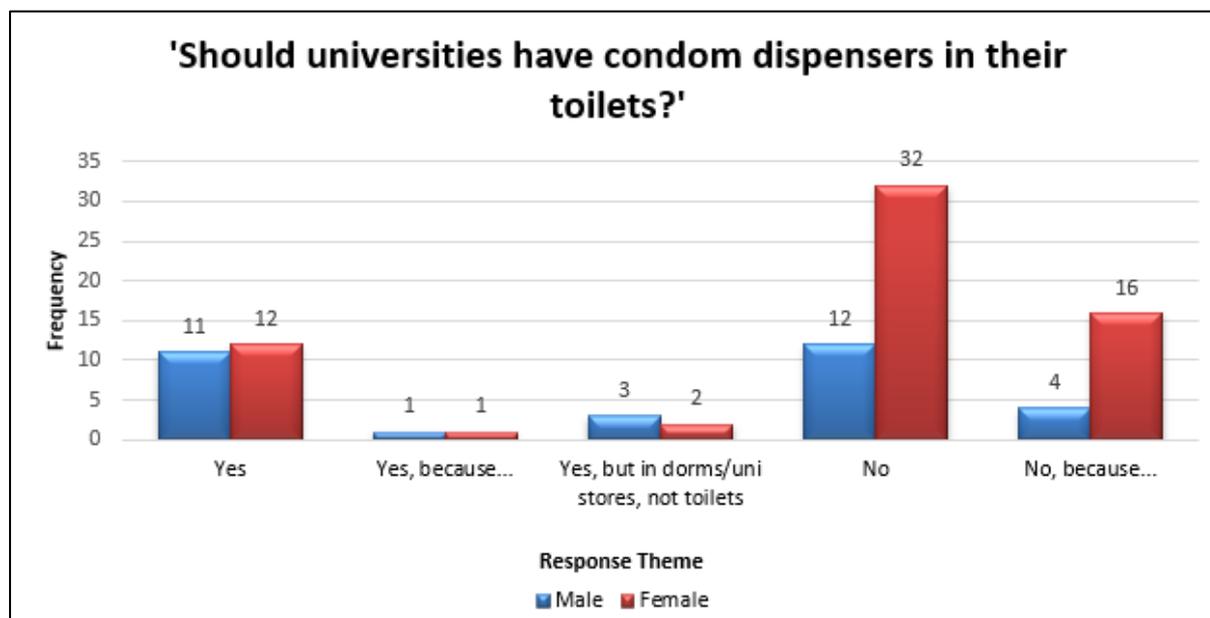


Figure 11: Responses to Q16, 'Should universities have condom dispensers in their toilets?'

The overall 'no' response trend reflected the dominant cultural response voiced in the earlier example of the student union opposing the installation of condom dispensers in university toilets. Namely that 'good' tertiary students are not sexually active and therefore do not require condoms. This finding demonstrates that the actions of tertiary students are still heavily constrained by dominant Thai cultural narratives which make them highly vulnerable to HIV infection and other sexual

risks. Furthermore, the findings from the two Vignette Scenarios (discussed in subsequent chapters) clearly demonstrate that the students sampled in my study are either sexually active or socialise with peers that are sexually active. And that they would use condoms in certain sexual encounters. Therefore, the objection to having condoms on campus cannot be attributed to lack of demand for condoms by this sample. Instead, the students appear to object to the symbolism of the condom dispenser implying non-marital sexuality is acceptable on campus within the student population. The extent to which dominant Thai narratives make young people vulnerable to HIV was reflected in the significant number of explanatory 'no' responses that cited cultural reasons. Question 16 was designed to obtain a 'yes' or 'no' response, nonetheless several participants gave a detailed answer, without prompting from the questionnaire or the interviewers. The cultural reasons behind this objection and the critical barrier these narratives create to SRH policy are clearly illustrated in the following sample of responses to question 16, 'should universities have condom dispensers in their toilets?':

'No. It is not right in Thai society even if it is about safety. To be in love and have sex while studying is not appropriate in the social situation.'
CNF40 (female aged 21; UniC)

'It is not appropriate for Thailand. We should respect our universities. (Most of them belong to the Kings.)'
KM03 (male aged 21; UniA)

'There should not be. It seems to encourage students to have sexual relationship at the university. A university is a place for studying not a house or condominium for having sexual relationship.'
KF02 (female aged 21; UniA)

'No, because it would support more sexual relationship.'
CF01 (female aged 22; UniC)

'No, because condoms can be bought from plenty of places. A university is an honourable place so there should not be condom dispensers.'
CM01 (male aged 20; UniC)

The first response fell under a few research codes and strongly supported the research theme that dominant cultural narratives made young people vulnerable to HIV and other sexual risks. A strong moralist tone was evident with the student stating that even with sexual health in mind it was still inappropriate for tertiary students to have easy access to condom as they are not supposed to be sexually active in the first place. The respect category was strong across most of the explanatory 'no' responses and would seem to indicate that universities, as part of the Thai structures of power linked to the State, need to be treated with respect, and this is symbolised by the students with the public denial of university students being sexually active. Thus the common themes of students needing to show respect to institutions of the State, namely the universities they are studying at, suggests that modern Thai narratives critically hinder SRH policy by stigmatising non-normative sexuality amongst young people in Bangkok.

Concluding Remarks

The overall theme from the responses discussed so far from the 2010 study appear to strongly support the hypothesis of this study that dominant modern Thai cultural narratives have made young people vulnerable to HIV and other sexual risks, and to a lesser extent, that young people's social/sexual scripts are heavily permeated by sexually conservative Thai cultural narratives. Moreover, it appears that these dominant cultural narratives have created a significant silence around the sexuality of young people, which makes researching the sexual health of young people in Thailand difficult, as discussed in the opening section of this chapter. Nevertheless, despite this significant barrier, this chapter has demonstrated it is still possible for researchers to engage with young Thai people through culturally appropriate research methods and gather a better understanding of how these dominant cultural narratives increase the vulnerability of Thai citizens to HIV and other sexual health risks. The distinctive nature of Thai power to focus on public performances rather than private ideologies means that for researchers to accommodate this cultural barrier, research must be constructed as operating within the private realm. The implication being that if SRH studies are constructed as working within the private domain, they will not directly challenge public Thai narratives, and therefore, are less likely to be silenced. By employing peer-based recruitment methods, namely snowball sampling, for gathering the sample for my study, and using a qualitative study that asked about what people think they should do, rather than what they actually do, it was possible to accommodate the Thai taboo against publicly discussing sexuality, even for health purposes.

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Appendix A – Example of male questionnaire

See overleaf for English Language example of the questionnaire issued to males. Questions for female version are identical, with the respective gender specific terms changed for females.

Actual questionnaires were administered in Thai Language.

INTERVIEW-IN-CONFIDENCE

Nic Name: _____

Year of birth: _____

Province of Residence: _____

Accommodation: _____
(ex. student dorm, or live at home with parents)

Province of Birth: _____

Level of Education: _____

Education Institution: _____

Religion: _____

1. What does the word girlfriend mean to you?

2a. What does the term free love mean to you?

2b. Is this a Thai concept or a Western concept?

3. Can you have true love without sex?

INTERVIEW-IN-CONFIDENCE

Vignette Scenario One

Lek and Ploy

Lek is a very studious man, in his second year at university studying Information Systems. His friends say that although he is a very serious man, he's still cool to be around as he can hold his liquor well. Lek may be able to hold down his drink well at parties but he's always nervous around girls. He doesn't show it because he knows a proper Thai man isn't intimidated by a woman.

One night he's out with his friends celebrating the completion of their mid-year exams. They've been drinking for some time now and one of Lek's friends introduces him to a very modern looking Thai woman called Ploy.

Ploy's very interested in Lek and she makes that very clear with her advances. Lek is quite nervous; he doesn't want to look like a push over in front of his friends. So after a couple more drinks Ploy says she would like to go somewhere a little more private, she suggests her nearby hotel room. Lek's friends cheer him on and soon enough Lek and Ploy are leaving the pub. On the way out Lek goes over the fact he is a virgin, a close guarded secret of his.

A) What would Lek be thinking?

B) How would he feel?

C) What would he do?

D) Are either Lek or Ploy likely to have or use condoms?

INTERVIEW-IN-CONFIDENCE

Vignette Scenario Two

Noy and Yai

Noy has been going out with Yai for quite some time now, and considers Yai to be a devoted boyfriend. One day Yai says that they've been together for a long time now and that he really loves her. He feels they should take their relationship to the next level.

Noy is a little annoyed that Yai has brought up the issue of sex, but she knows men have urges, so she hides her annoyance and listens. Noy has heard that men often say they love a woman just to sleep with her and after they've got what they want they'll leave. But Yai seems sincere and he wouldn't do something like that, would he?

Noy accepts and as a passing comment says that's fine and she'll go to pick up some condoms. Yai seems unhappy at that last comment, and he says in a joking way, trying not to look serious, "Don't you trust me?" Noy wonders why asking for condoms annoyed Yai so much, did he have something to hide?

A) What would Noy be thinking?

B) How would she feel?

C) What would she do?

D) Where would she go to get condoms?_

INTERVIEW-IN-CONFIDENCE

5a. What do you think your parents' views are on premarital sexual relations?

5b. Would those views be different if you were a woman?

6a. From when your parents were your age do you think the social rules for what is acceptable for relations between men and women have changed much?

6b. Do you think Western culture is responsible for these changes? Or is the change from within Thai society?

7. Do men have stronger sexual desires than women?

8. Is it appropriate for a man to have sexual desires?

INTERVIEW-IN-CONFIDENCE

9a. Is it appropriate for a woman to have sexual desires?

9b. Where do you think people learn these values?

10a. Do you think Westerners are more sexually active than Thais?

10b. What do you base this answer on?

11. Did you attend sex education classes at school?

12a. Do you think those sex education programmes at school were useful?

INTERVIEW-IN-CONFIDENCE

12b. Do you think those programmes are more important for men, or women, or equally important?

13. Do you know if sex education programmes have changed since you were at school? For better or worse?

14. Would you recommend any changes to these sex education programmes, such as teaching style or content of the course?

15a. Is it appropriate to talk about sexual matters in public?

15b. Why is this? Where did you learn this, or who did you learn it from?

16. Should universities have condom dispensers in their toilets?

INTERVIEW-IN-CONFIDENCE

17a. Is it appropriate for children to seek advice on sex from their parents?

17b. Does this depend on whether you are a man or woman?

18. Have you heard of HIV/AIDS?

19a. Do you know what STIs are?

19b. Can you name any STIs other than HIV/AIDS?

20. Is HIV/AIDS still around in Bangkok?

21. Can HIV/AIDS be cured?

INTERVIEW-IN-CONFIDENCE

22. What kinds of people are more likely to get HIV/AIDS?

23. Would someone who had just one (or two) regular girlfriend be at risk of getting HIV?

24. What kind of people use condoms?

25. Would someone who had just one (or two) regular girlfriend be likely to use condoms?

Appendix B – Example of participant information sheet

See overleaf for English Language example of the information sheet provided to participants.

Actual form was administered in Thai Language.

INFORMATION SHEET: *Thai Culture and Public Discourses on Sexual Health and Education*

My name is Brendan Robert Drew. I am conducting this study as part of my postgraduate research with the School of Politics at the University of Adelaide, South Australia.

This study is investigating the interaction between Thai Culture, individual attitudes and current sexual health and education programmes in Thailand. I am hoping to speak with twenty Thai adults (with an even mix of male and female) between eighteen and twenty-five years of age, whom are either completing, or have recently completed their first level of tertiary education. The discussions will provide an opportunity for you to reflect upon Thai protocols regarding sexuality, exploring general societal, familial, and value-based views. You will not be asked about your own personal experiences, rather your views on the before mentioned themes. The study results may help to better understand the interaction between Thai cultural protocols and sexual health and education programmes, with the possibility of improving such programmes, but I cannot guarantee that you or your community will benefit from the study.

The study is completely confidential, so nothing that you say will be reported in a way that will identify you or your remarks about any person or organisation. To guarantee your confidentiality an invented name will be attached to your interview notes, not your real name. Your participation (or decision not to participate) in this study will not have any effect on your academic career or eligibility to graduate from your educational institution.

The study will be conducted in the following manner. The meeting will run for approximately 30 minutes, conducted like an informal conversation rather than a formal interview. I would like to tape record our conversation if that is okay with you. Your real name will not be connected to the tape recording. The tape would be erased as soon as I have finished using it to make notes of our conversation. If you would prefer not to be tape-recorded, I will only make written notes. If you wish to check a copy of my notes before I use them in my study, then please indicate this on the attached *Consent Form*.

If you decided to participate in the study you are free to change your mind and withdraw at any time before the study has been completed. Also, you are not obliged to answer questions or to discuss any issues that you do not wish to discuss. You are free to withdraw your interview material up until the time that I have finished all the interviews. You do not have to give me any reason if you decided to withdraw from the study.

Please do not hesitate to contact me if you want more information about the study. If you have any concerns that you do not wish to discuss with me directly, contact Professor Carol Johnson, who is the Co-ordinator of the Masters program for which I am conducting this study.

CONTACT DETAILS

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'Noy told Yai that "no condoms, no sex."'
KM03 (male university student aged 20)

CHAPTER SIX

Eager Men and Concerned Women: Accommodating the Thai culture of silence with Vignette Scenarios

The Thai culture of silence suppressing public discourse on sex-outside-of-marriage made it vital to employ a research design that could accommodate this barrier. An extensive literature review of past and current Sexual and Reproductive Health (SRH) research methodologies employed in Thailand revealed that a qualitative study was the best approach to accommodate this culture of silence. After analysing the various strengths and limitations of numerous research methodologies I observed that by employing a qualitative approach I could construct a study that replicated peer-based discourse to push it into the realm of private discourse. Given private discourse is not heavily policed — whereas public discourse on sexual matters is — such an approach would encounter less resistance. I labelled my research design the DREW method, standing for Directed Responses Employing Words, which is a hybrid method of a face-to-face interview and self-completed pen and paper questionnaire.³⁰ The DREW method primarily consisted of the semi-structured interview process given its robustness in qualitative research (Willig, 2001:21). Moreover, given the nature of my study I wanted to expand beyond collecting data through short and extended-answer questions, and if possible, obtain a glimpse into the lives of young Thai people. However, given budget and time constraints on my study it was not feasible to conduct a participant observation study via a longitudinal study — a highly popular and effective method in qualitative research (Willig, 2001:22). Therefore, to work within my research parameters of a qualitative study designed to gain a snap shot of how young people believe they should live their sexual lives, I supplemented my study with two Vignette Scenarios.

Vignette Scenarios can be described as stories about individuals and situations which refer to important points in the study of perceptions, beliefs, and attitudes (Hughes, 1998:381; Barter & Renold, 2000:308). Although this analytical tool is more difficult to analyse than short or extended-answer questions — as used in the bulk of my questionnaire set — I employed Vignettes to supplement the data obtained from the overall questionnaire. The Vignette Scenarios were used to provide a unique 'snap-shot' of the sexual/social issues that young people must manage in relation to Non-commercial Heterosexual Non-marital Sexuality (NHNS).³¹ The data obtained from these scenarios gave further narrative depth to the short and extended-answer responses obtained from other sections of my study, discussed in Chapters Five and Eight. Primarily the Vignettes were used to provide the interviewees with an opportunity to express how they viewed and perceived given social situations, in their own words, rather than simply saying 'yes' or 'no' to an interviewer's questions, with perhaps some additional words to explain their 'yes' or 'no'.

Vignette Scenarios are used in a wide range of disciplines to explore social issues and problems within difficult to access groups, such as working with young people and other vulnerable or 'invisible' groupings (Barter & Renold, 2000:308; Biernacki & Waldorf, 1981:142). Past research shows that the use of Vignettes in a study is a sound technique for capturing how, 'means, beliefs, judgements and actions are situationally positioned' (Barter & Renold, 2000:308). The narrative nature of Vignettes,

³⁰ See Chapter Five of this thesis for a detailed summary of the research design of my study.

³¹ I have constructed this term, NHNS, to differentiate my research from the majority of SRH research that exclusively focuses on commercial sex or homosexual relations as a non-normative sexuality. This definition of NHNS includes what is popularly known as 'casual sex' and 'romance-based' long-term relationships.

based on individuals and situations (Hughes, 1998:381), allows the interviewer to investigate individual attitudes without having to directly ask what the interviewee would *actually* do themselves. The latter form of questioning, especially in the case of interviews on sexual matters, often leads to self-censorship or exaggeration from the interviewee (Catania *et al.*, 1986:55). The narrative nature of the Vignettes used in this study were designed to replicate the type of discourse that would exist between peers retelling a social event, rather than the clinical discourse that is used in many sexology studies in Thailand (Vuttanont *et al.*, 2006:2070; Allen *et al.*, 2003:11). Thus, the discourse could be perceived by the participants as existing in the private arena — peer-based communication — rather than in the public arena — such as a government census. Finally, Vignettes have been used successfully in past sexology studies in Thailand, such as the 2006 study by Vuttanont and colleagues that used a mixed-methods approach to inform the development of SRH policy in Northern Thailand by investigating what teenagers, parents, teachers and policy makers knew, believed and valued about sex and sexual health (Vuttanont *et al.*, 2006:2069). Thus, the use of Vignettes appeared to be culturally appropriate for a study targeted at young Thais on sexuality and sexual health.

Breaking the Silence with a Story: Rationale for the Vignette Scenarios

To identify the extent to which modern Thai narratives have made young people vulnerable to HIV infection and other sexual health 'risks' such as unplanned pregnancy, and damaged social reputation, this part of the study had to directly focus on these matters. The aim of the two Vignettes was to provide a snap-shot of how young people conceptualised their sexual identities in relation to sexual health in Bangkok, Thailand. In effect, they were used to obtain further narratives from the sample of students to address the research themes of this study — primarily to investigate if dominant modern Thai cultural narratives were making young people vulnerable to HIV infection and other sexual health 'risks' by denying and silencing their sexuality. Therefore the 'moral dilemmas' of the Vignette Scenarios were structured around social issues identified as being especially significant to young people in relation to their sexuality and sexual health. These issues included the cultural stigma towards NHNS, and by association the use of condoms in a non-commercial setting and assessing the level of safer sex knowledge in this sample of Tertiary students. To address the gender-dichotomy of dominant Thai cultural narratives, two Vignettes were employed in my study. One scenario was based around a male character and targeted at issues of concern to young men. Likewise, the second scenario was targeted at issues of concern to young women and positioned from a woman's perspective. Both scenarios were presented in both the male and female interviews to allow for a comparison of one gender perceiving how the other gender would act in the same situation. For example, to investigate how a woman would think a man would respond to a sexual advance from a woman. Moreover, it was necessary to analyse if women's accounts matched up with those of men in that same situation. This is because reasons for why young people engage in sex are gender-dichotomised and often exist within a hierarchy of reasons. As Ingham, observes in the United Kingdom, certain reasons for engaging in sex are perceived as being more acceptable than others, 'for example, 'love' is generally discussed as being a more legitimate reason than, say, curiosity or experimentation' (Ingham, 2005:380). Therefore, analysing responses from both men and women to the same situation will allow for a comparison of these hierarchies if they exist within my sample.

Designing the Vignette Scenarios

Given the significant amount of cultural silence surrounding NHNS it is important to ensure accurate information is obtained from my sample. Past research has indicated that for the Vignette Scenarios to be effective, the scenarios should appear both relevant and real to participants (Hughes, 1998:385). To satisfy both criteria the two Vignette Scenarios employed in my study were based on my own experiences with the culture of middle to upper-class young people in Bangkok, from my own Thai

cultural background. Although I was born in Australia, my mother is a Thai expatriate, and between 2001 and 2011 I had travelled to Thailand on a yearly basis, with less frequent trips since then. Consequently, I have a large repertoire of experiences to draw on from my regular interaction with Thai relatives and Thai friends within my own age group (at the time of the study), which falls within the target age of my sample — those aged 18 to 25. To further generalise my own experiences to Thai culture I supplemented these experiences with knowledge and experiences of Thai culture obtained from my extensive literature review into Thai culture and sexuality, as discussed in depth in the opening chapters of this thesis. Namely, the study approaches used for this thesis were influenced by the past research of Vuttanont and colleagues, especially the structure employed in the Vignette Scenario used in their focus groups (Vuttanont *et al.*, 2006:2071).

The final methodological concern was the wording of the scenarios to ensure they came across as existing in the private realm of peer-based discourse to accommodate the Thai taboo on public discourse of sexual health matters. To appear realistic and accessible I had to word the scenarios in plain Thai and use common Thai idioms, rather than using clinical language. Nevertheless, I noted that in previous studies using Vignettes, one should avoid using colloquial terms that are considered inappropriate, as this can offend the participant and lead to a non-response. In an unpublished 1994 report by Huby and Hamer (cited in Hughes, 1998:389) studying the behaviour of prison inmates in England they used language that was basic and unambiguous. However, it was highly unpopular with prisoners and staff who objected to terms such as 'anal fucking' instead of 'anal intercourse'. The discomfort of the participants is voiced in the following statement by an interviewee (cited in Hughes, 1998:389), 'the research you are doing is in a good cause but the way you have written the questions is bad. Just because I'm in jail it doesn't mean I talk filth.' Therefore, I used language that would be perceived by the students as accessible yet polite. This need for caution was made evident by most students using the term 'sexual relations' in their responses rather than 'sex' or other terms, to describe the act of sexual intercourse.

Public discourse on sex-outside-of-marriage is heavily silenced, or at the very least constructed in a negative manner with high levels of stigma attached (UNICEF, 2016:24; Ounjit, 2011:115; Jackson, 2004:182; Thianthai, 2004:196; Supametaporn *et al.*, 2010:739). To analyse how these dominant narratives impact on the practice of NHNS amongst young Thais, the two Vignettes targeted two areas of NHNS. The first scenario was targeted at 'casual sex' and the second scenario was targeted at 'romance-based sex'. Based on the strong cultural association between masculinity and sexual promiscuity, the casual sex scenario was from the perspective of a young man. The second scenario was from the perspective of a young woman, to analyse the association between being chaste and femininity. Furthermore, the dominant cultural stigma against non-marital sexuality is not applied evenly across the two genders. The same modern Thai narratives that deny women's sexuality and stigmatise non-marital sex, also link men's masculine traits positively with a perceived 'naturally' higher sex drive than that of women (Ounjit, 2010:115; Thongpriwan & McElmurry, 2009:884). Accordingly, the first Vignette Scenario was from the perspective of a young man studying at university going out with his friends for a few drinks, and encountering a 'modern' looking young Thai woman who makes sexual advances towards him. To add to the dilemma of a man being sexually pursued by a woman, I specified that the man was a virgin, but he kept that fact secret from his friends due to men's sexual prowess being a key foundation to Thai masculinity (Thianthai, 2004:193; Klunklin & Greenwood, 2005:50). I targeted several key issues through this scenario, especially the construction of masculine identities and the cultural burdens it places on men to conform to the dominant socially constructed role of men being sexually active, while women are constructed as sexually passive. To compound this active/passive gender-dichotomy the young woman is described as 'modern', which

under popular Thai discourse, especially through popular media, implies she is sexually promiscuous, or 'bad' (Whittaker, 2004:84).³²

I was interested in how the sample of students would interpret the term 'modern' and wished to investigate if they too associated the term in a stigmatic way, especially the young women. The final concern was from a sexual health perspective. This scenario was targeted at analysing what role, if any, condom use played in a non-commercial setting. In this case a 'casual' or 'non-romance based' relationship, and more importantly who they believed was responsible for the condoms, the man or the woman. Once the interviewee read through the passage, they were presented with four questions based on the scenario. For illustrative purposes, an English translation of the male scenario is given in the box below, with the questions asked immediately under that box, as shown in Figure 1. The actual scenario was presented in the format shown in Figure 2 using Thai script (see Appendix A in Chapter Five for the full questionnaire in English). The sequence of the narrative in the Vignette Scenario and type of questions used were based on the structure that was successfully employed in the 2006 study by Vuttanont and colleagues.

Vignette Scenario One

Lek and Ploy

Lek is a very studious man, in his second year at university studying Information Systems. His friends say that although he is a very serious man, he's still cool to be around as he can hold his liquor well. Lek may be able to hold down his drink well at parties but he's always nervous around girls. He doesn't show it because he knows a proper Thai man isn't intimidated by a woman.

One night he's out with his friends celebrating the completion of their mid-year exams. They've been drinking for some time now and one of Lek's friends introduces him to a very modern looking Thai woman called Ploy.

Ploy's very interested in Lek and she makes that very clear with her advances. Lek is quite nervous; he doesn't want to look like a push over in front of his friends. So after a couple more drinks Ploy says she would like to go somewhere a little more private, she suggests her nearby hotel room. Lek's friends cheer him on and soon enough Lek and Ploy are leaving the pub. On the way out Lek goes over the fact he is a virgin, a close guarded secret of his.

A) What would Lek be thinking?
B) How would he feel?
C) What would he do?
D) Is either Lek or Ploy likely to have or use condoms?

Figure 1: Vignette Scenario One – scenario text box with questions below

³² I frequently heard this term being used as negative term by Thai friends and relatives during my time in Bangkok, Thailand.

Vignette Scenario One

เลือกและทำอะไร

เลือกเป็นผู้ชายที่หมั่นหมั่นกับการเรียนมาก ในการเรียนมหาวิทยาลัยปี 2 แขนงระบบบริหารงานบุคคล เพื่อนของชายพูดว่าอึ้งแล้วว่าเขาจะค่อนข้างเป็นผู้ชายที่เข้มแข็ง แต่เขาก็มีเสน่ห์ที่เพราะเขาสามารถดื่มได้มากโดยที่ไม่เมา เลือกจะเป็นคนที่ดีและดีในงานปาร์ตี้ต่างๆ แต่เขาจะรู้สึกประหม่อมเมื่อได้เจอใครสักคนอยู่ แต่เขาไม่ได้แสดงให้ที่เห็น เพราะเขารู้สึกว่าผู้ชายไทยคือจะไม่กลัวผู้หญิง

คืนหนึ่ง เขาออกไปกับเพื่อนของเขาเพื่อไปฉลองในงานเลี้ยงฉลองการสอบกลางภาค พวกเขาได้ดื่มไปมากแล้วและเพื่อลืมเรื่องคนอื่นแนะนำเขาให้กินหญิงไทยสุดหล่อใหม่ ชื่อว่าพลอย

พลอยดูสนใจเลือกอย่างมาก และเธอก็ทำให้เห็นชัดเจนคือการเล่นของเธอเอง เลือกผู้ชายที่จะประหม่อม แต่เขาไม่ต้องการให้เพื่อนเห็นว่าเขาไม่มีน้ำยาหลังจากที่ได้ดื่มไปสัก 2-3 แก้ว พลอยพูดว่า เธอต้องการจะไปบางแห่งที่ค่อนข้างส่วนตัวมากกว่านี้ และเธอนำเขาไปที่ห้องพักของเธอในโรงแรมใกล้ ๆ เพื่อนเลือกเซ็กซี่และในไม่ช้าเลือกและพลอยก็ออกจากกัน ในระหว่างเดินทางเลือกคิดอยู่ในใจว่าเขาจะไม่ยอมจนกว่าผู้หญิงคนนี้จะยอมเป็นความลับที่ปิดแน่นของเขา

A) เลือกทำอะไร?

จะขอมให้เพื่อนมาเจอกับใหม่? หรือ แค่ไปคุยในสิ่งที่ตัวเองไม่แน่นอนอะไร

B) สนุกกับอะไร?

สำรวจกันที่ใกล้ใจ ส่วนที่งั้นๆ หรือ ไม่เชิงที่งั้นๆ อาจจะมีอะไรสักอย่าง
พลอย อาจจะมาเป็นเจ้าหญิงเพื่อที่จะผ่านคืนนี้ แต่ไม่รู้ว่าอะไรสักอย่างพลอยเอง

C) สนุกกับอะไร?

เช่น พลอยไปก็อึ้งๆ ที่ไม่ในสิ่งที่ตัวเอง หรือ บางทีเธออาจจะอึ้งๆ ที่กลัวเธอสามารถ

D) ทั้งเลือกและทำอะไรจากดูเขาแล้วหรือเป็นส่วนตัวหรืออะไรหรือ?

พลอยน่าจะพูด เขม่อๆ เป็นฝ่ายที่นางงั้นๆ ที่ที่ก็อาจจะใจเขาหรือไม่มี
เลือกอะไรก็ได้ เขม่อๆ เป็นที่ที่เขม่อๆ ในใจ อึ้งๆ ที่ที่เขม่อๆ เขม่อๆ เขม่อๆ เขม่อๆ เขม่อๆ เขม่อๆ

Figure 2: Vignette Scenario One as presented in the 2010 study, with responses (in blue)

Given social scripts are constantly constructed and reconstructed in a dynamic interaction between the individual and their socialised environment (Simon & Gagnon, 1986:99), the four questions of the scenario were targeted at two concerns. The first issue was to analyse if the student narratives reflected the dominant Thai cultural narratives discussed throughout this thesis. In addition to this, I planned to use the responses from the Vignette Scenarios as a check against the responses the students gave to the short and extended answer sections of my study. The second issue was to test the extent of gender-dichotomy within the sample’s scripts. Prior to conducting the study my working hypothesis was that the responses would be significantly different between men and women based on the different social scripts constructed by dominant Thai narratives (Klunklin & Greenwood, 2005:50-52). Furthermore, given the focus of contemporary Thai school-based sexuality education programmes to push sexual responsibility onto women (Thongpriwan & McElmurry, 2009:872; Supametaporn *et al.*, 2010:743), I had assumed the students would name the female character as the one most likely to have the condoms.

Given the symbolic link between female bodies, sexuality, and the Thai State (Whittaker, 2004:74), the second Vignette Scenario was based on a heterosexual Thai couple engaged in a ‘romance-based’ relationship, with the scenario being from the perspective of a young female named Noy, perceiving the actions of her boyfriend Yai. This allowed the study to investigate how young women negotiate social/sexual situations. Furthermore, it allowed for a comparison of how safer sex methods are perceived in a trust-based ‘romantic’ relationship against that of a non-trust based ‘casual’ relationship as depicted in the first Vignette. The purpose of this comparison was to test if condoms had greater stigma in an established ‘romance-based’ setting. Based on several Thai studies on sexual health, in conjunction with discussions on the matter between me and Thai associates, I

noticed a significant concern for young Thai women was the issue of their boyfriend wanting to escalate the relationship from an emotional one to a sexually active one (Thianthai, 2004:194; Vuttanont *et al.*, 2006:2071-74). Therefore, the second scenario deals with the 'dilemma' of Noy wondering if her boyfriend Yai truly cares about her or if he is just interested in sex.

This dilemma allowed for the testing of multiple issues. The first targeted the cultural assumption that sexuality is innate (biologically determined), and from that, that men's sexuality was 'naturally' stronger than that of women (Klunklin & Greenwood, 2005:51; Thianthai, 2004:195; Vuttanont *et al.*, 2006:2074). Consequently, the male character Yai is the one to initiate the sexual aspect of the relationship. This sexual essentialism is further enforced with the statement that, 'Noy is a little annoyed that Yai has brought up the issue of sex, but she knows men have urges, so she hides her annoyance and listens'. Although the statement, '...she knows men have urges...', reflects dominant narratives and could influence the responses, it appeared to be an acceptable inclusion. Based on past studies with young people in Thailand it appeared appropriate to use some guidance in the question to ensure a detailed response was given. For illustrative purposes an English translation of the female vignette scenario is given in the box below, with the questions asked immediately under that box, as shown in Figure 3.

Vignette Scenario Two

Noy and Yai

Noy has been going out with Yai for quite some time now, and considers Yai to be a devoted boyfriend. One day Yai says that they've been together for a long time now and that he really loves her. He feels they should take their relationship to the next level.

Noy is a little annoyed that Yai has brought up the issue of sex, but she knows men have urges, so she hides her annoyance and listens. Noy has heard that men often say they love a woman just to sleep with her and after they've got what they want they'll leave. But Yai seems sincere and he wouldn't do something like that, would he?

Noy accepts and as a passing comment says that's fine and she'll go to pick up some condoms. Yai seems unhappy at that last comment, and he says in a joking way, trying not to look serious, "Don't you trust me?" Noy wonders why asking for condoms annoyed Yai so much, did he have something to hide?

A) What would Noy be thinking?
B) How would she feel?
C) What would she do?
D) Where would she go to get condom?

Figure 3: Vignette Scenario Two

Reflecting the aim of the first scenario, the four questions of the second scenario were targeted at two key concerns. The first issue was to analyse if the student narratives reflected the dominant Thai cultural narratives discussed throughout this thesis. The second area of concern was to investigate the impact of dominant Thai cultural narratives on the way the women and men in my sample perceived how Noy would be thinking and what she would do. Primarily I wished to analyse how gender-dichotomised the responses were and if the men did indeed mention emotional and embodied matters less than the women did. To further emphasise Yai's objection to the use of condoms, I specified that Noy went to go purchase the condoms. Consequently, I expected men and women to give significantly different responses on the issue of whether the couple would engage in sexual intercourse and how Noy would deal with Yai's objection to the condoms.

The final issue was to investigate if condom use was perceived differently between the two situations presented in the Vignette Scenarios. Those being the 'casual' or non-trust-based relationship in the first scenario, and the established 'romance-based'/trust-based relationship in the second scenario. Previous Western studies on men and women's perceptions of condom use within an established relationship have revealed that condom use comes with a large amount of stigma (Flood, 2003; Gavey and McPhillips, 1999). In relation to condom use in Australia, Flood found that for the men in his study condom use was seen as disturbing the sense of intimacy and closeness expressed through sexual relations (Flood, 2003:360). Flood observed that love and trust were perceived as being implicitly prophylactic, and that sex within a loving relationship was constructed as being 'safe' due to its association with love, and that this view was shared by both men and women (Flood, 2003:362). Therefore, I wished to test if this was the case in Thailand, or if Thailand's past SRH policies — of mass media campaigns targeted at promoting condom use to prevent the spread of Sexually Transmitted Infections (STI) for sexual relationships outside of marriage — had an impact on the student sample's sexual scripts.

The observation by Jackson, that Thai power structures are heavily invested in policing public performances of conformity rather than private behaviours (Jackson, 2004:181), was heavily reflected in the large amount of data obtained from the Vignette Scenarios in my study. The Vignettes provided a unique insight into how young people — in this case Bangkok-based Tertiary students — perceived their sexual identities in relation to sexual health and the Thai State. From this snap shot it was evident that this sample of students was sexually active, despite dominant Thai cultural narratives denying the existence of sexuality amongst young people. Furthermore, by employing peer-based narratives it was possible to accommodate the Thai cultural taboo on publicly discussing sexual matters and obtain large amounts of insightful data. Nevertheless, the broad array of issues that can be analysed in a Vignette Scenario does have some short-comings. Because the Vignettes covered several topics it was vital to ensure the question was structured in such a way that it captured the most detail possible.

When I initially tested the Vignette Scenarios in my 2009 pilot-study the four questions were given directly after the scenario with just one area for writing responses. This led to the responses being given in a wide array of manners. Some interviewees answered in dot-point form with each point answering one of the four questions asked, as shown below in Figure 4. Other interviewees tended to answer with linked sentences within one structured paragraph, as shown below in Figure 5. This mixed format of responses made thematic analysis difficult, and I noticed that interviewees who responded with linked sentences within a paragraph tended to not explicitly answer all four questions. Apparently, the interviewees became so occupied with addressing one question they often forget to explicitly address each question in turn. Instead they implicitly addressed it with their general response theme. During the exit surveys with participants in the 2009 pilot-study some of the students recommended I add numbers to the questions so that the sequence was easier to follow. Thus, for the full-scale 2010 study the area for writing answers was divided between the four questions, and labelled as A, B, C and D, as shown below in Figure 6. This greatly enhanced the level and consistency of the data gathered from the Vignettes in the 2010 study and made for a more effective thematic analysis of the responses.

เด็กกำลังคิดอะไร? เขารู้สึกอย่างไร? เขาจะทำอย่างไร? ทั้งเด็กและพ่อแม่ที่มีหรือไม่มีหรือใช้ถุงยางหรือไม่?

คิดว่าการคิดว่า... ว่าเป็นเรื่องที่ดี... การมีเพศสัมพันธ์... ที่มีความรัก...
 การมีเพศสัมพันธ์... หรือ... การใช้ถุงยาง...
 - ...
 - ...
 - ...

Figure 4: Interviewee response to Vignette Scenario One – Pilot Study

เด็กกำลังคิดอะไร? เขารู้สึกอย่างไร? เขาจะทำอย่างไร? ทั้งเด็กและพ่อแม่ที่มีหรือไม่มีหรือใช้ถุงยางหรือไม่?

ก็อาจจะ...
 ...
 ...
 ...
 ...

Figure 5: Interviewee response to Vignette Scenario One – Pilot Study

A) เด็กกำลังคิดอะไร?
 ...
 ...

B) เขาจะรู้สึกอย่างไร?
 ...
 ...

C) เขาจะทำอย่างไร?
 ...
 ...

D) ทั้งเด็กและพ่อแม่ที่มีหรือไม่มีหรือใช้ถุงยางหรือไม่?
 ...
 ...

Figure 6: Interviewee response to Vignette Scenario One – Full-scale Study

Vignette Scenarios generate a large amount of data. Therefore, to assist in the narrative flow of my analysis I will deconstruct the data from the two Vignettes across two chapters, presenting the findings from Vignette Scenario Two in this chapter, and the findings of Vignette Scenario One in the next

chapter. Given the link between female bodies and the Thai State I will begin my analysis with Vignette Scenario Two which is presented from a woman's perspective.

Love is the Drug: Perceiving risk within a romance-based relationship

Under dominant Thai narratives the onus of responsibility for appropriate sexual behaviour has been enforced onto women and their bodies (UNICEF, 2016:39; Whittaker, 2004:74, Thongpriwan & McElmurry, 2009:876, Thianthai, 2004:192). Thus, the second Vignette Scenario was established from a women's perspective and targeted at investigating what happens within an established 'romance' or trust-based relationship when the issue of non-marital sex is raised for a young heterosexual couple. In addition to analysing how dominant Thai cultural narratives impact on the actions of a young couple within an established relationship (other than a marriage), it was important to investigate if condom use was perceived as less relevant within this setting.

To investigate what issues were perceived by the students as being of primary concern to young women in this situation in relation their sexual health and the expectations on dominant Thai cultural narratives the first question of the second Vignette Scenario V2A asked, 'what would Noy be thinking?' regarding her boyfriend Yai asking to take their relationship to the next level by introducing sexual intimacy, and Yai's apparent annoyance at Noy stating she'll buy condoms. This scenario opened with a descriptive question to allow the interviewee to outline key issues they believe a young Thai woman would be considering in this given social situation. Regarding how each gender would perceive the other's actions, I had hypothesised that in addition to emotional and social reputation concerns that the women's responses would also focus on biological factors such as unplanned pregnancy and STI transmission. This was based on the strong emphasis dominant Thai narratives place on women as the guardians of sexual decency. The most popular response themes for the what Noy was thinking (as given by the female interviewees) fell under the following response nodes: Noy was thinking that if they do have sex, they should use protection (N=14); and that Noy was concerned Yai had something to hide (N=13). Following these two nodes, the other responses fell almost evenly across the following response nodes for what Noy was concerned about: that she might get pregnant (N=8); why Yai did not want to use condoms (N=7); why Yai spoke to her like that (N=6); if Yai was serious about her/concerned he might leave (N=5); why Yai was not thinking about the risks (N=5); she might catch an STI (N=4), if Yai truly loved her (N=4); Yai was not a careful person (N=4). For the men in the sample, their two most popular responses fell evenly under the same two response nodes as that of the women: Noy was thinking that if they do have sex, they should use protection (N=8); and that Noy was concerned Yai had something to hide (N=8). Following these two nodes, the other responses fell were mainly spread across the following response nodes for what Noy was concerned about: why Yai did not want to use condoms (N=4); she might catch an STI (N=3), if Yai was serious about her/concerned he might leave (N=3); why Yai spoke to her like that (N=3); that she might get pregnant (N=2); Yai was not a careful person (N=2). See Figure 7 on the following page for a summary.

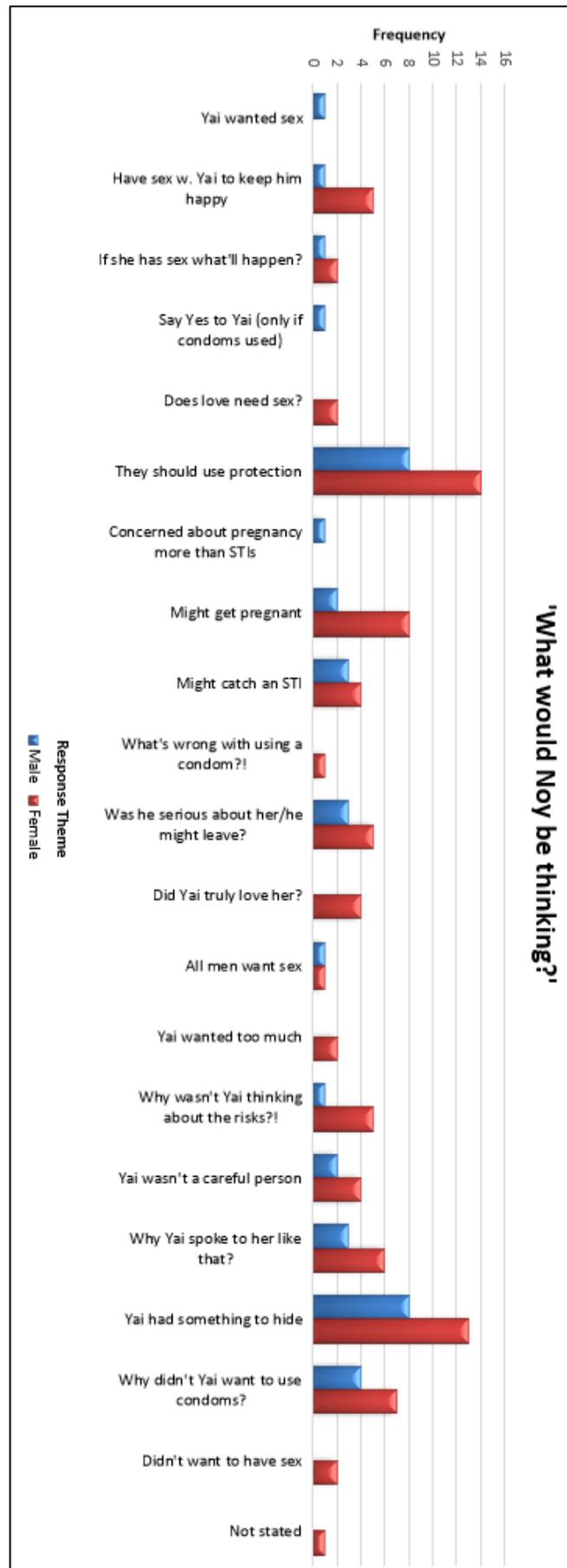


Figure 7: Responses to V2A 'What would Noy be thinking?'

There were two main trends to emerge across the sample for both the men and the women regarding what issues were significant in Noy's mind. The first was that she was concerned about using protection if they did have sex — signifying condoms were still seen as relevant even within an established relationship, reflecting that barrier protection is still heavily promoted in contemporary SRH policies in Thailand. The second issue was Noy's concern over Yai's negative reaction to the suggestion of using condoms, implying he had something to hide. Upon reflection this second response trend appears to have been heavily influenced by my suggestion that Yai had something to hide in the closing sentence of the Vignette Scenario. If used in a future survey a less suggestive and more open-ended closing sentence would have been used. Nevertheless, the overall trends within the responses did provide useful insight into how young people construct their social/sexual scripts. The most significant gender-differentiated trend were the themes behind why protection was used — in this case condoms. For the women, the most popular trend was that condoms were used to prevent pregnancy, with eight women citing pregnancy as a concern, whereas only one man cited pregnancy. On the other hand, the most common theme for condom use for the men was to prevent catching an STI, with three men citing catching an STI as a concern. However, pregnancy was still of a similar concern with two men citing it as a concern. In contrast for the women, catching an STI was only cited by four women as a concern, compared to the eight that cited pregnancy. Therefore, based on the small sample size of men it is hard to determine which is more significant to men, and a further study with a larger sample would be needed. Overall, by comparing the responses as a ratio against other responses for men and women respectively, the trends suggest that for women, preventing pregnancy was of greater concern than possibly catching an STI. Whereas for the men both issues seemed of similar importance. This overall trend contrasts to Western studies that found condoms were seen less for preventing unplanned pregnancy and more for STI prevention (Flood, 2003). Which seems to reflect the dominance of Thai cultural narratives to focus on the importance of women not becoming pregnant outside of marriage and assign a greater deal of stigma to women than men for becoming pregnant out of wedlock (Tangmunkornvorakul *et al.*, 2010:1488).

Within the response nodes certain common words were appearing. Those being 'safety', 'safe' and 'protection' indicating they must be words used often in narratives about sex outside of marriage, perhaps within an SRH focus. This is illustrated in the responses below to, 'what would Noy be thinking?'

'Safety first.'

KM06 (male aged 20; UniA)

'Has to be safe first.'

CNF9 (female aged 21; UniC)

'For safety.'

CNM4 (male aged 21; UniC)

'Noy was thinking that sexual relationship is something men want. Nevertheless, Noy wanted to be safe so she would want to use condoms.'

CNM5 (male aged 21; UniC)

'Noy was thinking that they had to have protection if they had sex.'

KF06 (female aged 21; UniA)

'She was thinking about safety and saved herself in some level.'

KF22 (female aged 20; UniA)

'Noy may think that using condoms when having sexual relationship is safe. Condoms can protect against diseases and pregnancy.'

CNF31 (female aged 20; UniC)

'Noy thought that if they had sex they should have protection in order to protect from being pregnant and STD.'

CNF32 (female aged 20; UniC)

'She was thinking that to prevent pregnancy she would like to use condoms not because of not trusting.'

CNF41 (female aged 20; UniC)

'She would devote herself for love as Yai would. She also wanted to protect herself.'

KM10 (male aged 20; UniA)

The common theme of safety and protection in the above responses appear to reflect the safety/protection theme of past and current Thai SRH policies focused on condom use to prevent the spread of new HIV infections (Thongthai & Sabaiying, 2009; NAC,2015:18). At the time of the study, mid-2010, SRH policies in Thailand tried to incorporate the concept of love into condom campaigns as shown in the public billboard below in Figure 8.



Figure 8: 'Love is to protect' - Public health billboard in Kathu province Thailand (photograph - Brendan Drew, 2011)

However, as discussed in chapter four, past SRH policies had become permeated by narratives that heavily promoted abstinence as the most appropriate barrier to STI, which often lead to conflicting policy messages. The most prominent example of this was from Thailand's recently created Moral Promotion Centre (MPC) that tried to discourage young people from having sex on Valentine's Day, a Western import, but nonetheless a popular day in Thailand (BBC News, 2015). The MPC was formed on June 2nd, 2011 and is part of Thailand's Ministry of Culture — signifying the importance the Thai State places on stigmatising non-marital sex (MoC, 2011). For Valentine's Day the MPC launched a campaign called "This Valentine's Day, Dinner Only" (Khaosod English, 2015), which as the name suggests urged young Thais to go home separately after their special dinner date, and not have sex (BBC News, 2015). This conflicted with the National AIDS Program (NAP) previous HIV/STI prevention policy. During 2013-2014 the NAP had requested cooperation from all the provincial health offices and regional disease control centres throughout Thailand to run the slogan, 'say yes to caring sex' (Sex Roawp Koawp Toawp OK), especially around Valentine's Day, to raise awareness around HIV/STI prevention (NAP, 2015:17). Moreover, the NAP policy was part of a long-term programme to reduce stigma around condom use. Therefore, this highlights the importance of analysing sexual health in a

social and cultural context, and that dominant narratives change over time. Although new policies have been established since 2016 to better promote the sexual health and rights of young people in Thailand, these policies still reflect dominant modern narratives that construct young people's sexuality in a negative manner (Amornviputpanich, 2016). This includes policies such as the 2016 Prevention and Remedial Measures for Adolescent Pregnancy Bill which stipulates young people, aged 10 to 19, must be given access to reproductive health information and services, including school-based comprehensive sexuality education (AFPPD, 2016).

Although the popularity of the response that Yai had something to hide due to his annoyance at Noy's suggestion of using a condom, was likely due to the closing emphasis in my Vignette Scenario, it did reveal an underlying concern for young people. Yai's disapproval of condom use led the sample of students to suggest that he might have another partner, or perhaps he was HIV positive, as shown in the responses below, with women tending towards suspecting infidelity, whereas the men tended towards suggesting Yai had HIV or AIDS.

'Noy was thinking that Yai looked suspicious as he didn't like using condoms.'
CF1 (female aged 21; UniC)

'She thought that Yai might not have only her.'
CM10 (male aged 19; UniC)

'She wondered why he didn't use protection or [if] he had slept with other women.'
CNF14 (female aged 21; UniC)

'Yai must have had something to hide about condoms. It might have been a bad memory about them. He might not know how to use them. On the other hand, he might have had sex with other women without using condoms.'
CNF2 (female aged 21; UniC)

'Yai might have had sexual relationship with other women before. It might be possible that he had HIV.'
CNM8 (male aged 22; UniC)

'She was thinking that Yai had AIDS.'
CM11 (male aged 21; UniC)

'She thought that he might want to spread AIDS.'
KM01 (male aged 21; UniA)

Another significant concern to emerge from these responses is that within these social scripts, especially for the men, that they believe a HIV-positive man is likely to continue having sex without a condom. This emphasises the importance of school-based comprehensive sexuality education programmes to take a holistic approach and discuss the importance of gender-equality in reducing women's sexual vulnerability to HIV infection. A student survey, as part of a 2017 United Nations' Children's Education Fund (UNICEF) review of sexuality education in Thailand, indicated that many students still have attitudes that compromise gender equality, which can be significantly counteractive in terms of promoting better sexual health for young people (UNICEF, 2017:25)

To further explore how young people construct their social/sexual scripts and if and how dominant Thai cultural narratives make young people vulnerable to HIV and associated sexual risks, the second question V2B was a descriptive question that asked, 'how would she feel?' The most common theme to emerge from these responses were negative emotions, indicating a sense of conflict within the character. The trends were similar for men and women. The most popular response was that Noy felt worried or concerned ($N_f=38$, $N_m=14$). For women the remaining responses were spread out between Noy feeling annoyed or unhappy ($N=19$) and feeling confused ($N=16$). The

remaining responses for the men were distributed across the same two nodes, but the men put Noy feeling confused (N=9) above her feeling annoyed or unhappy (N=4), as summarised in Figure 9.

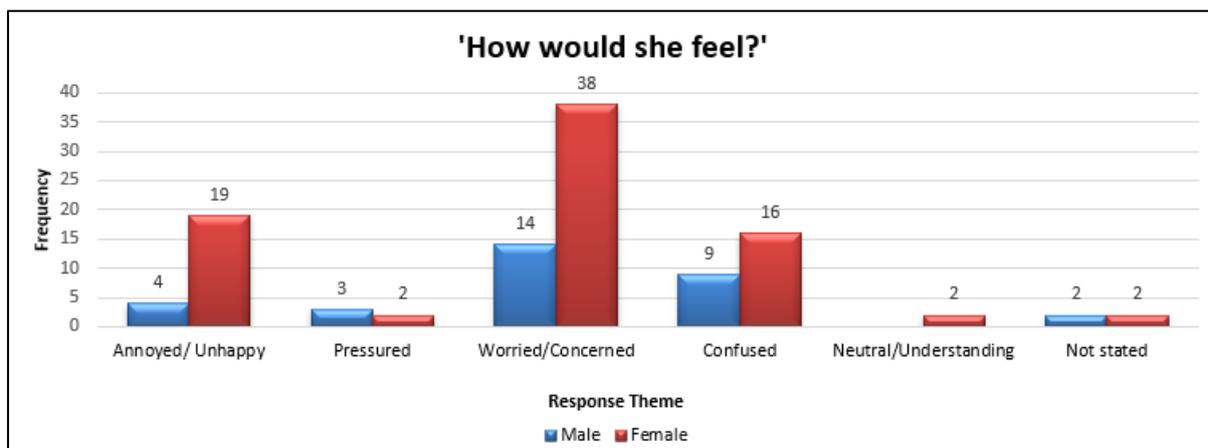


Figure 9: Response themes to V2B 'How would she feel?'

Demonstrating women have been socialised to express their feelings more openly than men, women tended to respond with multiple feelings in their answers, whereas the men limited their response to one emotion, as shown below in the sample of responses to 'How would she feel?'

'She was disappointed, angry, upset and wondered about Yai’s intention.'
CNF11 (female aged 20; UniC)

'She felt bad and not happy with what Yai had said.'
CNF18 (female aged 21; UniC)

'She was confused and suspicious.'
CNF29 (female aged 20; UniC)

'She did not understand why Yai had to ask that question. It was necessary to use condoms if he wanted to have sex because they were not ready for a family.'
CNM1 (male aged 21; UniC)

'She was surprised that Yai was angry as he did not want to use condoms.'
CNM5 (male aged 21; UniC)

Furthermore, a common theme that came up again was that the students in my study heavily associated condoms with preventing unplanned pregnancy, rather than other methods such as the contraceptive pill. Although the contraceptive pill is available to un-married Thai women in theory (UNFPA, 2014:25), it is highly possible that due to the strong stigma attached to non-marital sexuality, especially for women, that young Thai women may be less willing to purchase oral contraceptives as it is a more involved process than for young Thai men buying condoms. Additionally, due to people’s vulnerability to HIV in Thailand, SRH policies have heavily focused on barrier protection to prevent the spread of STI rather than focusing on preventing pregnancy.

To further investigate if and how dominant Thai cultural narratives make young people, especially women, vulnerably to HIV and other sexual health risks the third question in Vignette, V2C asked, 'what would she do?' This was to investigate how young women’s negotiating abilities in relation to sexual consent and sexual health are influenced by Thai cultural narratives. Although dominant Thai narratives deny young people have sex-outside-of-marriage, these dominant narratives also state a 'good' Thai woman is passive to a man’s sexuality (Lyttleton, 2000:126). Therefore, within this Vignette Scenario Noy would be faced with a moral dilemma between not having sex-outside-of-marriage and a woman’s sexuality being passive to a man’s sexuality. In terms of accommodating Thai

cultural barriers to safer sex promotion in Thailand it is important to understand how dominant Thai narratives can pressure a young woman into sex and make her vulnerable. A young Thai woman may feel torn between dominant Thai cultural narratives making her feel it is her 'duty' as a Thai woman to satisfy the sexual needs of a man, while at the same time being expected to remain chaste. In keeping with a thematic analysis, I will discuss the overall theme to the responses, namely would Noy have sex with Yai, even with his objection to condom use, followed by a discussion of the types of actions cited by the interviewees in their responses.

Three main trends emerged in response to the Vignette Scenario, reflecting that the moral dilemma of the scenario presented the character Noy with a difficult choice. Instead of a simple yes or no outcome to Noy having sex with Yai, there was the yes outcome — which included yes, providing condoms were used, an unconditional yes, that did not state if condoms would be used, and an unconditional yes explicitly stating condoms would not be used; a no outcome; and an outcome that did not explicitly state if Noy had sex or not. For the women in the sample, the most popular response outcome was that Noy would have sex with Yai (N=31 — 26 yes responses that were conditional on Yai agreeing to using a condom, 4 unconditional yes response that explicitly stated condoms would not be used and 1 unconditional yes responses that did not explicitly state if condoms would be used). The next most popular response outcome was Noy refusing to have sex with Yai (N=17), followed by an outcome in which it was not explicitly stated what Noy would do (N=14). The response trend for the men followed a similar pattern, the most popular response outcome was that Noy would have sex with Yai (N=16 — 13 yes responses that were conditional on Yai agreeing to using a condom, 2 unconditional yes response that explicitly stated condoms would not be used and 1 unconditional yes responses that did not explicitly state if condoms would be used). The remaining response outcomes were even spread across Noy refusing to have sex with Yai (N=7) and an outcome in which it was not explicitly stated what Noy would do (N=7). Only one person made no comment on this question. See Figure 10 for an outline of the response outcomes.

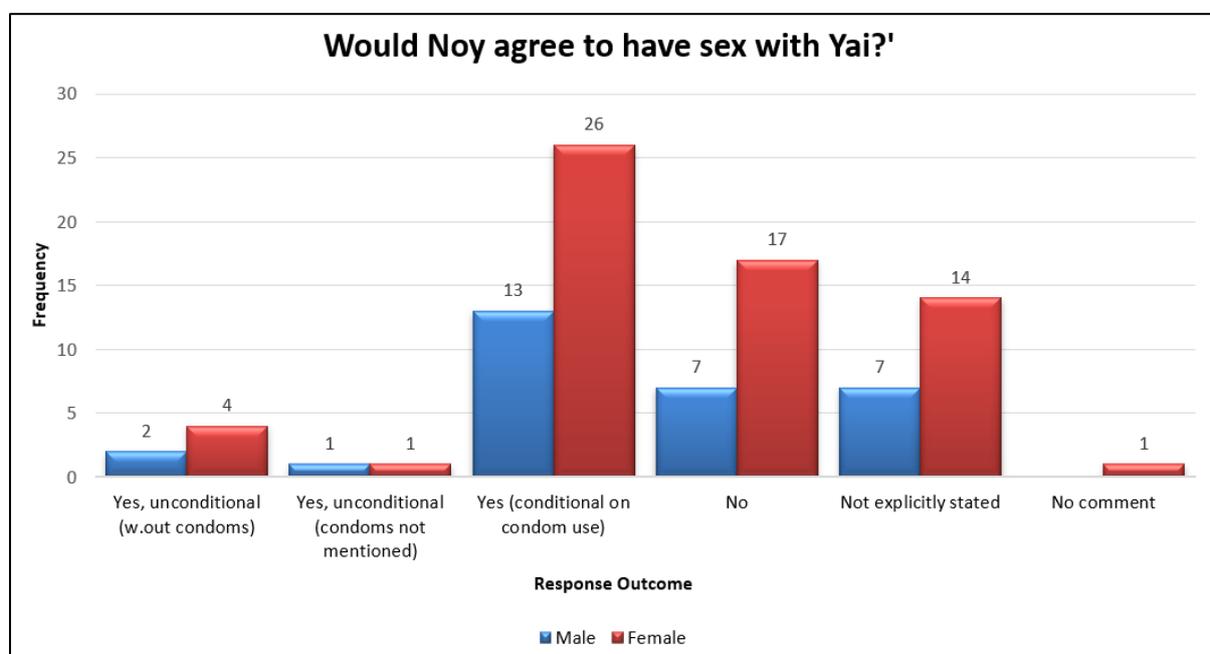


Figure 10: Simplified response outcome to, would Noy agree to have sex with Yai?

Overall, the main theme to emerge from these responses is that SRH policies appear to have been successful in promoting condom use, even in a non-commercial setting, and for women to actively negotiate with men that if they wanted to have sex, then they would need to use condoms. This is reflected in the sample of conditional yes responses below:

'She would go to get condoms. If Yai did not want to use condoms, she would not sleep with him.'
CNF24 (female aged 21; UniC)

'Noy told Yai that "no condoms, no sex."
KM03 (male aged 20; UniA)

'She would insist on using condoms if he wanted to have sex. Or she might refuse to have sex altogether.'
KF02 (female aged 21; UniA)

'If there were no condoms, no sex.'
CNF22 (female aged 20; UniC)

'She would be nice to him but she would give a reason that she would sleep with him if Yai used condoms.'
CNF42 (female aged 20; UniC)

These responses indicate that the public message of 'no condom, no sex' — promoted under past SRH policy targeted at commercial sex — has been well incorporated into the social scripts of most of the students in my study. There were a few young people in the sample that believed Noy would agree to have sex with Yai without condoms — 2 men and 4 women. This grouping will be discussed further in the following section. However, the overall response outcomes appear to be promising from a barrier protection perspective. In relation to dominant Thai cultural narratives making women vulnerable by expecting their sexuality to be passive to that of men, the overall response outcomes tend to suggest that women's sexuality was viewed by the sample of students as being passive to men's sexuality. Namely, that the most popular response was that Noy would agree to have sex with Yai, even though she felt uncomfortable about the situation as reflected in the negative emotions cited in response to the previous question in the Vignette Scenario, about how Noy felt. The high number of response outcomes that did not explicitly state what Noy would do, also suggests the young people in this sample were not sure how Noy would juggle her apprehensive feelings with the expectation of her accepting a man's sexual requests. Therefore, future SRH policies should be mindful of the pressures dominant Thai cultural narratives place on young women.

To allow for further analysis of the themes within the general response outcomes, I coded the responses into further nodes that related to specific actions Noy would take, such as Noy telling Yai to use condoms otherwise she would refuse to have sex with him. When it came to coding for specific actions, there were slightly more responses than interviewees as some gave answers that could be coded under two categories. However, for the overall outcome in those responses I limited it to one action per interviewee. For example, CNF35 (female aged 21, UniC) stated, 'she may go to get condoms or not to talk to him anymore.' Under the 'action cited' I coded this into two nodes, 'go to get condoms' and 'break up with Yai'. Under the response outcome, I coded this under 'not explicitly stated' as the interviewee did not say if Noy would agree to have sex with Yai. For the women in the sample the most popular response was that Noy would have sex with only if he agreed to using condoms (N=20). This response was similar to the next most popular response, which had Noy going to buy condoms (N=16). However, these responses did not have the conditional clause included in them. The next most popular response for women was Noy refusing to have sex with Yai (N=11). This was followed by responses in which Noy tried to negotiate with Yai to see why he objected to using condoms (N=8). Only a few women stated that Noy would let Yai have sex with her without using

condoms (N=4). Reflecting a narrative of obligation, only a few women in the sample stated that Noy would outright break up with Yai over his request for sex (N=3). The response trends for the men in the sample were similar to that of the women. The most popular response for the men was that Noy would have sex with Yai provided condoms were used (N=9). The following responses were almost evenly spread between Noy going to buy condoms (N=6), Noy negotiating with Yai about condoms and trying to understand why he objected (N=6), and Noy outright refusing to have sex with Yai (N=5). Like the women's response trend, only a few men stated Noy would have sex with Yai without a condom (N=2), and only one man stated that Noy would outright break up with Yai (N=1). See Figure 11 for a summary.

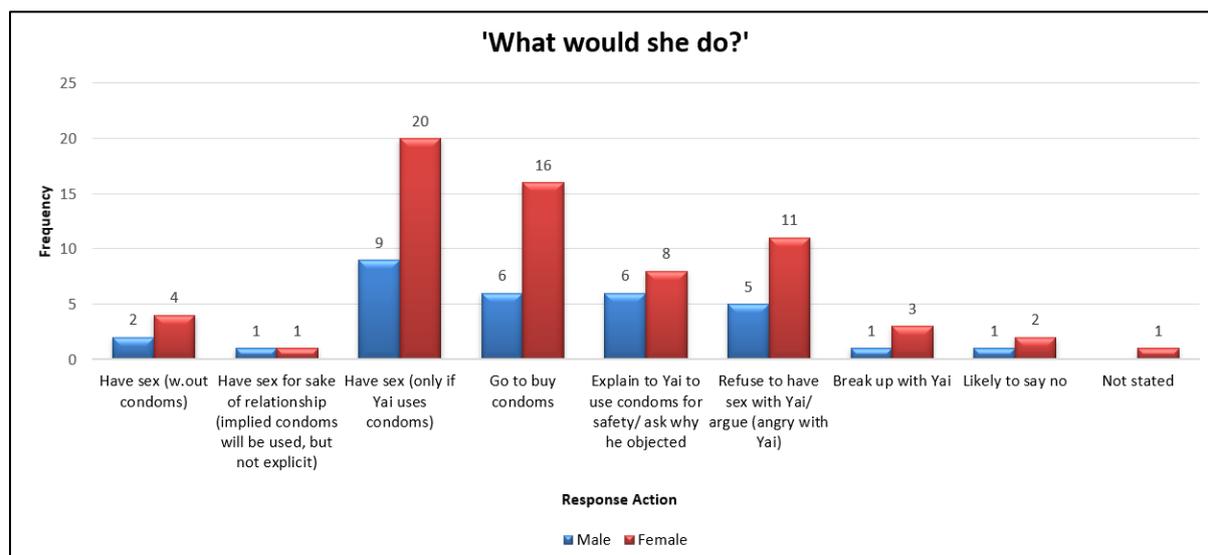


Figure 11: Full responses to V2C 'What would she do?'

As discussed earlier, the overall response trends are encouraging from a barrier protection perspective, as the responses suggest that young women in this context are prepared to negotiate with their partner over condom use. However, by analysing the themes within these responses there does appear to be a strong suggestion that young women's actions are constrained by dominant Thai cultural narratives which makes them vulnerable to HIV and other sexual harm, such as coerced sex. Several responses reflect that Noy felt pressured into having sex with Yai based on romantic narratives. Love was often cited as a reason, such as in KM08's (male aged 21, UniA) response stating, 'she would let it happen because of love.' Although KF01 (female aged 20, UniA) responded to this question stating, 'she would allow him to do it but [would] have to use condoms for protection', she did mention earlier in response to 'what would Noy be thinking?' that, 'she loved Yai but was not ready for this. But she would have to do it for love.' Some responses went further and stated Noy was pressured into a situation she did not want. One woman, CNF20 (aged 20, UniC) stated, 'she would let him do it but felt regret later'. Another woman, KF05 (age not given, UniA) stated, 'she did not want to have sex but did not want to upset him.' Finally, although in the minority, of the few young people that stated condoms would not be used, there was a strong theme of indirect coercion from social expectations of a woman being sexually passive to a man. One woman, CNF41 (aged 20, UniC) said, 'she would use condoms if they reached the agreement. If they could not, she would let him use his own method to prevent pregnancy such as withdrawal method.' Although only mentioned by a couple of students, it appears that the withdrawal method is still considered by some in my sample to be an acceptable contraceptive measure, even against Thailand's background of HIV vulnerability and strong educational campaigns on barrier protection.

In relation to dominant Thai cultural narratives making young people vulnerable to HIV and other sexual harm, it is important to further investigate the issue of students self-stigmatising by denying young people have non-marital sex, especially those studying, as discussed earlier in Chapter Five. Given strong student opposition to having condom dispensers on university campuses, it was important to discover where students would source condoms from, so question V2D of the second Vignette asked, 'where would she go to get condoms?' This was a simple question and yielded straightforward responses unlike the other questions in the two Vignette Scenarios. The key finding was that the most popular place for young people to buy condoms was a convenience store (N=81; N_f=54, N_m=27) or as they are very popular and common in Bangkok, the 7-11 chain of convenience stores (with a store on almost every street corner in Bangkok). The chemist was the next most popular response (N=9; N_f=5, N_m=4), however it was significantly less popular than the first choice of a convenience store, summarised in Figure 12. This reflects findings from a 2014 UNICEF study which found amongst their study's Bangkok-based sample, that female commercial sex workers preferred to obtain their condoms from convenience stores or a chemist, and men who have sex with men obtained theirs from convenience stores or friends (UNICEF, 2014:12).

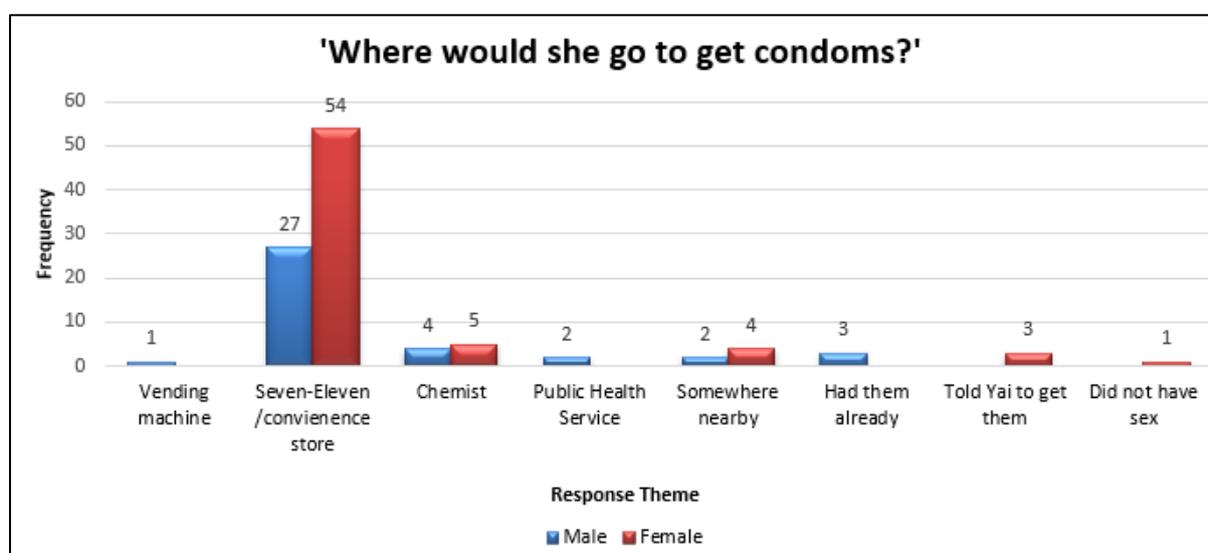


Figure 12: Response themes to V2D 'Where would she go to get condoms?'

If I did a similar study in the future, a follow up question asking, 'would the contraceptive pill be a viable alternative to a condom? Explain' would help shed some light onto why condoms are more popular in the context of preventing pregnancy than the pill.

Concluding Remarks

To accommodate the Thai culture of silence around sex-outside-of-marriage this study used two Vignette Scenarios to identify the extent to which modern Thai narratives have made young people vulnerable to HIV infection and other sexual health 'risks' such as unplanned pregnancy, and damaged social reputation. The findings analysed from the second Vignette Scenario reveal that despite the taboos placed on sex-outside-of-marriage by dominant Thai narratives, in private, young Thais do not deny the existence of sex-outside-of-marriage. Moreover, the amount of data sourced from my sample of students via the Vignette method is encouraging as it shows it is possible for SRH researchers to engage with young people in Thailand, despite the culture of silence around their sexuality. By using Vignette Scenarios to supplement the short and extended-answer questions in my study I could obtain a snap-shot of how young Thais construct their own social/sexual scripts in relation to their sexuality and non-marital sex in a non-commercial setting. By allowing the sample of

students to create a narrative around the characters I provided in these scenarios — rather than having to recite their own past personal experiences — they were able to discuss Thai sexuality without directly making their own experiences public. Consequently, the responses obtained from both scenarios heavily contrasted with those analysed in the previous chapter. As discussed in the previous chapter, when asking the students to reflect on what they believe Thai society expects of them, the majority response was that sex-outside-of-marriage was wrong and that 'good' Tertiary students do not have sex. For example, in response to question 16 which asked 'should universities have condom dispensers in their toilets?' most students in my study said, 'no', universities should not have condom dispensers on campus. However, in response to both Vignette Scenarios in my study, most students responded by stating that the fictional characters in my scenarios (university aged young people, typically in their early 20s) would engage in non-marital sex. It appears that the social/sexual scripts of the sampled students are heavily permeated by sexually conservative Thai cultural narratives. Nevertheless, the findings from this Vignette Scenario suggest that these young people value the protective factor of sexual health knowledge within this social context. Future SRH policies should be able to build on this valuing of sexual health knowledge to help modify such programmes to be more accessible and appropriate for young people.

In terms of better designing future Thai SRH policies to target key issues for young people the findings revealed several areas that need to be addressed. Social pressure to conform with dominant Thai narratives — namely women being sexually passive to men — does appear to make young women vulnerable to HIV and other associated sexual 'risks'. In the second Vignette Scenario, the main reasons given for condom use was unplanned pregnancy, followed by preventing STI transmission. This was especially the case for young women, whereas the men tended to weigh the two matters evenly. Therefore, within a 'romance-based' relationship condom use apparently is seen more for birth-control rather than as a barrier protection against STI. Therefore, future SRH policies should modify educational programmes to promote condom use amongst 'romance-based' relationships in addition to the current focus on 'casual-relationships' and sex within a commercial setting. Continuing with the vulnerability created by a man's sexuality being perceived as being dominant over a woman's, some men stated that the reason the male character Yai might not want to use a condom is because he is HIV positive. This response is troubling as it shows the male character has put his own sexual pleasure ahead of the welfare of his partner. As he is already infected, he does not need to protect himself from potential harm by using a condom. Therefore, a great deal of attention is needed in future SRH educational policy to promote concepts of gender equality between men and women so that dangerous concepts such as this are not maintained amongst Thai men. Therefore, future SRH policies will need to dedicate more educational resources to helping young people understand the asymmetric nature of sexual power relations in modern Thailand, and how to negotiate from an uneven position of power.

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**'They might not have condoms. If they both have morals they would buy them.
On the other hand, they might be too embarrassed to buy them.'**

CM6 (male university student aged 21)

**'They would use condoms because they had just met for the first time. They had not known each other
before. Both would be certainly afraid of catching some disease.'**

CNF2 (female university student aged 21)

CHAPTER SEVEN

It's His Duty: Deconstructing the hegemonic masculinity within young people

The use of Vignette Scenarios in my study allowed this thesis to accommodate the Thai culture of silence towards public discourse on heterodox sexuality, especially that of young people. This culture of silence has led to a lack of communication on sexuality and sexual health that significantly disadvantages young people in Thailand (Ounjit, 2010:115). By replicating peer-based discourse in the Vignette I could locate my study within the private realm. Doing this allowed the study to bypass the large number of cultural barriers that would exist for studies occurring in the public realm, such as a government census. Through this accommodation of the Thai culture of silence the Vignettes provided a unique insight into the sexual/social issues young Thais must negotiate in relation to Non-commercial Heterosexual Non-marital Sexuality (NHNS). By allowing the students sampled in my study to create a narrative around a fictional character, rather than explicitly stating what behaviours they would personally engage in, the study was able to obtain a large amount of data in relation to Sexual and Reproductive Health (SRH) matters in Thailand, in relation to young people. This chapter continues from the analysis of Chapter Six, that deconstructed the findings obtained from one of the two Vignette Scenarios used in the 2010 full-scale study in Bangkok, Thailand.

To understand how dominant Thai cultural narratives have undermined current SRH policies and made young people vulnerable to HIV and other sexual harm, such as coerced sex or damaged social reputation, it is necessary to deconstruct the gendered-agenda of the Thai State, especially the hegemonic masculinity of male citizens. To deconstruct the gendered-agenda of the Thai State this chapter complements the previous chapter, which focused on the cultural barriers a young woman would encounter, and analyses the cultural barriers that a young Thai man would likely encounter. Although men's sexuality is not as heavily regulated as that of women, there are still significant pressures created by hegemonic masculinities on the social/sexual scripts of young men. One notable constraint would be the peer-pressure placed on young men to appear sexually experienced and desiring of sex. Such expectations also make young people, men and women, vulnerable to sexual harm, including HIV infection. Therefore, this chapter is dedicated to analysing how the Thai culture of silence towards young people's sexuality constrains the social/sexual scripts of young men, and the amount of vulnerability this creates for young Thai citizens. Moreover, after identifying any potential barriers, this chapter seeks to investigate how these barriers can be accommodated into future SRH policies.

Being a Man: Perceiving risk in a casual sexual encounter

The same dominant modern Thai cultural narratives that condemn and deny the sexuality of young people, especially women, also positively associate strong sexual drive with masculinity (Thongpriwan & McElmurry, 2009:884). These narratives could result in peer-pressure on young Thai men to engage in sexual intercourse that they might not feel comfortable with. Moreover, due to this double standard, these men might restrict their discussions of such matters to their immediate peer-group to keep that matter private, while simultaneously disavowing any public acknowledgement of such behaviour. Such behaviour would make young people more vulnerable to engaging in 'risky' sexual practices, such as unprotected sex or coerced sex. One common example would be men being too shy to buy condoms from a public place. As the findings from the second Vignette Scenario revealed, the most popular place to purchase condoms from was a convenience store, a rather public place.³³ Thus, the social pressures placed onto young Thai men could be detrimental to their own sexual health and that of the women they couple with. Therefore, it is important to understand how young men and women perceive their own sexual identity in relation to dominant Thai narratives, and the extent to which broader social and localised peer-pressure can push individuals to make decisions they are not comfortable with. With such an understanding, SRH policies could be modified to be more inclusive of young people and provide educational messages that are more relevant for them, and health services that are more accessible.

The first Vignette Scenario is from the perspective of a young man studying at university going out with his friends for a few drinks and then encountering a 'modern' looking young Thai woman who makes sexual advances towards him. To add to the dilemma of a man being sexually perused by a woman, I specified that the man was a virgin, but he kept that fact secret from his friends due to men's sexual prowess being a key foundation to Thai masculinity (Thianthai, 2004:193; Klunklin & Greenwood, 2005:50). I targeted several key issues through this scenario — especially the construction of hegemonic masculine identities and the cultural burdens it places on men to conform to the dominant socially constructed role of men being sexually active, while women are constructed as sexually passive. To compound this active/passive gender-dichotomy the young woman is described as 'modern', which under popular Thai discourse, especially through popular media, implies she is sexually promiscuous, or 'bad' (Whittaker, 2004:84; UNICEF, 2017:25).³⁴

I wished to deconstruct how the sample of students would use the term 'modern' when constructing their narratives and investigate if they too associated the term in a stigmatic way, especially the women in the study. The final concern was from a sexual health perspective. This scenario was targeted at analysing what role, if any, condom use played in a non-commercial setting, in this case a 'casual' or 'non-romance based' relationship, and more importantly who they believed was responsible for the condoms, the man or the woman. Once the interviewee read through the passage, they were presented with four questions based on the scenario.

³³ For more on the findings from the second Vignette Scenario see Chapter Six.

³⁴ In addition to published Thai studies, I frequently heard the term 'modern' being used in this manner by Thai friends and relatives during my time in Bangkok, Thailand.

For illustrative purposes, an English translation of the male scenario is given in the box below, with the questions asked immediately under that box, as shown in Figure 1 (actual question presented in Thai script).

Vignette Scenario One

Lek and Ploy

Lek is a very studious man, in his second year at university studying Information Systems. His friends say that although he is a very serious man, he's still cool to be around as he can hold his liquor well. Lek may be able to hold down his drink well at parties but he's always nervous around girls. He doesn't show it because he knows a proper Thai man isn't intimidated by a woman.

One night he's out with his friends celebrating the completion of their mid-year exams. They've been drinking for some time now and one of Lek's friends introduces him to a very modern looking Thai woman called Ploy.

Ploy's very interested in Lek and she makes that very clear with her advances. Lek is quite nervous; he doesn't want to look like a push over in front of his friends. So after a couple more drinks Ploy says she would like to go somewhere a little more private, she suggests her nearby hotel room. Lek's friends cheer him on and soon enough Lek and Ploy are leaving the pub. On the way out Lek goes over the fact he is a virgin, a close guarded secret of his.

A) What would Lek be thinking?
B) How would he feel?
C) What would he do?
D) Is either Lek or Ploy likely to have or use condoms?

Figure 1: Vignette Scenario One – scenario text box with questions below

Unpacking Vignette Scenario One: Lek and Ploy, a casual encounter

The main argument of this thesis is that dominant Thai cultural narratives are providing the most significant barrier to contemporary SRH policies aimed at young people. Moreover, because young people's social/sexual scripts are shaped by these narratives their adherence to these cultural scripts makes them vulnerable to HIV infections and other associated sexual risks. Therefore, the first Vignette Scenario was addressed at analysing the impact of these dominant narratives on young people — in this case, from the perspective of a young man. Given social scripts are constantly constructed and reconstructed in a dynamic interaction between the individual and their socialised environment (Simon & Gagnon, 1986:99), the four questions of Vignette Scenario One, as with the second scenario, were targeted at two concerns. The first issue was to analyse if the student narratives reflected the dominant Thai cultural narratives discussed throughout this thesis. In addition to this, I intended to use the responses from the Vignettes to act as a check against the responses the students gave to the short and extended answer sections of my study. The second issue was to test the extent of gender-dichotomy within the sample's scripts. Prior to conducting the study my working hypothesis was that the responses would be significantly different between men and women based on the different social scripts constructed by dominant Thai narratives. Furthermore, given the focus of contemporary Thai school-based sexuality education programmes to push sexual responsibility onto women (Thongpriwan & McElmurry, 2009:872; Supametakorn *et al.*, 2010:743), I had assumed the students would name the female character as the one most likely to have the condoms.

To engage with the research questions of this thesis — namely, to what extent are dominant Thai cultural narratives providing a barrier to contemporary SRH policed aimed at young people, and how have these narratives made young people vulnerable to HIV infection and other associated sexual 'risks' — the first Vignette Scenario opened with question V1A that asked, 'what would Lek be thinking?' The scenario began with a descriptive question to allow the interviewee an opportunity to

provide a general account of what they think will be happening in Lek's mind, such as outlining key issues that they believe a young Thai man would be considering in this social situation. The overall response themes for both men and women tended towards social issues over physical health issues, indicating that for young people social risk rates higher than physical risk. In addition to this, although dominant Thai cultural narratives deny young people are sexually active, the responses to this question suggest that young men feel pressured by hegemonic constructions of masculinity to be sexually active. Moreover, it appears that within this sample, it was the women, rather than the men, that were more aware of this cultural pressure on young men. Although the responses focused on social concerns, there were some noticeable gender differences in the responses. In response to the question, 'what would Lek be thinking?' the four most popular responses for women in the sample were: Lek was thinking he will have sex with Ploy (N=17); followed by Lek feeling obliged by peer pressure to have sex with Ploy (N=16); Lek weighing up the reasons for and against having sex with Ploy (N=11); and Lek being concerned about performance issues if he accepted Ploy's offer of sex (N=9). This contrasted to the responses of the men in the sample, with their top four responses being: Lek was thinking he will have sex with Ploy (N=13); followed by Lek thinking he would like to try something new (N=7); Lek was worried people would discover his secret of being a virgin (N=5); and Lek being concerned about performance issues if he accepted Ploy's offer of sex (N=4). See Figure 2 for a summary. Overall, although similar issues were mentioned by the men and women in this sample, the ranking of importance of these issues was gender-differentiated. This implied that within this context dominant Thai cultural narratives are applied differently to men and women, or at the very least the impact of these narratives on a young man is perceived differently by men and women.

The response of Lek thinking he will have sex with Ploy being ranked equally by men and women reflects that importance of a young man not refusing an opportunity for sex within the social scripts of young people. The following (different) most popular responses between the men and women in this sample indicates men and women prioritise different issues. For the women, the next most popular response was that Lek felt obliged by peer pressure to have sex with Ploy, whereas for the men, their next most popular response was that Lek wanted to try a new experience — having sex for the first time. Due to the double sexual standard applied by dominant narratives on sexuality, sexual desire for women is stigmatised while men's desire is simultaneously praised and expected (Thongpriwan & McElmurry, 2009:876; Thianthai, 2004:193; Allen, 2007:221). Consequently, reasons for why young people engage in sex are gender-dichotomised and often exist within a hierarchy of reasons, such as love being perceived as a more legitimate reason to have sex, than curiosity (Ingham, 2006:380). This observation appears to be supported in my sample, with curiosity being a response favoured by men, and an important reason too, given it ranked as the second most important thing Lek would be thinking about. Whereas for the women they appear to believe the main motivating factor behind Lek's decision would be peer pressure. This could perhaps reflect that women have been more socialised to be aware of peer interactions and social networks than men are, and as such more perceptive to noticing peer pressure than men would be. Additionally, because men exist within this power structure, they might be less likely to self-reflect on the cultural pressures of hegemonic masculinity, or not even be aware of its existence due to it being presumed as 'natural'.

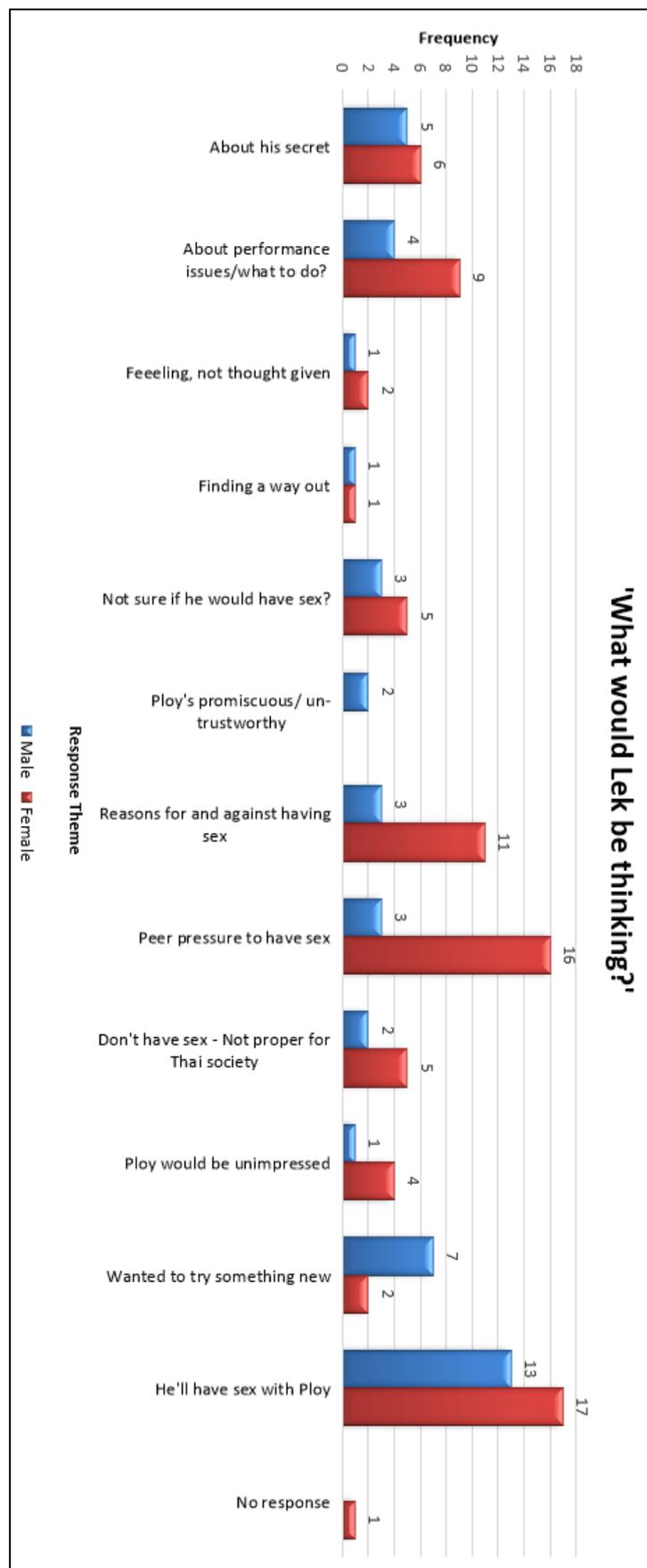


Figure 2: Response to VIA 'What would Lek be thinking?'

In relation to dominant Thai narrative making young people vulnerable to HIV infection and other associated sexual harm, the overall theme of responses tends to suggest that young people are concerned with social issues, over health issues. This is at odds with a health pragmatist perspective on how young people make sexual health choices — a perspective which assumes that with enough medical knowledge, young people will make a rational and informed decision to practice safer sex (Harrison and Hillier, 1999; IATT, 2008; Nimkannon, 2006; Hillier *et al.*, 1998). Although the men and women's responses ranked the various issues in different orders of importance, they share the common theme of focusing exclusively on the social dilemma of Lek's masculinity/reputation and how it will be affected by his choice to accept Ploy's sexual advances or decline them. None of the interviewees responded that Lek would be thinking about the physical risks involved in such an encounter, such as STI or unplanned pregnancy. Instead the sample of university students — both men and women — focused exclusively on the social risks involved in this situation. This is highlighted with the following responses to 'what would Lek be thinking?':

'His friends expected him to have sex with Ploy. So he wanted to win their hearts.'
CNF25 (female aged 21; UniC)

'He was thinking that this was an opportunity for him to show he was a man. The moment had arrived.'
CNF37 (female aged 21; UniC)

'Lek was thinking that he should do what his friends wanted so he did not look like a push over. Or he should do what he wanted so he did not have to feel sorry later because he allowed himself to do something for the sake of not to be a push over.'
CNF19 (female aged 21; UniC)

'He may think whether the thing they are about to do is appropriate.'
CNM5 (male aged 21; UniC)

'He was thinking that Ploy would be done tonight! Lek himself would like to try to have sex with Ploy for once, to be brave. He is a man he has to show that he can do [it].'
CNF41 (female aged 20; UniC)

'He was afraid and too embarrassed to say that he was not experienced. If he had not done it right he might lose face.'
KF02 (female aged 21; UniA)

The absence of any biological/medical concerns from the responses to this question indicate that the health pragmatist approach — that permeates most of Thailand's SRH policies — to simply 'inject' knowledge into a target population about the physical 'dangers/risks' of unprotected sex (or non-marital sex in general) was not effective amongst this group of students. Furthermore, the absence of such medical concerns from these students' concerns was not due to a lack of attending sexuality education classes when they were at school. Question 11 in my survey asked if they attended sexuality education classes at school, and all of them said 'yes', they did. Therefore, the responses to V1A indicate it is vital, for future SRH policies targeted at young people in Thailand, to acknowledge that social risks are perceived as being much more important to young Thais than medical risks.

To further analyse the impact dominant Thai cultural narratives have on young people question V1B asked, 'how would he feel?' The second question was an evaluative question targeted at understanding how the character Lek would feel about the situation he found himself in. This question was asked to ascertain if negative or positive feelings were associated with this unplanned sexual encounter to gain a better understanding of how a young man would feel in such an encounter. Perhaps reflecting the gender-differentiated issues cited in the previous question, the feelings given by men and women were rated differently. The overall trend for women was to state that Lek was feeling negative emotions, with the most popular response being that Lek felt afraid or nervous

(N=37), followed by feeling uncomfortable or confused (N=26), with a smaller amount stating Lek felt excited (N=12). However, as women tended to give multiple feelings in their response, there was some overlap with these themes. This contrasted to the responses given by the men, which tended to give just one emotion. Furthermore, unlike the women's responses which favoured negative emotions, the men's responses gave a stronger weighting to positive emotions. The most popular response was that Lek felt excited (N=14). However, it was followed almost evenly by responses that stated Lek felt uncomfortable or confused (N=13), and that Lek felt afraid or nervous (N=10). See Figure 3 for a summary. Redesigning the questionnaire template in the full-scale study to have the answer spaces provided separately as V1A, B, C and D, below the Vignette Scenario, greatly reduced the number of non-responses (see Chapter Six for a full discussion of the redesign). This allowed for a much larger volume of data to be gathered which greatly assisted in the study's analysis. In the pilot study, of the 25 interviewees that participated, in response to, 'how would Lek feel?' seven interviewees did not give an answer (N_{pilot}=7; N_{female}=4; N_{male}=3). In the full-scale study, none of the interviewees gave a null answer to V1B.

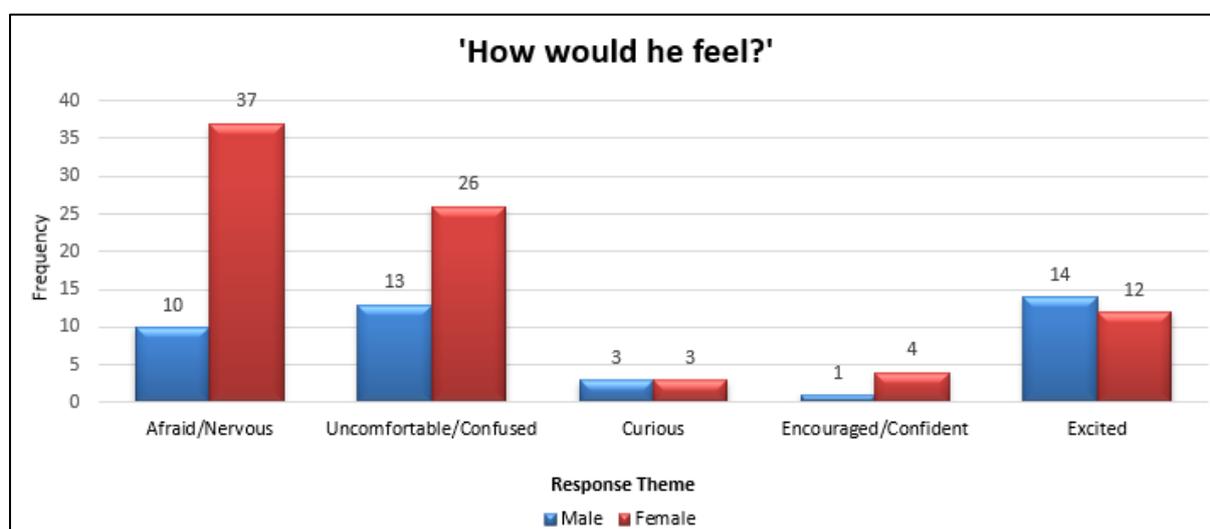


Figure 3: Responses to V1B 'How would he feel?'

The stronger emphasis on negative emotions from the women's responses tend to suggest that the women believed Lek felt pressured into the situation which resulted in feelings of apprehension. Whereas the men did not seem to associate peer pressure to Lek's motivations and as such there was a more even spread of positive emotions in the men's responses. Although the men in the sample stated Lek would feel nervous from venturing into the unknown, he was also excited by it too. The sample of responses to V1B 'how would he feel?' below illustrates this trend.

'Lek was already nervous from the thought of not having sex before. He was also afraid and did not know what to do with himself because he did not love Ploy.'
CNF34 (female aged 20; UniC)

'He's ashamed of being a 'virgin'.'
CNF37 (female aged 21; UniC)

'He felt nervous and afraid because he had never slept with a woman before.'
CNM5 (male aged 21; UniC)

'Worried, nervous and excited.'
CM5 (male aged 20; UniC)

'Mixed feeling of being nervous and excited.'
CM8 (male aged 19 UniC)

'He was worried that he might not be cool for not having experience with a woman. He was also excited.'
KF03 (female aged 21; UniA)

'He was so excited.'
KM02 (male aged 22; UniA)

'He was horny.'
KM10 (male aged 20; UniA)

The overall response trend indicated that Lek was apprehensive about being in this situation, which implied he felt something was wrong. This reflects dominant Thai narratives that deny young people's sexuality and stigmatises it as being inappropriate behaviour. Furthermore, within these dominant narratives, men are perceived as being 'naturally driven' by strong sexual urges which would account for the high number of responses stating Lek was also excited to be in this situation, even if it was not 'proper' by public Thai standards.

Due to the unique nature of Thai power structures to heavily monitor public displays whilst simultaneously ignoring private displays, the Vignette analysed if believing non-marital sex was 'wrong', was enough to stop the students from saying Lek would have non-marital sex. Based on the literature review my initial hypothesis was that although publicly the students may say non-marital sex is 'wrong', that privately they would believe non-marital sex was an acceptable part of young people's lives. To analyse if men's social scripts were constrained negatively by dominant Thai cultural narratives question V1C was a descriptive question that asked, 'what would he do? I chose a descriptive question over a contrast question — for example one that asked if it was better for Lek to go along with the situation or to say 'no' and walk away — as I wanted the interviewee to pick their options and let the study know what they would do, rather than the study suggesting a course of action. This proved to be an effective method as the students gave some options I had not considered. Consequently, this freedom in choosing their own response categories resulted in a range of 14 different courses of action. To better analyse the themes behind the impact dominant Thai narratives have on the social/sexual scripts of young people within this social setting, I will analyse the actions taken, then analyse the motivations behind these actions.

Four main trends emerged in response to the Vignette Scenario, reflecting the social dilemma the male character Lek was faced with — having to choose between being a 'gentleman' or a 'good' Thai man, and being a masculine 'man' that has a 'natural' appetite for sex. Instead of a yes or no outcome to Lek deciding on having sex with Ploy, the main themes were: Lek would have sex with Ploy/highly likely to have sex; Lek might have sex with Ploy; Lek would not have sex with Ploy; and responses that were not sure what Lek would do. The most popular response outcome for the women was that Lek would have sex with Ploy, or be very likely to accept Ploy's offer of sex (N=39), followed by a lesser amount of responses that Lek would not have sex with Ploy (N=14), several women stated Lek might have sex with Ploy (N=8), with some women being unsure as to what action Lek would take (N=2). A similar trend was observed with the men's response outcomes. The most popular response from the men was that Lek would have sex with Ploy, or was highly likely to accept Ploy's sexual advances (N=15), followed by several responses that stated Lek would not have sex with Ploy (N=7), the remaining responses for the men were spread evenly between stating Lek might have sex with Ploy (N=4), and those that were unsure what action Lek would take (N=4). See Figure 4 for a summary. The similarity in response trends for men and women implies that within this sample the men and women equally believe that dominant Thai cultural narratives expect a man to desire sex with a woman, even when he feels uncomfortable about it.

This pressure for men to engage in a sexual encounter makes young people vulnerable to matters such as HIV infection given young men appear to be focused on the social consequences of *not having sex*, rather than the possible medical consequences of *having sex*.

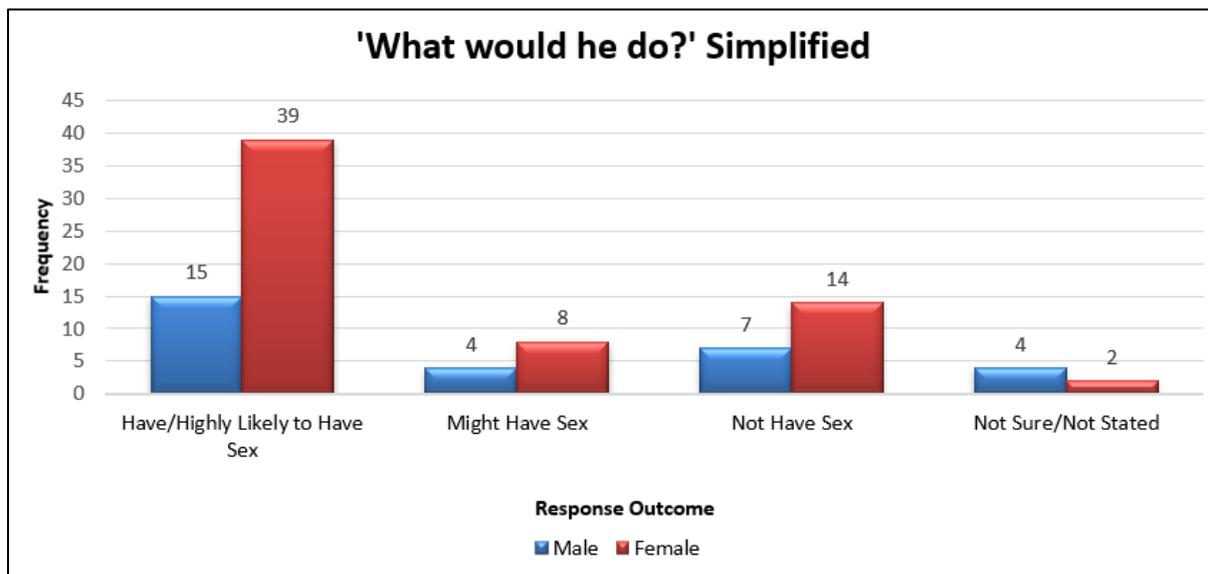


Figure 4: Responses to V1C ‘What would he do?’ – simplified

Analysing the overall response outcome themes has revealed that the men and women in this sample of students believe men have been socialised to be sexually active. To further analyse the extent to which dominant Thai narratives have shaped the social/sexual scripts of young people it is necessary to analyse the motivating factors behind these overall outcomes. The following section analyses the specific actions cited by the students — which I had grouped into the simplified response outcomes. Given this scenario was based on a male character I had expected more detail from the men. However, men and women tended to give an equal amount of detail. This suggests that the subject matter of the first Vignette Scenario was equally important to men and women. One of the response trends that stood out in the study was that only women cited peer pressure as a reason for Lek having sex, with six women citing peer pressure as a reason. This implies women were perhaps more aware of the pressures Thai society places on men to be sexually active. The following responses to, ‘what would he do?’, elaborate on this.

‘He went to Ploy’s room because he did not want to lose his face.’
CNF16 (female aged 21; UniC)

‘He would go along with the flow, along the social value. From what I see I think Lek would rather keep face than being a gentleman.’
CNF20 (female aged 20; UniC)

‘He would do as his friends wanted him to do.’
KF08 (female aged 21; UniA)

In addition to the peer pressure theme it is interesting that CNF20 has stated ‘keeping face’ was more important to Lek than being a ‘gentleman’. The latter aspect is another important Thai social construct more in keeping with the dominant cultural narrative that non-marital sex is inappropriate for respectable Thai men. The concept of being a ‘gentleman’ is strongly associated with the concept of a ‘good’ Thai man and includes politeness, self-confidence, out-going geniality, benevolence towards others, and being proficient in inter-personal communication (Thianthai, 2004:192).

Therefore, in this case for Lek, pleasing his immediate peers was more important to him than following the Thai cultural narrative that a 'gentleman' is polite, genial and benevolent towards others. Notwithstanding this broad social expectation Thianthai observed in her study of young people and gender roles in Thai society that, 'boys are encouraged to go out and enjoy experiencing the real world in order to become leaders. Nights out are a common social activity for males; they often involve drinking and visiting prostitutes' (Thianthai, 2004:193). Therefore, due to the sexual double standard of dominant Thai cultural narratives, men are often afforded more social/sexual flexibility with sex-outside-of-marriage.

The other significant gender-differentiated response category was stating that Lek would follow Ploy's lead and/or 'go along with the flow'. Although I clearly state in the scenario that Ploy is the one making the sexual advances, most men in the sample fail to acknowledge that in their responses, instead it is the women that state Lek is the passive one following Ploy's lead. For the response action category of Lek following Ploy's lead, or going along with the flow, only four men gave this response, compared to 19 women (this response was the most popular response for women). See Figure 5 for a summary. The preference for women to state that Lek would follow Ploy's lead in response to, 'what would he do?', is illustrated below:

'He would observe Ploy and would not do what is immoral'
CNF29 (female aged 20; UniC)

'Lek might go to Ploy's room. What happened after that [he] had to leave it to Ploy to manage it.'
CNF31 (female aged 20; UniC)

'He would go along with the flow. He would make himself so natural and try to have sex with Ploy.'
CNM5 (male aged 21; UniC)

'He would follow Ploy.'
CF3 (female aged 21; UniC)

'He would go along with the flow.'
KF03 (female aged 21; UniA)

The overall theme of these responses (or lack of it in the men's responses) reflects the bias hegemonic masculinity has on the men's social scripts. Given men are expected to be the dominant ones sexually under these constructs, it is evident in this sample that the men find it hard to create narratives that show the male character as being sexually passive to woman. Another strong expectation created by hegemonic masculinity is the essentialist narratives that construct men as 'naturally' being more sexual than women. This was also reflected in the responses.

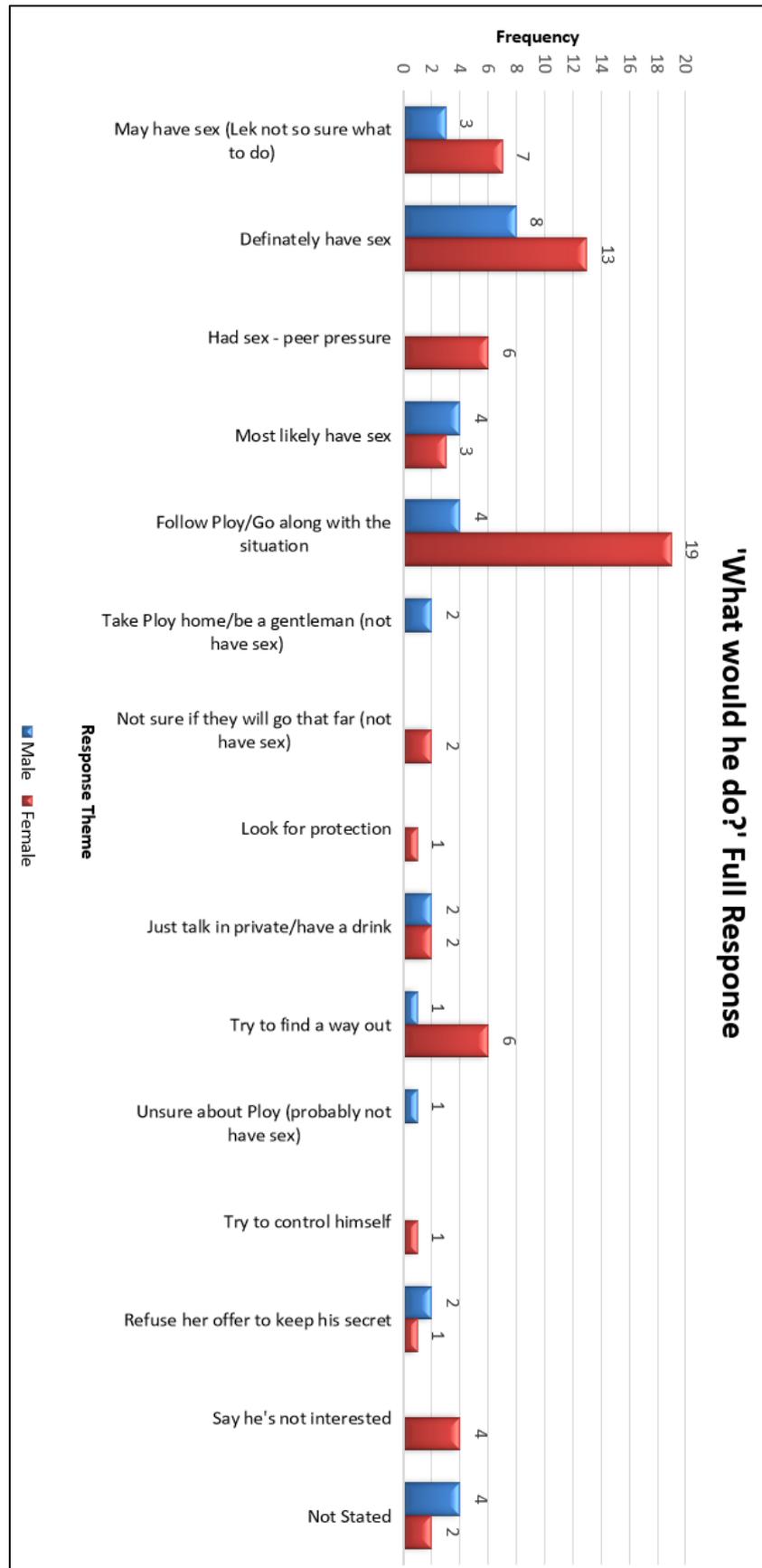


Figure 5: Responses to VIC 'What would he do?' – full responses

The essentialist nature of dominant Thai narratives tends to construct men as having a stronger sex drive than women, driven by primal instincts. This appeared to be reflected in the overall theme of the responses. For the men in the sample the most popular response action category was that Lek would definitely have sex with Ploy (N=8), this was also the second most popular response category for women (N=13). The way the men responded also shows that for them talking about sex is focused on physical aspects, and many of their responses are couched in slang terms. The contrasts in reasons and types of responses between men and women are evident in these responses stating Lek would have sex with Ploy:

'He might not refuse to have sex with Ploy, because it was natural that men wanted to have sex with women.'
CNF25 (female aged 21; UniC)

'He won't miss having sex with her.'
KF07 (female aged 21; UniA)

'He instantly did his job.'
KM01 (male aged 21; UniA)

'He would go to her room, behave himself before having sexual relationship.'
CNM7 (male aged 22; UniC)

'He would try to have sexual relationship for once.'
CNM10 (male aged 21; UniC)

'He would have sex with Ploy that night but it was not from love.'
CNF32 (female aged 20; UniC)

'Lek and Ploy had an opportunity to have sexual relationship in this environment. He would want to protect himself by using condoms or telling Ploy to go home.'
CNF34 (female aged 20; UniC)

'It did not matter if it did not cause any damage.'
KF02 (female aged 21; UniA)

Generally, the men tend to simply state Lek would have sex with Ploy, whereas the women's responses were almost conditional, stating he would have sex because of a reason. Reflecting dominant essentialist Thai narratives that men are driven to sex, the first two examples above from female interviewees CNF25 and KF07 both state Lek would not want to miss out on this opportunity, or rather his 'duty', with CNF25 stating 'because it was natural that men wanted to have sex with women'. Finally, the last two examples reflect dominant narratives that associate sexual health with the female body and being a woman's concern. The few responses that did refer to using contraceptives were delivered by women, not men. This further highlights the need for Thai SRH policy to focus more heavily on young men and encourage young men to include safer sex narratives in their own sexual scripts.

Using a descriptive question to ask the interviewees 'what would he do?', allowed the study to obtain a wide range of possible options. Another option given, mainly by the men was to take Ploy back to her room, then leave without having sex with her. Presumably this would help Lek 'keep face' with his friends as they saw him leave with Ploy. However, it is also possible that the men are also stating Lek would escort Ploy back to her room as he is being a 'gentleman' and making sure she got back safely. Although six women also stated Lek would try to find a way out, their answers were more focused on Lek trying to find a way out, without saying how. The following examples illustrate this trend:

'He would take her to her room and go home.'
KM10 (male aged 20; UniA)

'He would take her to her room and leave for home to help himself [Thai slang for masturbating].'
KM07 (male aged 21; UniA)

'He might sleep with her but no sex.'
CNM8 (male aged 22; UniC)

'He would try to get away and go home.'
KM09 (male aged 29; UniA)

'He would try to get out of the room politely.'
CF7 (female aged 19; UniC)

'He chose not to have sex with Ploy and tried to get a reason to go home or go somewhere else.'
CNF26 (female aged 21; UniC)

'He would try to get a reason not to go with her because she did not look trust worthy.'
CNF5 (female aged 21; UniC)

Reflecting the negative impact of hegemonic masculinity on young people, the following examples refer to the consumption of alcohol and questionable sexual practices. The men's responses tended to favour practices that made both partners vulnerable to harm. The response from male interviewee CNM9 (aged 21, UniC) states, 'he might start with having a drink until Ploy passed out. Then he could have sex with her without being so nervous.' This response is one where a face-to-face interview would have allowed me to ask an evaluative follow up question to see if the interviewee believed there was anything wrong, or perhaps illegal about that action. However, it is possible that in a face-to-face interview an interviewee may have not felt comfortable enough to give this response. It is concerning that in this case it was believed that because Lek was so nervous his only choice was to get Ploy so intoxicated that she passed out before he felt comfortable enough to have sex with her. This indicates that for a young man, feeling pressured into a situation, can have serious consequences for both partners. Coerced sex, especially during sexual debut has been noted as a serious concern for young people, and within Thailand, one that makes young people vulnerable to HIV (Kanchanachitra *et al.*, 2009:167). The need for alcohol to help build up courage is also cited by female interviewee CNF6 (aged 20, UniC) stating, 'he might leave early because he was so nervous and afraid. He also was not drunk yet.' In this case Lek did not have sex because he was not intoxicated. This also indicates the need for a holistic approach to school-based sexuality education. As part of a broader national SRH policy it is important for schools to integrate messages from other health programmes for young people, such as alcohol and drug awareness programmes with safer sex programmes.

Another example for the need of a holistic sex-positive approach to school-based sexuality education is the response from male interviewee KM05 (aged 21, UniA) which states Lek would, 'stop his petrol pump and remove it out before the first round.' Although couched in slang terms, it is evident he is referring to the 'withdrawal' or 'rhythm' method which involves not using any contraceptives and removing the penis before ejaculation. Given a significant amount of sperm is released before ejaculation this method does not prevent pregnancy, and more importantly with the HIV epidemic in Thailand, as no barrier protection is used, the chances of STI transmission are extremely high. This concern of some students engaging in unhealthy or risky sexual practices appears to be reflected in the broader Thai community. A 2017 review (UNICEF, 2017:34) of school-based Comprehensive Sexuality Education at Thai educational institutions found that, 'student interviews revealed potentially unhealthy or risky sexual practices, such as the use of emergency contraceptive pills on a nearly regular basis, or relying on the pull-out method as the sole method of pregnancy prevention.'

Therefore, to explore the impact of previous SRH policies — which tend to focus on commercial sex and condom use — the final question of the Vignette Scenario was aimed at testing the role, if any, of safer sex methods, namely the use of a condom, in a non-commercial, non-marital sexual encounter.

Despite dominant cultural narratives that deny non-marital sexuality, Thailand is internationally recognised as being a strong 'success case' in combatting both the global AIDS pandemic and the HIV epidemic via public health campaigns that focused on condom use (Chaivooth *et al.*, 2017:192; UNICEF, 2014:1; Hearst and Chen, 2004:39; Phoolchareon, 1998:1837). Notwithstanding this, these campaigns are primarily focused on the commercial sex trade, a rather marginalised section of Thai society (Thongthai and Sabaiying, 2009:215; Jackson, 2004:196, Bamber *et al.*, 1993:156). Therefore, given the cultural denial of non-marital sex amongst young Thais it was important to investigate if safer sex messages were part of young people's social scripts. The few qualitative studies conducted in Western nations, such as Australia, into non-commercial heterosexual sex show that men are averse to condom use (Flood, 2003:354). With widely circulating notions that condom use will 'kill the moment' and are like taking a 'shower in a raincoat' (Flood, 2003:359). To test if this was the case in my sample of students the final question, V1D was a descriptive question that asked, 'is either Ploy or Lek likely to have or use condoms?' Within the broader scope of the research questions this question was focused on analysing the impact SRH narratives have had on the student's social/sexual scripts. Namely, had condoms become associated primarily with commercial sex and not associated with non-commercial or 'casual sex'. In addition to this, the question was targeted at analysing the gendered nature of sexual health narratives to investigate if contraception was viewed as being a woman's concern or a man's concern. I had hypothesised that the female character, Ploy, would be assumed as providing the condoms, given dominant Thai narratives have embodied sexual health with the female body. Finally, this Vignette Scenario — based on a 'non-romance' based relationship — was designed to contrast with the second scenario which was based on a 'romance-based' relationship to allow for a comparative analysis of how condom use is perceived between the two types of relationships. Since there was no pre-existing trust between the two characters in this Vignette, I had hypothesised that condom use may be more likely in this context, compared to a romance-based relationship built around pre-existing trust.

The responses to the final question, V1D, 'is either Ploy or Lek likely to have or use condoms?', yielded a few themes, mainly, would condoms be used, and who was the one to have or get the condoms. I will start with analysing the overall outcome of whether condoms were used or not. The most popular response for the women was that yes condoms would be used (N=45), followed by a considerably smaller amount of responses that said condoms would not be used (N=14), and only a few women were unsure if condoms would be used (N=4). A similar trend was observed for the men, with most stating that condoms would be used (N=17), and a smaller amount stating either condoms would not be used (N=6), or that they were unsure if condoms would be used (N=7), making that the second most popular response for the men, compared to the women's responses. See Figure 6 for a summary. Overall, the response trends supported my earlier hypothesis that within a 'casual' or non-trust-based relationship, that condom use would likely be part of the students' social/sexual scripts, based on past SRH messages around condom use in sexual relationships outside of marriage. Although the no responses were less than the yes responses, there was still a considerable amount of no responses, approximately 20 percent of the responses for the men and women were responses that stated condoms would not be used. Furthermore, if the amount of maybe or unsure responses are included for the response trend this shows that approximately 56 percent of the men believed Lek and Ploy would definitely use condoms, compared to 71 percent of the women believing Lek and Ploy would definitely use condoms.

To further deconstruct these gendered responses it is necessary to analyse the reasons behind these outcomes. Therefore, the following section will analyse the full responses to the question 'is either Ploy or Lek likely to have or use condoms?'

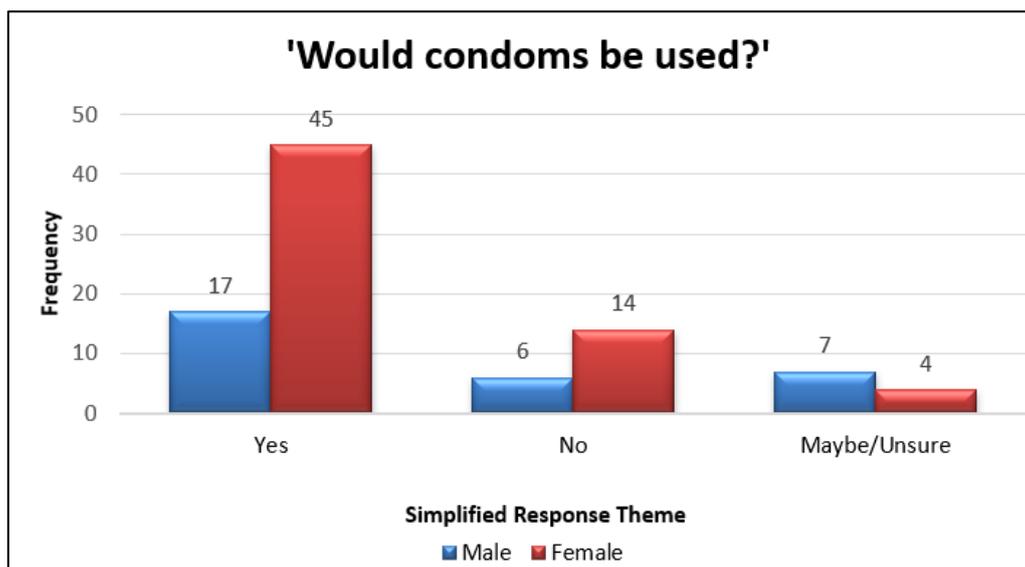


Figure 6: Simplified response themes to V1D 'Is either Ploy or Lek likely to have or use condoms?'

In relation to which character would be responsible for ensuring condoms were used, the responses were different between the men and the women in the sample. The most popular response for the women was that the female character, Ploy, would be the one likely to have condoms (N=28). Whereas for the men's responses it was not that clear who they thought would be responsible for the condoms. The men's most popular response was spread across a few categories: the female character, Ploy had the condoms (N=8); condoms would be used but the men did not state explicitly who had them (N=7); or that condoms might be used, but it was up to Ploy (N=5). See Figure 7 for a summary. The ambiguity in the men's responses, compared to the women's, suggests that for the men in this sample that the issue of who has condoms is not as well thought out for the men as it is for the women. Or it could be that the men in this sample were unsure as the woman in the scenario was the active one sexually in this scenario, which challenges hegemonic masculinity narratives for men's sexuality. Nevertheless, with the inclusion of the 'maybe, up to Ploy' responses, the overall theme of the men's responses tends to suggest they too attributed the responsibility of condom use to the woman, Ploy. The preference of respondents to state Ploy would supply the condoms tends to reflect dominant Thai narratives that associate responsibility for sexual health with women. However, it is also possible the interviewees stated Ploy had the condoms because the scenario set her up as the one initiating the sexual advance, in addition to Ploy being described as a 'modern looking woman'. Nevertheless, the responses do tend to support the notion that women seem to be the ones made responsible for sexual health. For example, many of the interviewees stated that Lek would not have condoms given he has never had sex before. Only a few interviewees from the study suggested that either Lek or Ploy would buy condoms if they did not already have them. This seems to support past studies that suggest young people, especially men, view condoms as a barrier to the spontaneity of a 'casual' sexual relationship (Flood, 2003: 361).

The following responses illustrate why Ploy was nominated as the one with the condoms:

'Lek might not have condoms but Ploy might. Both might use condoms if they had sexual relationship. Ploy seemed to be a person who thought that it was normal to have sex with someone she met for the first time.'
CNF19 (female aged 21; UniC)

'Ploy might have condoms judging from her offering. Lek might not have them because he had never slept with any woman before. This time they would use condoms because Ploy told him to.'
CNF13 (female aged 21; UniC)

'Yes, because Ploy seemed to know more about this matter.'
CNM10 (male aged 21; UniC)

'Ploy has condoms. Lek hasn't had condoms because he has never had sex. Ploy would tell Lek to use condoms.'
CM1 (male aged 20; UniC)

'They might both have them already, or stop on the way to buy them.'
CNF11 (female aged 20; UniC)

The overall theme from the above responses tends to suggest that because Ploy was the one to initiate the sexual encounter, the students in the sample believe she would already be prepared and have condoms, or at the very least have the negotiating power to ensure condoms are used. My initial hypothesis that the term 'modern looking' might lead to self-stigma from the female interviewees was not supported by the responses in this study. Rather this sample of students described Ploy as being organised and responsible in terms of ensuring a condom was used. Moreover, the responses given imply that safer sex education messages focused on HIV prevention and the use of barrier protection — namely condoms — have had a significant impact on this group of students. It appears that within these private narratives that the students in this sample have assigned a protective factor to a woman having sexual health knowledge, and positively value such knowledge. This is at odds with dominant Thai cultural narratives that prescribe a woman should be sexually inexperienced. However, given it exists within the private realm, rather than the public realm, this belief does not appear to have been challenged. Such inner private narratives are promising for future SRH policies and might be utilised in future programmes by using private networks, such as social media platforms, to set up discussion boards and forums and so forth to provide accurate sexual health advice to young people.

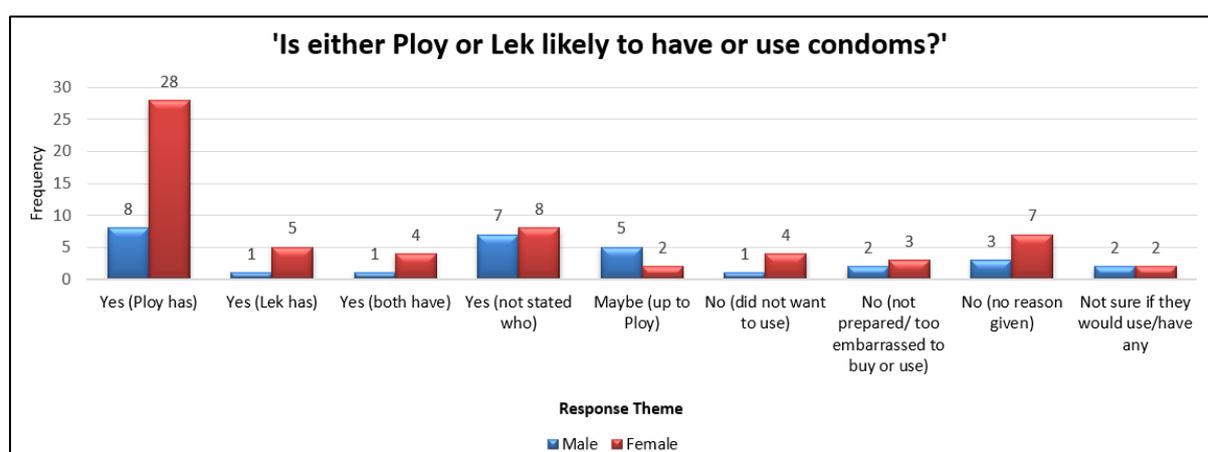


Figure 7: Full response themes to V1D 'Is either Ploy or Lek likely to have or use condoms'

To further explore the relationship between the social/sexual scripts of these students and sexual health narratives around condoms for HIV prevention, it is necessary to analyse the motivation behind the condom use in this scenario. In Flood's Australian study of the use (or rather non-use) of condoms amongst heterosexual men in a non-marital, non-commercial sexual relationship, he found that the main concern for contraceptive use was to prevent unplanned pregnancy rather than barrier protection to STI (Flood, 2003:357). Unlike in Thailand the HIV epidemic in Australia is heavily associated with the homosexual population, and most heterosexual men in Australia believe their grouping to be HIV-free (Flood, 2003:363). Therefore, in Australia men tend to rely on women using the contraceptive pill to prevent unplanned pregnancy, rather than men using a condom (Flood, 2003:357). However, in Thailand the general population acknowledges, albeit in a rather limited manner, that heterosexual people are vulnerable to HIV infection through their long exposure to public health campaigns about the 'dangers' of non-marital sex (Kittisuksathit & Guest, 2009:115; Thongpriwan & McElmurry, 2009). Thus, in the case of this scenario being centred around a 'casual' or non-romance-based relationship, use of a condom is perceived as acceptable, and important as a barrier to contracting an STI, as demonstrated in the sample of responses below:

'Yes, because it was a relationship with a stranger as a one-night stand.'
CNF33 (female aged 21; UniC)

'They would use condoms because they had just met for the first time. They had not known each other before. Both would be certainly afraid of catching some disease.'
CNF2 (female aged 21; UniC)

'Ploy would have condoms because she seemed to be skilful in catching a man. I think that Ploy would get Lek to use condoms for safety and not be bound.'
CNM5 (male aged 21; UniC)

'Yes, because Lek has never slept with anyone before. He may be afraid of catching some disease.'
KF06 (female aged 21; UniA)

'They might not have condoms. However, for people who were about to have sex for the first time would worry about something might go wrong. Then they would have to go to buy condoms.'
KM10 (male aged 20; UniA)

The above responses reflect a negative theme around the risks of non-marital sex. The terms 'scared' and 'afraid' are used frequently in these responses around safer sex, reflecting the sex-negative approach of previous SRH campaigns in Thailand. These negative themes are also centred around preventing the spread of HIV and other STI. Given there is still a strong amount of stigma attached to people with HIV or other STI, this would explain the negative theme. Furthermore, the motivation behind condom use in this Vignette Scenario contrasts to the reasons cited in the other Vignette Scenario — with the second scenario citing condom use for preventing unplanned pregnancy, rather than as a barrier protection against STI. Thus, it would appear from the negative theme of these responses that the students' social/sexual scripts have been permeated by sex-negative health pragmatist narratives from Thailand's existing SRH policies. Notwithstanding this negative theme to these safer sex narratives, it is still promising to identify that safer sex messages have become part of the everyday social scripts for this type of sexual relationship, within this sample of students.

Another concern was that there was a significant, although much smaller number of students that said condoms would not be used. The main theme to emerge from these responses was that condoms were not used because Lek was not prepared for such an encounter and did not possess the appropriate skills/knowledge to negotiate condom use. This is reflected in the response from female interviewee KF05 (age not given, UniA), 'he did not carry them because he did not think much about sex. They did not use condoms.' This sentiment was shared by some of the men, with KM09 (aged 29,

UniA) stating, 'Lek did not have condoms because he was studious. If they did not have them they would not use them.' The interesting theme that follows is that while Lek did not have them due to being unprepared, it was very rare for the students in my samples to state that he would simply buy some on the way to Ploy's hotel room. Instead, as the responses below demonstrate, Lek did not have condoms and was not prepared to go buy them.

'They might not have condoms. If they both have morals they would buy them. On the other hand, they might be too embarrassed to buy them.'
CM6 (male aged 21; UniC)

'They did not have condoms because they both would not stop to think about using condoms.'
CNF24 (female aged 21; UniC)

'Lek may not have condoms and [neither] does Ploy. They may not use condoms because Lek was afraid that he might not know how to use them.'
CNF42 (female aged 20; UniC)

'If they let their feeling guide then may not use condoms. Nevertheless this was their first time, they may be scared so they may use condoms.'
CNF33 (female aged 21; UniC)

Overall, the responses given to all four questions in the first Vignette Scenario have shown that both men and women in the student samples gave similar courses of action for the male character Lek, in response to sexual advances from the female character Ploy. Namely, that Lek, although feeling apprehensive about the situation, albeit with a hint of excitement, accepted Ploy's offer of sex as he felt obliged to do so, given he was a man. In summary when it came to Lek deciding if he would or would not accept Ploy's sexual advances, the main concern for Lek was considering the social risk of saying 'no' or 'yes' to her offer, rather than physical risks. Whilst the actions taken in this scenario were relatively similar for both men and women, the reasons behind these actions were in some cases highly gender-differentiated. This was evident with peer-pressure as a reason for Lek accepting Ploy's offer of sex being cited mostly by women. Whereas the men gave trying something new as the reason for Lek accepting Ploy's sexual advances. Based on these findings it appears that men and women place equal value on sexual health and sexual relationships. Therefore, as part of a broader SRH policy targeted at young people, school-based sexuality education programmes may be designed to be delivered to mixed classes of boys and girls. However, there are some aspects that should be designed to be especially targeted at men's or women's concerns. This could include a focus such as educating male students more on the impact peer-pressure can have on decision making, and further educating young men about condom use being a shared responsibility.

Concluding Remarks

Based on the results from both Vignette Scenarios — analysed in this chapter and the previous chapter — despite the taboos placed on sex-outside-of-marriage by dominant Thai narratives, in private, young people do not deny the existence of sex-outside-of-marriage. Moreover, while dominant Thai cultural narratives have significantly stigmatised young people's sexuality as being 'unhealthy' and 'un-Thai', the findings from the Vignettes are encouraging, and suggest possible strategies for future SRH policies to accommodate the Thai culture of silence around sexuality. By using Vignette Scenarios to supplement the short and extended-answer questions in my study I could obtain a 'snap-shot' of how young Thais construct their own social/sexual scripts regarding their sexuality and non-marital sex in a non-commercial setting. By allowing the sample of students to create a narrative around fictional characters, rather than having to recite their own past personal experiences, they could discuss Thai sexuality without directly making their own experiences public. Consequently, the responses obtained from the Vignettes contrasted with those analysed in the Chapter Five. When asking the students to reflect on what they believe Thai society expects of them, the majority response was that sex-outside-of-marriage was wrong and that 'good' Tertiary students do not have sex. In Chapter Five, question 16 asked, 'should universities have condom dispensers in their toilets?' and most students in my study said, 'no', universities should not have condom dispensers on campus. However, in response to the Vignette Scenarios, most students responded by stating that the fictional characters (university aged young Thais) would engage in non-marital sex.

The students appeared to accept non-marital sexuality in their private discourses. However, their narratives around sex-outside-of-marriage in both scenarios tended to include negative emotions. For both scenarios, the majority response was that, despite feeling apprehensive about the situation they were in, the characters in both scenarios still went ahead with engaging in a sexual encounter. This apprehension suggests that the characters in the scenarios felt they were under pressure to conform to an expected type of behaviour. In the first scenario, the male character Lek felt he had to accept the female character Ploy's offer of sex since that is what was expected of a 'proper' Thai man. Furthermore, the women in the sample tended to be more aware of the cultural pressures on men to be sexually active, or at least more vocal about the matter. Highlighted by women being the ones to cite peer-pressure as a motivation for Lek having sex with Ploy. Likewise, the responses in the second scenario appeared to be influenced by the dominant modern Thai narrative that women are sexually passive to men. When asked how would the female character Noy feel about her boyfriend Yai's request for sex, especially with his apprehension towards condom use, all the students responded by saying Ploy would be experiencing negative emotions, except for two women who gave neutral emotional responses. Despite Noy feeling apprehensive, the most common response was that Noy would have sex with Yai. Therefore, future SRH policies should devote more time to address this issue of young people feeling pressured into their first sexual encounter, and work towards ways of helping young Thais understand and interpret their feelings more when it comes to sexual development.

The first scenario that dealt with a 'casual' or non-trust-based relationship, revealed that even outside of a commercial sexual setting, condom use is still considered highly relevant. However, it appears from my sample of students, that preventing unplanned pregnancy was the main motivator for condom use rather than HIV, despite Thailand's decades of SRH campaigns centred on HIV prevention. This was also the case with the responses to condom use in the second scenario based around a 'romance' or trust-based relationship, with unplanned pregnancy also being cited as the main reason behind condom use rather than STI prevention. Although the reasons for using a condom were similar between the two scenarios, the reasons for not using a condom were different between

the two Vignettes. In the first scenario, of the small number of students that responded by saying neither Lek nor Ploy were likely to use condoms, the main reason given for why was because Lek was not prepared for such a situation. Furthermore, once the encounter happened, they were not willing to interrupt it by taking time-out to go and buy condoms. In the second scenario, not being prepared was not given as a reason for not using condoms. Instead trust or keeping the boyfriend happy appeared to be the reason for not using condoms.

In terms of implementing a comprehensive SRH policy for young people, the most significant finding from the two Vignette Scenarios was that perceived social risk was the most important motivating factor for young people when deciding on what to do. In some cases it was more important than perceived medical/physical risks. In the first scenario, with the small number of students that said Lek would have unprotected sex with Ploy, 'keeping face' with his friends was much more important to him than any potential physical health issues. Among the popular responses for what Lek would be thinking about when deciding if he should have sex with Lek, peer-pressure was a response favoured by women. However, curiosity was a response typically given by men, and concerns about unplanned pregnancy or STI transmission did not rate highly for men or women. This contrasted to responses in the second scenario which featured unplanned pregnancy and STI transmission as a key concern for the female character Noy deciding if she would accept her boyfriend's request to commence a sexual relationship within their already established romance-based relationship. This appeared to be of equal concern for men and women. However, one response that was given much more by men, was that Yai's apprehension towards condom use suggested he might be HIV positive and was not concerned about the possibility of spreading HIV. This focus on a man putting his sexual needs above that of a woman reflects dominant Thai narratives that privilege men's sexuality over women. This uneven distribution of sexual power should be addressed in future SRH policies.

Finally, despite the barriers dominant Thai cultural narratives have presented to sexual health messages for young Thais, the findings from the Vignette Scenarios did reveal some potential areas in which these barriers can be accommodated. In private discourse, non-marital sex appears to be accepted as part of young people's social scripts as demonstrated throughout this chapter, and the previous chapter. In public, women are expected to be sexually naïve to be perceived as being 'good' Thai citizens. Whereas in private, it appears from my sample of students that it is expected that both young men and women possess sexual knowledge as part of being responsible Thai citizens. I had initially hypothesised that using the term 'modern looking' to describe the female character Ploy in scenario one would lead to self-stigma in student responses. However, this was not the case and students did not describe her in an overly stigmatic way. It appears that for a young Thai woman, being knowledgeable about sex was an acceptable thing within private discourses, and that it had a protective factor, such as knowing to use condoms. Therefore, this can be utilised to assist future SRH policies for young people.

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'... [Thai] sexuality education currently emphasizes contraception, sexual anatomy and STI/HIV prevention, mostly in order to address the issue of teenage pregnancy, the Ministry of Education should revise relevant policies to broaden the goals of sexuality education and solve and prevent problems at their source. Emphasis should be placed on teaching about gender, sexual rights, societal power structures, respect for the rights of others and having attitudes that support gender equality and gender/sexual diversity.

The United Nations Children's Fund (UNICEF, 2017)

CHAPTER EIGHT

Vulnerability, a Matter of Perspective: Young people's sexuality and Thai SRH policy

Dominant Thai cultural narratives deny the existence of sex-outside-of-marriage, in a non-commercial setting, especially for young people, and as such tends to silence public discourse on sexual health matters. Therefore, to effectively implement culturally appropriate, yet comprehensive, Sexual and Reproductive Health (SRH) policy in Thailand it is necessary to deconstruct the gendered-agenda of the Thai State to find ways of accommodating the Thai culture of silence towards sex-outside-of-marriage. Therefore, a large portion of my 2010 study was targeted towards deconstructing the cultural barriers towards publicly discussing sexual health, and more specifically the sexuality of young people in relation to sex-outside-of-marriage. Moreover, the analytical scope of this study was focused on sexual health beyond a commercial sexual setting. What I have previously referred to as non-commercial heterosexual non-marital sex (NHNS).³⁵ This chapter will continue the analysis of the 2010 study from the preceding chapters, with a specific focus on the extended-answer responses that address the main research question of this thesis — to investigate if dominant Thai cultural narratives are providing the most significant barrier to contemporary SRH policies aimed at young people in Thailand. And within the scope of this analysis, to what extent have these dominant narratives shaped the social/sexual scripts of the young people in my study, and do these narratives make them vulnerable to HIV infection and other associated sexual health 'risks'.

Most SRH policies in Thailand are modelled on Western concepts of informed decision making in terms of rational choice when it comes to choosing to pursue safer sex practices. (Harrison and Hillier, 1999; IATT, 2008; Nimkannon, 2006; Hillier *et al.*, 1998). Moreover, these concepts are applied to the individual actor, removed from social context, and as such tend to assume equal bargaining power between sexual partners. Therefore, these assumptions severely constrain the effectiveness of Thai SRH policies given this is not the case in Thailand, which is a communal culture, and men enjoy much more sexual freedom than women. Although there have been recent efforts, since 2016, for Thai educational institutions to address some of these issues through newly introduced school-based Comprehensive Sexuality Education (CSE), there are still several cultural barriers to overcome (UNICEF, 2017). The United Nations Children's Fund (UNICEF) observed that in relation to the effectiveness of CSE in Thai schools, 'there are important gaps in the coverage of topics related to gender, power, sexual rights, equality and sexual or gender diversity, all of which are considered key CSE topics' (UNICEF, 2017:39). With the review concluding that these significant gaps, 'might help to explain why Thai students still face significant challenges in applying what they learn to their own lives as well as why the rates of teenage pregnancy and [Sexually Transmitted Infections] STI/HIV incidence have remained high among Thai youth' (UNICEF, 2017:39). The same modern Thai narratives that restrict the normative sexuality of women to within marriage and reproduction also positively

³⁵ See Chapter Five of this thesis for a detailed summary of the research design of my study. Furthermore, I have constructed the term NHNS to differentiate my research from the majority of SRH research that exclusively focuses on commercial sex or homosexual relations as a non-normative sexuality.

associate desirable masculine traits with a perceived voracious and 'naturally' higher sex drive for men. Furthermore, the public expression of sex-outside-of-marriage for men is not as heavily policed as that of women (Ounjit, 2010:115; Thongpriwan and McElmurry, 2009:884; Harrison, 1999:169). Moreover, under these dominant narratives a Thai woman is recognised as 'good' if she is sexually inexperienced and naïve about sexual matters (Ounjit, 2010:115; Thianthai, 2004:192; Vuttanont *et al.*, 2006:2069). In contrast, if women exhibit signs of being sexually aware or sexually active, they will be stigmatised as promiscuous and 'bad' (Supametaporn *et al.*, 2010:743; Thianthai, 2004:190,195). Therefore, these dominant cultural narratives appear to present a significant barrier to effective SRH policy in Thailand. However, by understanding how these narratives are generated/maintained, and how they impact on men and women, it should be possible for policy makers to find ways to accommodate these barriers. Through such an understanding it might be possible for future SRH policies to be designed to better accommodate these barriers and make such policies both culturally appropriate, and effective in promoting better sexual health.

The Nature of Desire: Deconstructing the essentialist Thai State

Under dominant Thai cultural narratives women's active sexuality is dismissed and denied. Moreover, the public expression of that sexuality, especially outside of marriage, is strongly condemned (Ounjit, 2010:115). At the same time these narratives positively value, and often promote a voracious sexuality for men, even outside of marriage (Supametaporn *et al.*, 2010:743; Harrison, 1999:169; Thongpriwan and McElmurry, 2009:884). To further deconstruct the gendered-agenda of the Thai State it was necessary to investigate how much these essentialist narratives had permeated the social/sexual scripts of the young people in my study. This analysis was focused onto how these students perceived what it is to be a good Thai citizen in terms of sexuality and sexual health within the context of Thailand's current SRH policies.

To test for the presence of essentialist narratives within the students' social/sexual scripts question 7 asked, 'do men have stronger sexual desires than women?' The most popular response for the men and women in this sample was 'yes, men do have stronger sexual desires than women' ($N_{\text{female}}=52$, $N_{\text{male}}=14$). However, the spread between that response and other responses, such as 'no, men do not have stronger sexual desires than women', or 'not always', or 'maybe' was different between the women's responses and men's responses. For the women, the 'yes' response made up approximately 83 percent of their overall responses. Whereas for the men the 'yes' response was approximately 47 percent. This suggests that social/sexual scripts of the women in this sample were more permeated by essentialist narratives than that of the men. The overall trend for the women's responses greatly favoured the 'yes' response ($N=52$), whereas the other responses rated much lower in popularity — only a couple stated that 'no, men do not have stronger sexual desires than women' ($N=2$), a few said, 'not always' ($N=4$), and some said, 'maybe' ($N=5$). Instead, for the men in this sample, following the 'yes' response ($N=14$), the remaining responses were distributed between, 'no, men do not have stronger sexual desires than women' ($N=7$), or 'not always' ($N=5$), or 'maybe' ($N=4$). See Figure 1 for a summary. Even amongst the responses that said men did not have stronger sexual desires than women, there was still an undertone that it was not appropriate for women to express their sexuality as much as men. This trend reflected the dominant cultural stigma against women's sexuality, as shown in the following examples:

'No, but men can express more than women.'
CNM5 (male aged 21, UniC, convenience sample)

'Men might not have more but women might express less.'
CNM1 (male aged 21, UniC, convenience sample)

'Maybe. Women may also have sexual desire but they are more reserved than men.'
 CNF19 (female aged 21, UniC, convenience sample)

'They should have equally but women can control better.'
 CF9 (female aged 20, UniC, snowball sample)

Overall, within this sample of students their social/sexual scripts acknowledge that men are afforded much more flexibility to express their sexual desire compared to women. Therefore, this gender-differentiated trend should be accounted for in future SRH programmes, and perhaps tailor narratives within these programmes to help counter these essentialist narratives. By labelling men's stronger sexuality as being natural, or a social given, then young people would be less likely to believe in behaviour modifying strategies, such as promoting safer sex practices.

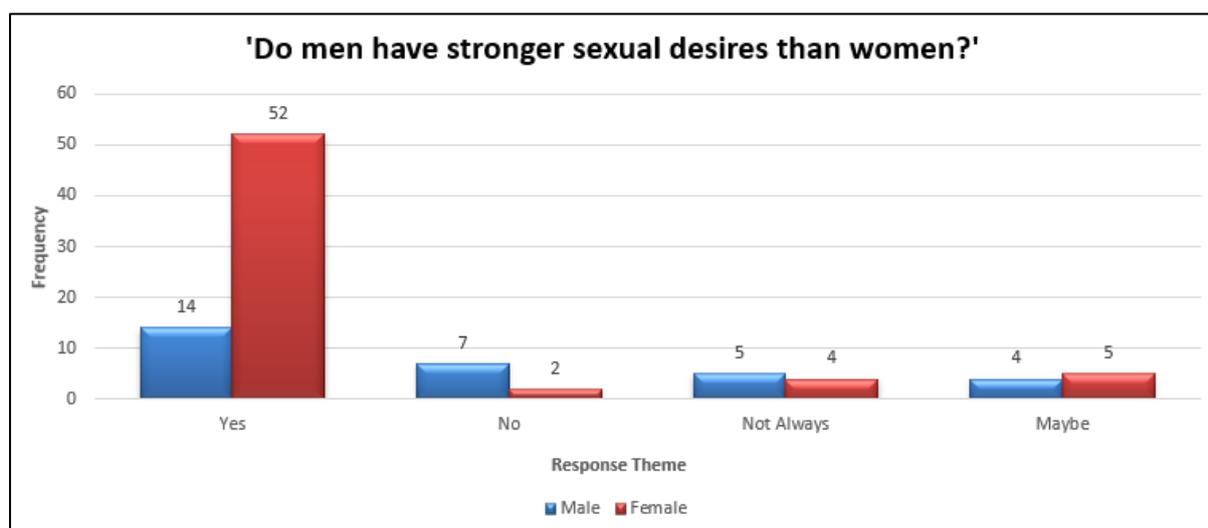


Figure 1: Responses to question 7 'Do men have stronger sexual desires than women?'

To further explore the gendered-nature of essentialist narratives, the study followed up with question 8 that asked, 'is it appropriate for a man to have sexual desires?' During the analysis of these responses two distinct yes categories emerged, those that just replied with 'yes, it is appropriate', and those that elaborated further and said, 'yes, it is appropriate because it's natural'. Therefore the 'yes' responses have been coded separately. Dominant Thai narratives do not outright condemn the public expression of sexuality for men as it does for women (Thianthai, 2004:192). Therefore, I had predicted that the most popular response would be, 'yes, it is appropriate for a man to have sexual desires.' As predicted, the most popular response for men and women was a 'yes' response. However, there were some slight variations in the other responses between the men and women. For the men in the sample, the main response was that, 'yes, it was appropriate...' ($N_{\text{yes}}=20$, $N_{\text{yes, it's natural}}=7$), with a few men stating, 'maybe, it depends on how they express their sexual desires' ($N=3$). No men stated that it was not appropriate for a man to have sexual desires. Whereas for the women, this was not the case. Following the responses of 'yes, it was appropriate...' ($N_{\text{yes}}=38$, $N_{\text{yes, it's natural}}=15$), a few women stated, 'maybe, it depends on how they express their sexual desires' ($N=5$), followed by a few that stated, 'no, it was not appropriate...' ($N=3$) or that they could not say because it was a 'natural' issue ($N=2$).

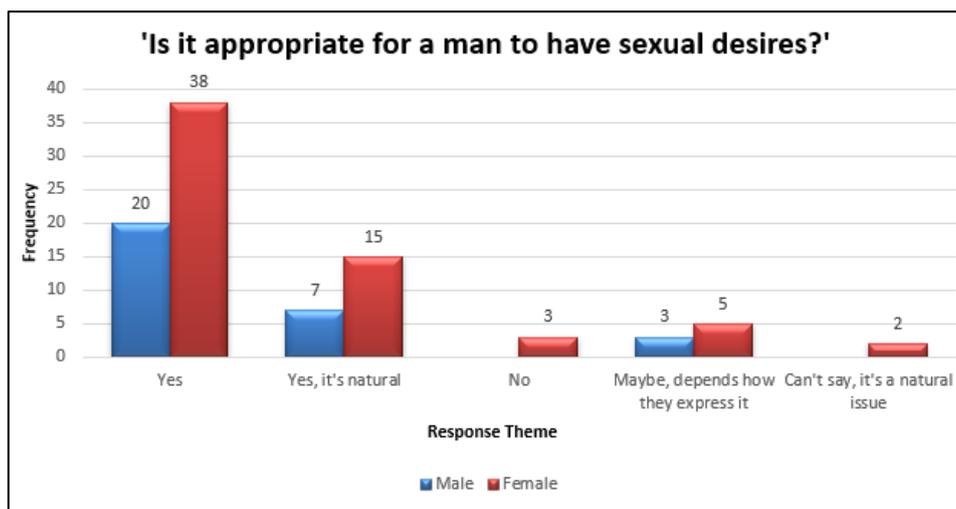


Figure 2: Responses to question 8 'Is it appropriate for a man to have sexual desires?'

In addition to the essentialist theme of sexual desires being a natural drive, there was also a strong theme of needing to control one's sexual desires to avoid 'harm'. This reflects the narratives typically found in school-based sexuality education programmes. These programmes are informed by a health pragmatist policy approach, usually dominated by essentialist narratives, which view sexual activity as a 'risky' act, that must be regulated and controlled (Ingham, 2005:381). This fixation on regulating sexuality reflects essentialist assumptions that sexuality is an innate, fixed and biologically determined drive or 'instinct' that is for the most part independent of social structures and needs to be managed or suppressed to avoid 'harmful' or 'anti-social' behaviour (Carr, 1999:5). These themes are reflected in the following sample of responses to the question, 'is it appropriate for a man to have sexual desires?':

'It is appropriate because it is normal. A man's body was made that way.'
CNF24 (female aged 21, UniC)

'It is appropriate but has to be controlled to be at the right moment, not just having an urge and going to rape other people.'
CNF40 (female aged 21, UniC)

'If they can control it, it would be good.'
CM1 (male aged 20, UniC)

'Appropriate. It is natural. If they don't have sexual desires, it will be strange.'
CM8 (male aged 19, UniC)

'It depends on how they express their sexual desire, and not to make trouble to others.'
KF10 (female aged 21, UniA)

'It is appropriate because it is natural. (It is appropriate to have with someone we love.)'
KM08 (male aged 21, UniA)

To explore if these essentialist themes were associated solely to men's sexuality, question 8 was followed up by question 9a which asked, 'is it appropriate for a woman to have sexual desires?' Based on the double standard of dominant Thai narratives to positively value men's active sexuality and deny and condemn women's sexuality, I had hypothesised that the overall response to this question would be 'no'.

However, the overall response theme to question 9a reflected that of question 8, and suggested that within this sample of students, that young men and women believe it is equally appropriate for men and women to have sexual desires, provided they control it and express it within the appropriate context. With the appropriate context typically being defined by the students as being within a 'loving' relationship. For the women the most popular response was 'yes' ($N_{\text{yes}}=38$, $N_{\text{yes, it's natural}}=13$), followed by several saying 'no' ($N=6$), a few stating 'maybe, depends on how they express it' ($N=4$), and a couple stating they could not say as it is a natural issue ($N=2$). The men's responses followed a similar trend to the women's responses, with the most popular response being 'yes' ($N_{\text{yes}}=22$, $N_{\text{yes, it's natural}}=4$), followed by a few saying 'no' ($N=3$), and one stating 'maybe, depends on how they express it' ($N=1$). See Figure 3 for a summary. There was slight variation in the men's responses between the appropriateness of men's and women's sexual desire. The three 'no' responses from the men to question 9a — 'Is it appropriate for a woman to have sexual desires?' — were not present in their responses to question 8 — 'Is it appropriate for a man to have sexual desires?' — suggesting for this smaller group of men in the sample that they believe it is more appropriate for a man to have sexual desire than a woman. However, the overall response trends for men and women suggest that, within this sample, young men and women believe it is equally appropriate for men and women to have sexual desires, provided they control it and express it within the appropriate context. This trend is illustrated in the following sample of responses to question 9a, 'is it appropriate for a woman to have sexual desires?'

'[If] it is proper or not depends on how women express it. Otherwise it should mostly be based on love.'
CNF19 (female aged 21, UniC)

'It is normal. Everyone has sexual desire.'
CNF11 (female aged 20, UniC)

'It is natural for all human beings.'
CNF13 (female aged 21, UniC)

'Woman can control their desire better than men so there are no problems.'
CNF25 (female aged 21, UniC)

'It is natural so it can not be judged if it is appropriate.' Note she also said this for men 'I can not say if it is appropriate because it is a natural mechanism.'
CF4 (female aged 21, UniC)

'It is normal but [women] should not express it.'
KF05 (male, age not given, UniA)

'It is proper but has to be after marriage.'
CF1 (female aged 21, UniC)

'It is normal thing as for men.'
CM5 (male aged 20, UniC)

'They can have it. It is nothing wrong.'
CM6 (male aged 21, UniC)

'It is the same as the previous answer has to be with someone they love.'
KM08 (male aged 21, UniA)

The above responses to question 9a share similar elements to the responses to question 8, stating sexual desire is appropriate providing it is controlled and expressed for appropriate reasons, such as within a 'loving' relationship. The equal acceptance of expressing one's sexual desire for men and women (at least within the private narratives of young people) is promising for future SRH policies in

Thailand. This implies that if sexuality education policies were to include narratives of desire it could be equally targeted at men and women. However, within the context of dominant Thai cultural narratives silencing public discourse on sexuality, narratives that focused on desire would most likely have to be contained within private narratives, such as online material that was not perceived as being part of an official State narrative, such as a school-based programme. An appropriate forum perhaps would be an online webpage run by a non-government organisation (NGO) for young people.

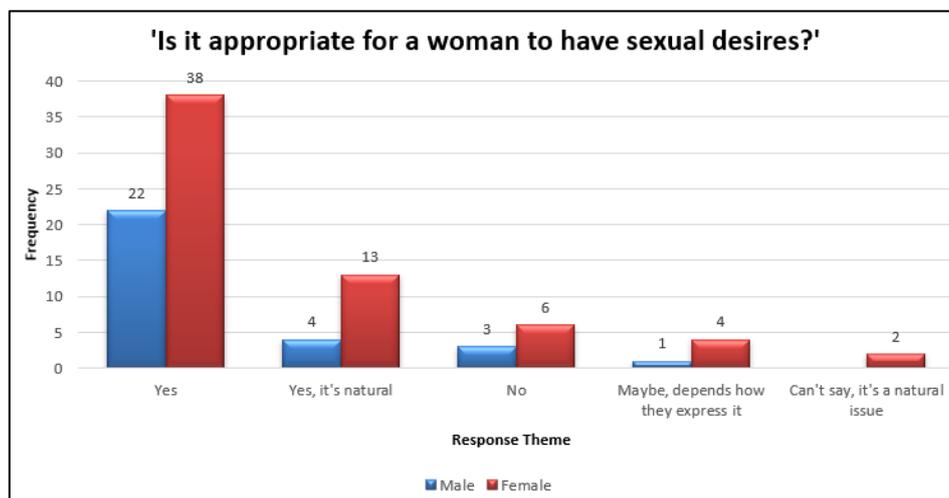


Figure 3: Responses to Question 9a 'Is it appropriate for a woman to have sexual desires?'

Part of the overall study was to analyse the extent to which dominant Thai cultural narratives have shaped the social/sexual scripts of the young people in my study, and if these narratives made them vulnerable to HIV infection and other associated sexual health 'risks'. Therefore, it was necessary to deconstruct the origin of these dominant Thai cultural narratives, and identify where young people believe they learnt their social/sexual values from. Consequently, question 9a was followed up with question 9b which asked, 'where do you think people learn these values from? After conducting the study it appears the wording of question 9b was ambiguous and instead should have been more specific, for example asking, 'when it comes to expressing sexuality where do you think people learn these values from?' This seemed to be supported by the difference in response trends between the sub-groups of students within my combined sample. The Anthropology students, sourced via the convenience sample appeared to have no issues with answering question 9b. Whereas, several of the Law and Interior Design students, sourced via snowball sampling appeared to have trouble with the question. With 'not sure' or 'I don't understand the question' being one of the most popular responses from the snowball sample (N=11; N_{female}=6, N_{male}=5). This 'unsure' response might be a reflection of the ability of the Anthropology students to comprehend sociological questions more readily than their study counterparts, and/or being more socially aware.

Notwithstanding the 'unsure' responses from 11 of the students in the sample (out of a sample of 93) the overall response themes revealed that that young people build and maintain their social/sexual identity from a broad array of sources, and that the type of source is gender-differentiated. For the women in the sample, the top four most popular response categories for where they think people learn about the appropriateness of expressing one's sexual desire were: they learn it from the media and/or internet (N=11); from friends (N=11); from personal experience and observation of others (N=11); and from movies and/or novels (N=8). The popularity of the internet and friends as sources for sexual information has been observed outside of this study too. A 2017 review of CSE in Thai educational institutions found that amongst their sample of students, that approximately 90 percent of the students surveyed accessed online information regarding sexuality,

and approximately 43 percent obtained this information from their friends (UNICEF, 2017:34). Moreover, the study stated that there was a concern that these sources might contain incorrect information, especially in relation to contraception. This incorrect information might lead to unhealthy or risky sexual practices, with significant long-term health consequences, such as frequent use of the emergency contraceptive pill or relying on the ‘pull-out’ method (UNICEF, 2017:35). Such practices make young people highly vulnerable to HIV infection and other STI. However, this reliance differed for the men in my sample, their most popular response categories were grouped around three clusters: they learnt it from personal experience and observation of others (N=12); from their family (N=8); and from schools (N=7). See Figure 4 for a summary. These results suggest, that within this sample, that although women and men obtain their social/sexual scripts from similar sources, their reliance on these sources differs. In addition to relying on personal experience and observation of others (which was equally popular for men and women), women tended to rely more on friends, the media, internet and movies/literature, whereas men tended to rely more on the family and State institutions, namely schools (both government schools and Buddhist temples). Therefore, when it comes to making future SRH policies better for young people, policy makers should be mindful that the social/sexual scripts of young men and women — at least within this demographic of sampled tertiary students — are influenced from different sources. As such, a possible method in which future SRH policies could enhance their efficiency, could be to accommodate this gender-differentiation, and deliver messages via gender-appropriate mediums to maximise efficiency. This would be different to the current methods which tend to favour gender-blind applications of universal content to men and women.

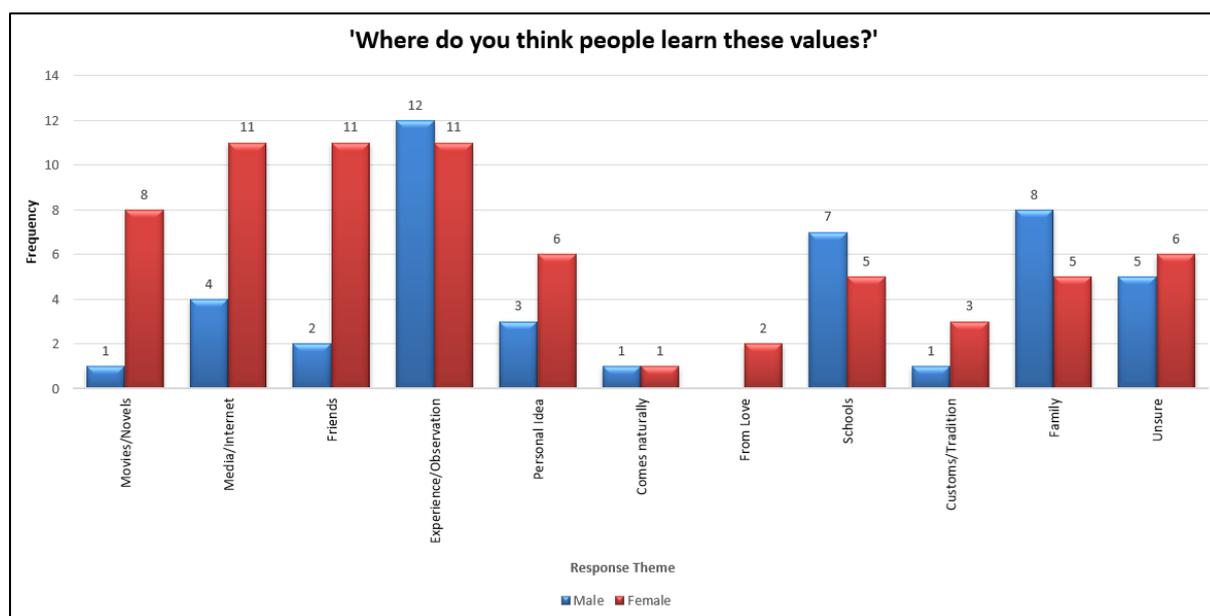


Figure 4: Responses to Question 9b ‘Where do you think people learn these values from?’

The current school-based sexuality education programmes typically used in Thai schools are heavily based on Western-developed programmes founded on the liberalist assumption that sexual matters can be discussed in public, for health and education purposes (UNICEF, 2017; IATT, 2008; Nimkannon, 2006). Given this Western influence on sexual health narratives it was important to analyse how the young people in my sample perceived the West in relation to Thai sexuality. Thus, question 7a asked, ‘do you think Westerners are more sexually active than Thais?’ The responses to this question were highly gender-differentiated. For the women the overall trend was, ‘yes, Westerners are more sexually active than Thais’, with almost twice as many ‘yes’ responses (N=39) to the ‘no’ responses (N=19), and only a few women said, ‘maybe/unsure’ (N=5).

The men's responses however were almost evenly split between 'no' (N=16) and 'yes' (N=14), tending slightly towards 'no'. Although 'yes' was the most popular response for women, a significant number of men and women did say 'no'. Moreover, the reasons behind the responses revealed some important cultural assumptions. For the 'yes' and the 'no' responses the common theme was that Western culture is less restrictive on the expression of sexuality in public, rather than Westerners are more sexual than Thais, as shown below:

'No, it may be from Westerners being more open.'
KF08 (female aged 21, UniA)

'No, but they express more.'
KM06 (male aged 20, UniA)

'Yes, because it's been in the Western culture for a long time that it is not a bad thing.'
CF1 (female aged 21, UniC)

Yes, because the society is more open.'
CM5 (male aged 20, UniC)'

'Yes, because they do not have a blockage or social value the same as we do in Thai culture.'
KF03 (female aged 21, UniA)

'Westerners have more because they are in the open and free world.'
CNF1 (female aged 20, UniC)

'Yes, because we have different culture.'
CNM5 (male aged 21, UniC)

This theme of Westerners having more cultural freedom than Thais to express their sexuality potentially has an important impact on Thai SRH policies. This suggests that Thai policy makers should be mindful of these cultural assumptions when considering the use of a policy heavily based on Western cultural assumptions. Namely the Western assumption — in many SRH policies aimed at young people — that students and teachers are relatively free to discuss sexuality openly in a public forum. Whereas in Thai classrooms this typically is not the case, even with recent policy mandating compulsory CSE within Thai educational institutions (UNICEF, 2017:43-45).

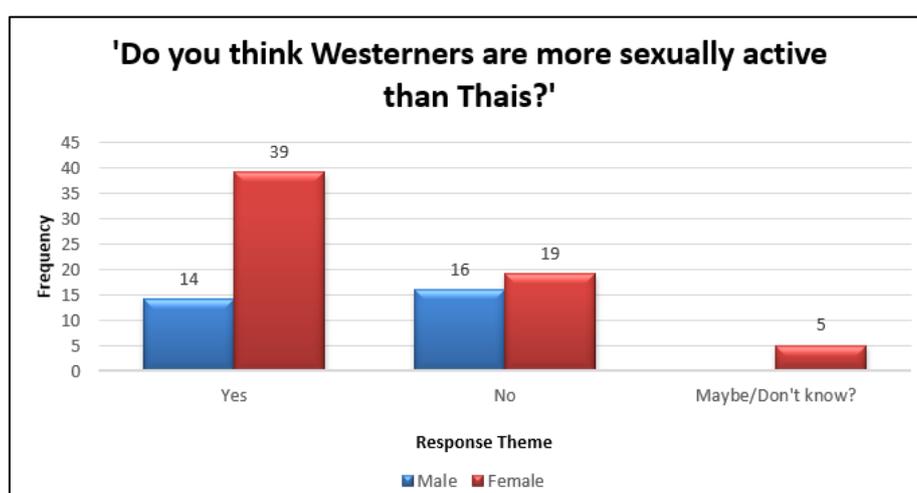


Figure 5: Responses to Question 7a 'Do you think Westerners are more sexually active than Thais?'

Not So Clear and Present Danger: Young people's perceptions of their own sexual vulnerability

The extended-answer section of the 2010 study primarily dealt with analysing the extent to which dominant Thai cultural narratives might be making young Thais vulnerable to HIV infection and other associated sexual risks. Dominant Thai cultural narratives deny sex-outside-of-marriage and proclaim that young Thais are non-sexual. However, there is growing evidence to suggest non-marital sexuality within a non-commercial setting, especially for young people, is common in modern Thai society, even if it is still denied and stigmatised (UNFPA, 2016). In addition to observations within Thailand that more young people are becoming sexually active around the age of 16, often with young men debuting at an even earlier age (UNICEF, 2017:34; Ounjit, 2016:116; UNICEF, 2014:2), the age of marriage has also pushed out to 24 years on average, accounting for a higher incidence of sex-outside-of-marriage within young people in Thailand (Ounjit, 2010:116). A 2009 study into young people's sexuality in Thailand found that amongst the study's sample of young Thais aged 18-24, that a significant amount believed 'sex before marriage' was appropriate (Sabaiying, 2009:76). Likewise, a 2017 review of CSE in Thai educational institutions found that, 'most [students] thought that having a partner or having sex were ordinary matters for youth' (UNICEF, 2017:34). The 2009 study also found that this belief was held more strongly by men compared to women, with approximately 77 percent of the men in the study holding that belief compared to 60 percent of the women in the study (Sabaiying, 2009:76). It also revealed that approximately one third of their sample believed the concept of having a 'gig' or 'casual' short-term sexual partner was becoming increasingly popular amongst young Thais, with this trend being more evident amongst men. Approximately 31 percent of the men believed that it was acceptable for young people to have a *gig* in contrast to 18 percent of women sharing this belief (Sabaiying, 2009:76).

The rising acceptance of sex-outside-of-marriage amongst young Thais (at least within private narratives) combined with the cultural denial of such activity (in public narratives), appears to have made young people increasingly vulnerable to new HIV infection and other associated sexual risks (UNICEF, 2014; Thato *et al.*, 2008; NAPAC, 2010; Chen, 2008; Janepanish *et al.*, 2011). The limited data available on young people's vulnerability to HIV infection suggests that without stronger policy commitment to young people's sexual health, there is a chance for rising HIV levels within young people (UNICEF, 2014; UNICEF, 2017). Given the paucity of data available on young people's vulnerability to HIV infection in Thailand, it is important to analyse how young people perceive their own vulnerability to HIV infection and other associated sexual risks. Studies in Western nations, such as Australia, found that outside of a commercial sexual setting safer sex practices, such as condom use, were not deemed relevant in the 'general population'. For example, in Australia, Flood observed that love and trust were perceived as being implicitly prophylactic, and that sex within a loving relationship was constructed as being 'safe' due to its association with love. Moreover, this view was shared by men and women (Flood, 2003:362). This observation was supported in part by the findings from my Vignette Scenarios analysed in the previous chapters, which revealed young Thais are less likely to use condoms within a 'romance' or 'trust' based relationship. Therefore, the final section of my study was designed to explore these matters further.

To test if a steady (or non-commercial) sexual relationship was believed to be implicitly 'safe', question 23 asked, 'would someone who had just one (or two) regular girl/boyfriend be at risk of getting HIV?' The inclusion of '(or two)' in the question was to account for the small percentage of students that might support the concept of having a *gig* in addition to a steady partner. The overall response trend was that most of the students (men and women) believed that someone with even one partner (or two) is at risk of becoming infected with HIV. For the women this was 50 'yes'

responses, followed by 12 'no' responses and one, 'cannot say, depends on the person'. Likewise, for the men there were 21 'yes' responses, six 'no' responses and three, 'cannot say, depends on the person'. See Figure 6 for a summary. Nevertheless, the number of 'no' responses represents a significant portion of the responses, accounting for approximately 20 percent of the overall responses, or one in five of the students in the sample (approximately 19% for the women and 20% for the men). This trend suggests that a smaller but still significant proportion did believe that having just one partner (or two) was protective against HIV infection. Which suggests (at least for this sample of students) that more focus is needed in contemporary SRH policies to educate young people on their vulnerability to HIV infection. This finding appears to have been observed amongst other populations of young Thais by contemporary research, such as a 2015 UNICEF study that found, 'the percentage of surveyed youth who could answer five HIV knowledge items correctly was around 20%, a finding that has remained unchanged since 2012' (UNICEF, 2016:26). Thus, the trend observed within my study, and by the UNICEF study does seem to suggest that young people are vulnerable to HIV infection.

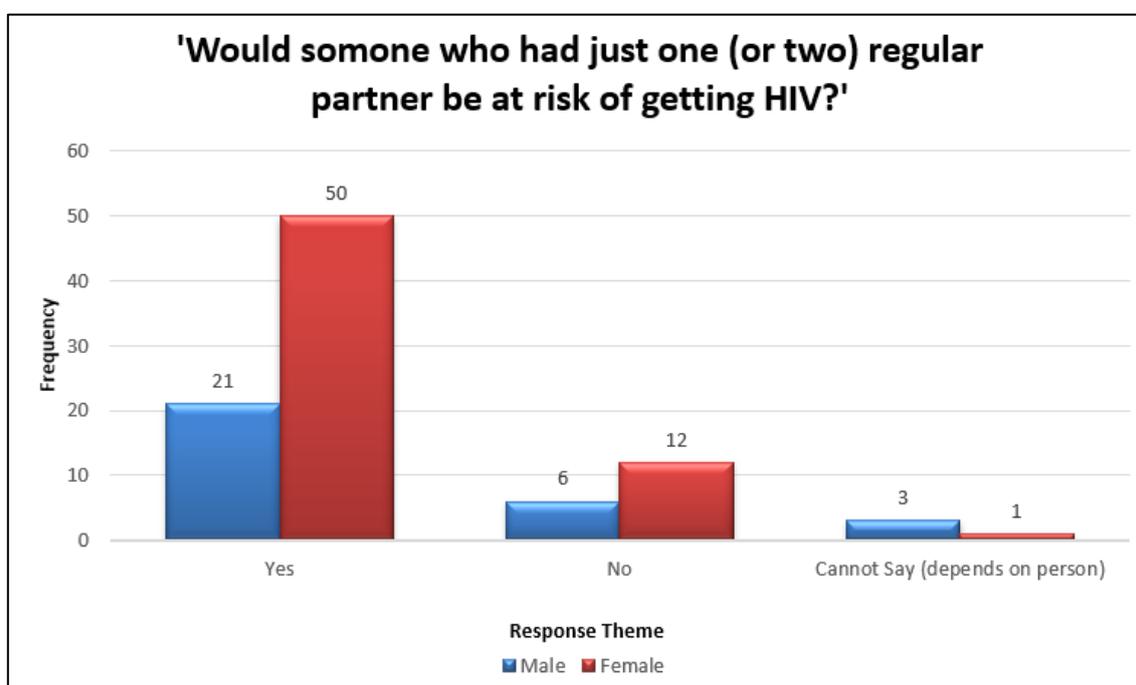


Figure 7: Responses to Question 23 'Would someone who had just one (or two) regular partner be at risk of getting HIV?'

To deconstruct the students' perceptions about HIV vulnerability it was necessary to understand who they thought would be vulnerable to HIV infection. Question 22 asked, 'what kinds of people are more likely to get HIV/AIDS?'³⁶ The overall response trends were similar for men and women, with the most popular responses clustering around four categories. For the women the most popular responses were that the people most likely to be infected by HIV were: CSW (Commercial Sex Workers) and their clients or 'sex traders' as the students labelled them (N=22); people with multiple partners 'those who slept around' (N=21); people who do not use condoms (N=20); and people that enjoy visiting clubs and bars, or 'night outers' (N=18). Likewise, for the men the most popular responses were that the people most likely to be infected by HIV were: CSW/clients (N=9); people who do not use condoms (N=9); people with multiple partners (N=7); and people that enjoy visiting clubs

³⁶ The term 'HIV/AIDS' was used in the 2010 study as this term was in common usage at the time in Thailand, with sources often referring to both the HIV and AIDS epidemic in Thailand.

and bars (N=5). However, a few men also listed homosexuals as people likely to be infected by HIV (N=4). See Figure 8 for a summary and listing of the other, less popular responses. The students' lists of people likely to be vulnerable to HIV infection reflects the wider SRH narratives analysed in the earlier sections of the thesis. With Thai SRH policy focusing on CSW, and dominant Thai narratives more broadly focusing on sex-outside-of-marriage (such as having multiple partners) as being 'risky' sexual behaviour. SRH policy has also focused on men who have sex with men (MSM) as a 'high risk' group. Since women who have sex with women are not categorised as a 'high risk' group, this might explain why 'homosexuals' was a response category more favoured by the men in this sample, rather than the women. Overall, the response trends seem to suggest that current SRH policy narratives focused on the sexual practices of 'at risk' groupings such as CSW, and to a lesser extent MSM, have permeated the social/sexual scripts of these students. Only a few students in the sample stated that 'young people/students' were likely to be infected by HIV (N=3) or that 'everyone' was just as likely (N=2). This could imply the young people in this sample are more vulnerable to HIV infection due to their perception of not being 'at risk' of HIV infection. However, the responses to this question, on their own, are not enough to support this assumption.

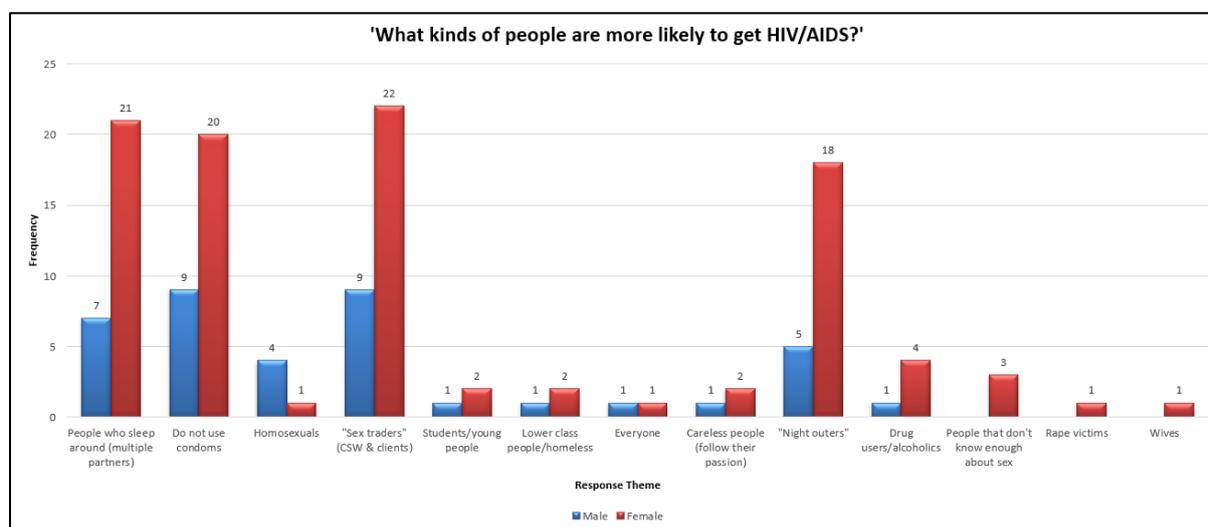


Figure 8: Responses to Question 22 'What kinds of people are more likely to get HIV/AIDS?'

To further explore the potential vulnerability of these students to HIV infection the study analysed who the students thought were likely to use barrier protection — condoms. Thus, question 24 asked, 'what kind of people use condoms?' The responses covered a large range of categories and were more generalised than the responses to the previous question, with the overall theme suggesting that condom use was widely accepted within several social settings/groupings. For the women the most popular response categories were that the people that use condoms are: people with 'sex ed' knowledge (N=18); students/young couples (N=11); everyone (N=9); 'sex traders' (N=7); those who have sex often (N=7); and careful people (N=4). For the men, the most popular response categories were that the people that use condoms are: 'sex traders' (N=7); everyone (N=7); people with 'sex ed' knowledge (N=5); 'night outers' (N=5); careful people (N=4); and those who do not want children (N=4). See Figure 9 for a summary and list of the other less popular response categories. The broad range of these responses suggests that Thailand's top-down SRH intervention policies (that heavily pushed condom use) have been successfully incorporated into the students' social/sexual scripts. Although it is promising that condom use appears popular and appropriate amongst this sample of students, it should also be noted that this does not necessarily imply condoms would be frequently used within these settings.

To test for actual condom use behaviour a different method of study would be required. Nevertheless, the inclusion of condom use into these students' scripts is promising and suggests that current and future SRH policy can continue to promote condom use the way it has been.

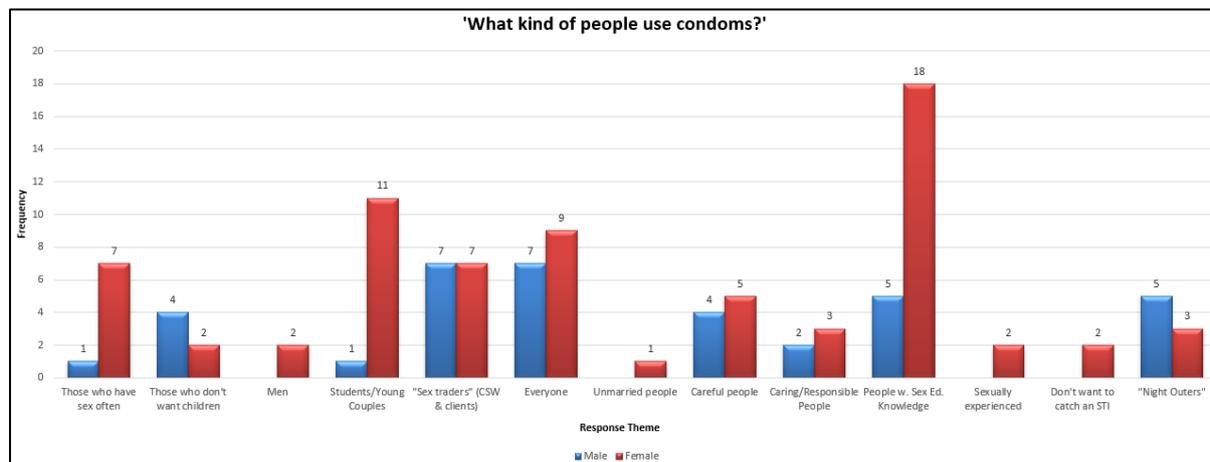


Figure 9: Responses to Question 24 'What kind of people use condoms?'

To further investigate the potential vulnerability of young people to HIV infection and investigate the role of condom use outside of a commercial sexual setting or a 'promiscuous' setting for non-commercial sex, question 25 asked, 'would someone who had just one (or two) regular partner be likely to use condoms?' In addition to the standard 'yes, no, maybe' responses some students in the sample replied with, 'they should use', suggesting that the students believed a regular couple should use condoms, but perhaps would not. This response was one more favoured by the women in the sample. In response to, 'would someone who had just one (or two) regular partner be likely to use condoms?', the most popular response for the women was, 'yes' (N=35), followed by, 'they should use' (N=8), 'no' (N=6), 'maybe' (N=2), and that it 'depends on the individual' (N=1). For the men the most popular response was, 'yes' (N=18), followed by 'no' (N=5), and the remaining responses being spread across, that it 'depends on the individual' (N=3), 'they should use' (N=2) and 'maybe' (N=2).

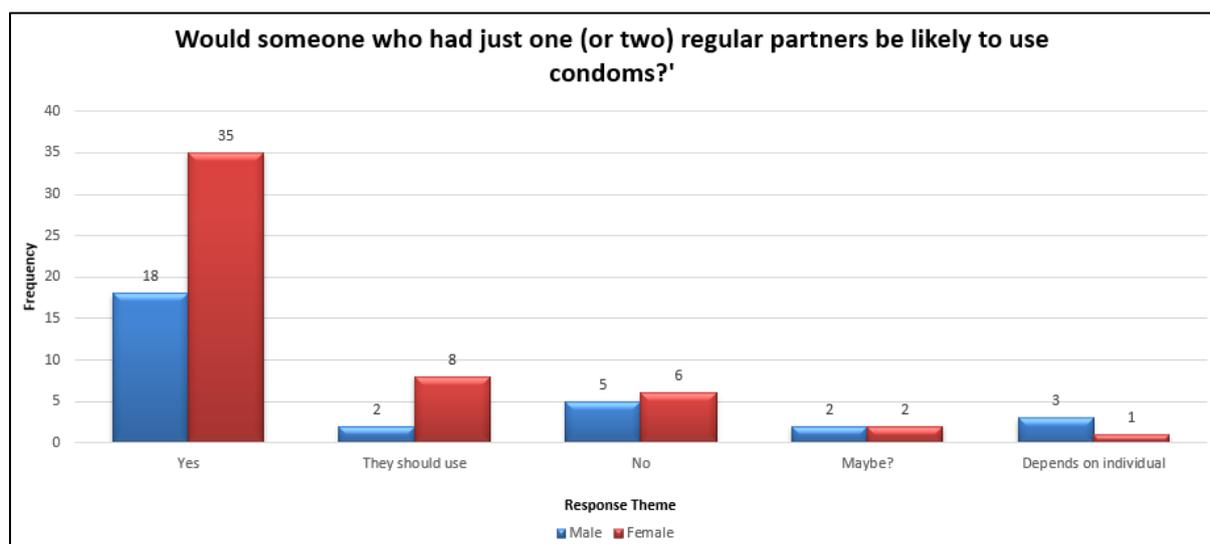


Figure 10: Response to Question 25 'Would someone who had just one (or two) regular partner be likely to use condoms?'

Overall, the response trends suggest (that for the sample of students) that even within a relationship with a regular partner (a 'faithful' relationship) that condom use is still perceived as an appropriate precautionary measure. However, in terms of vulnerability to HIV infection, there was still a smaller, but significant number of students that replied with 'no' or 'they should use', suggesting in these cases the young couple would be vulnerable to HIV infection. For the women, the 'no' and 'they should use' responses accounted for approximately 22 percent of the overall responses, with a similar trend for the men with the 'no' and 'they should use' responses being 23 percent. This figure was similar to the response trends to question 23 asked, 'would someone who had just one (or two) regular girl/boyfriend be at risk of getting HIV?' To which approximately 20 percent of the responses were 'no'. These combined figures tend to suggest that one in five of the students in that sample held views that potentially made them vulnerable to HIV infection. Namely the belief that young couples in a steady relationship were not vulnerable to HIV infection. This is reflected in the responses below:

'No, because they trust each other so they do not have protections.'
CNF32 (female aged 20, UniC)

'They wouldn't if they use other methods of birth control.'
CF3 (female aged 21, UniC)

Moreover, in addition to the protective factor of trust, it appears that for the students in this sample that condom use was mainly for preventing unplanned pregnancy, rather than as a barrier protection against STI, such as HIV. As reflected in the sample of responses below:

'They should use at least for birth control.'
CF7 (female aged 19, UniC, snowball sample)

'Yes, they can prevent pregnancy before marriage.'
CNF39 (female aged 20, UniC, convenience sample)

'They should use condoms because it is not good to be pregnant.'
KM05 (male aged 21, UniA, snowball sample)

Therefore, from a HIV infection prevention perspective SRH policy might need to consider these motivating factors when promoting condom use to young people. Acknowledging these factors might allow for a programme that is better targeted at promoting condom use to young people as a 'normal' part of their sexual lives.

Implications for SRH Policy Makers: Interpreting the findings from the study in relation to future SRH policy for young people

The dominant narratives that define the modern Thai State construct the ideal young Thai citizen as one who is non-sexual, and sexually naïve, especially for women. This creates a significant barrier to comprehensive SRH policy focused on young people. The findings analysed in this chapter suggest that young people are vulnerable to HIV infection, and that the way dominant Thai narratives have permeated their social/sexual scripts are gender-defeminated. The results from the study suggest, that within this sample of Tertiary students, that although women and men obtain their social/sexual scripts from similar sources, their reliance on these sources differs. In addition to relying on personal experience and observation of others (which was equally popular for men and women), women tended to rely more on friends, the media, internet and movies/literature, whereas men tended to rely more on the family and State institutions, namely schools (both government schools and Buddhist temples).

Therefore, when it comes to making future SRH policies more effective for young people, policy makers should be mindful that the social/sexual scripts of young men and women are influenced from different sources. As such, a possible method in which future SRH policies could enhance their efficiency, could be to accommodate this gender-differentiation, and deliver messages via gender-appropriate mediums to maximise efficiency. To educate young men, current SRH policies that rely on school-based sexuality education to promote top-down information from teacher to student would remain valid. However, given women tend to source their understandings from peers, current SRH policy approaches might be less effective for women.

Therefore, to make future SRH policies more accessible and appropriate for women, future programmes should be modified to include aspects focused on women's concerns via women-friendly mediums, such as using peer-based sexuality education programmes. Other forms of informal information dissemination could be utilised in future programmes to increase their chances of being perceived as relevant to young people. Moreover, by pushing these narratives into the 'private' realm, they would be less likely to encounter resistance from dominant Thai narratives and power structures which are focused on policing public narratives. This could be in the form of articles in popular teen and young women's magazines, or on internet-based information pages linked to popular online social media forums, such as Facebook or video sharing platform, YouTube, or online websites dedicated to providing accurate sexual health information specifically for young people — run by an NGO rather than the government to assist with keeping them within the private realm. Within Thailand such support materials are beginning to emerge. A prime example was the *TeenPath Project* developed by the Program for Appropriate Technology in Health (PATH), an international non-government organisation (INGO), funded by the Global Fund for AIDS, Tuberculosis and Malaria (GFATM), based in Bangkok (UNESCO, 2014:72; Boonmongkon and Thaweessit, 2009) — now called the Path2Health (P2H) Foundation (UNICEF, 2017:1). The goal of *TeenPath* was to assist each school within Thailand to include sexuality and HIV education in the curricula of Grades 7 to 12 within secondary schools, as well as in vocational schools (UNESCO, 2014:72). The *TeenPath* school-based sexuality education project was implemented from 2003 to 2014 to work towards its goal of increasing the sustainability of CSE within Thai educational institutions (UNICEF, 2017:40). Although the *TeenPath* project has ended, P2H still offers sexual health support material online through their website path2health.or.th (P2H, 2018).

The need to redesign current SRH policy to be more accessible to young people was raised by policy makers in the 2010 and 2015 United Nations General Assembly Special Session on HIV/AIDS (UNGASS) reports on Thailand's commitment to the HIV epidemic. Regarding the overall national AIDS policy the 2010 UNGASS report noted that, 'promotion of comprehensive sexuality education is still a weak point of the program. The challenge here is to find a way to institutionalize comprehensive sexuality in the school system through policy improvements at the national and ministerial level (NAPAC, 2010:5).' The report concluded that the national strategy aimed at modifying the sexual behaviour of young people had not produced optimal outcomes given, 'youth are increasingly diverse in terms of attitudes, beliefs, and lifestyles. It is still an important challenge for the program to tailor strategies for youth to the various different lifestyles that are currently in fashion' (NAPAC, 2010:5). Moreover, the report conceded that, 'comprehensive sexuality education alone probably is insufficient to change attitudes and behaviors over the long-term since youth have different ways of learning as they mature into adolescence and adulthood' (NAPAC, 2010:5). The acknowledgement by policy makers that a multifaceted approach is needed to effectively promote better sexual health amongst Thai citizens is encouraging. Nevertheless, the permeation of dominant moralistic narratives over SRH policy was reflected in the closing sentence of the section of the UNGASS report analysing policy targeted at young people.

After acknowledging young people have different ways of learning, the report closes with, '... there are many variables to consider such as increased ease of access to sinful (risky) temptations and peer pressure (NAPAC, 2010:5)'

The 2015 UNGASS report on the Thailand National Strategic Plan of HIV for 2014-2016 observed policy makers were still unable to implement effective policy that was inclusive of young people (NAC, 2015:18). The report noted that in relation to young people, whilst proven comprehensive sexual and life skill curriculums exist, it is still a challenge to integrate these at the national level and deliver these programmes effectively as part of the broader national SRH policy (NAC, 2015:18). Moreover, there is a lack of commitment at the local level for educational institutions to host such programmes and champion their use on a national scale (NAC, 2015:18). This lack of support was evident in the 2017 review of CSE in Thailand by UNICEF, which observed that:

The present review found that what the Teenpath project was not able to achieve was the creation of mechanisms of educational management at the national (OBEC, OVEC), provincial (provincial vocational commissions) or implementation (educational institution) levels that would ensure the continuity of provision of CSE in educational institutions on various levels. The project also could not ensure that teachers have adequate knowledge of the CSE topics that need to be covered or appropriate attitudes for teaching CSE after the project ended.

Moreover, the importance of deconstructing the gendered-agenda of the Thai State and understanding how dominant Thai cultural narratives can make young people vulnerable to HIV infection was demonstrated in the following UNICEF finding. In relation to a shortcoming of the TeenPath project to modify the teaching methods of those providing CSE the UNICEF report noted (UNICEF, 2017:40):

Some teachers who received training from the Teenpath project did not emphasize these issues [rights and equality; trying to cultivate attitudes that view sex as natural or adopt a positive view on it; and children's ability to think critically], but instead exhorted their students not to have sex and taught skills for refusing sex and for preventing unwanted pregnancy as their main focus. Monruedee Laphimon et al. (2008) analyzed that although the Teenpath training sessions emphasized topics such as rights, gender and equality, they did not pose questions about the origins of teachers' attitudes.

Thus, although there was policy support for promoting sex-positive narratives that empowered young people to take positive control of their sexual health, that in practice, because the teachers held views permeated by dominant Thai narratives that young people should not have sex, CSE was not effectively delivered.

To evaluate if dominant Thai cultural narratives were making young people vulnerable to HIV infection my 2010 study analysed how the interviewees perceived their own vulnerability to HIV. When asked if someone with just one regular partner (or two) would be at risk of getting HIV, most students did believe that even with just one partner (or two) a person would be at risk of getting HIV. However, approximately 20 percent (or one in five) of the students in the sample said 'no, they would not be at risk of getting HIV'. A similar trend was observed with their responses to 'would someone who had just one (or two) regular partner be likely to use condoms?' Approximately 23 percent of the students in the sample stated that someone who had just one (or two) regular partner would not be likely to use condoms. Furthermore, the main reason given by the students for condom use was the prevention of unplanned pregnancy, rather than as a barrier protection against STI, such as HIV. This trend suggests a significant number of young people would be vulnerable to HIV infection, and that there are currently shortfalls in contemporary SRH policy for young people.

Therefore, more steps should be taken by policy makers to ensure consistent and appropriately targeted messages are promoted through future SRH policies. A similar concern was raised by UNICEF during its 2017 review of the implementation of CSE in Thailand, concluding their report with the following recommendation (UNICEF, 2017:43):

Given that the review findings indicated that sexuality education currently emphasizes contraception, sexual anatomy and STI/HIV prevention, mostly in order to address the issue of teenage pregnancy, the Ministry of Education should revise relevant policies to broaden the goals of sexuality education and solve and prevent problems at their source. Emphasis should be placed on teaching about gender, sexual rights, societal power structures, respect for the rights of others and having attitudes that support gender equality and gender/sexual diversity.

Conclusion

The dominant narratives that define the modern Thai State deny the existence of sex-outside-of-marriage, in a non-commercial setting, especially for young people, and as such tends to silence public discourse on sexual health matters. The findings analysed in this chapter, from my 2010 study, tend to suggest that young people are vulnerable to HIV infection due to the influence of dominant Thai narratives on their social/sexual scripts. Therefore, to effectively implement culturally appropriate, yet comprehensive, SRH policy in Thailand it was necessary to deconstruct the gendered-agenda of the Thai State to find ways of accommodating the Thai culture of silence towards sex-outside-of-marriage. Based on the findings analysed in this chapter it appears that there were several gender-differentiated patterns in the students' responses that should be accommodated into future SRH policies to assist in making them more effective within the Thai cultural context. One such example of this would be to design future SRH policies to acknowledge that women encounter significantly more cultural barriers to pursuing better sexual health than men do. This is because dominant Thai narratives have strongly associated women and their bodies with maintaining the sexual virtue of the Thai identity. Nevertheless, most of the current SRH policies employed in Thailand are based around Western-influenced policies that promote a health pragmatist discourse. These policies assume that men and women have equal bargaining powers in sexual relationships and that the way citizens perceive their sexual identity in relation to State narratives is equal for men and women. In the context of Thailand this is not the case.

The study revealed that when it came to the construction and maintenance of one's social/sexual scripts that citizens are influenced by a wide range of sources, and that men and women tended to be influenced by different factors. Women tended to rely more heavily on friends, whereas men relied more on the family and formal institutions, namely schools. The implication being that future SRH policies could become more effective if they were tailored to accommodate the gender-differentiated nature of Thai power structures. Thus, for programmes designed for women they should be modelled around peer-networks and private discourse, whereas for men, current school-based programmes would likely remain effective in their current design. Moreover, given Thai power structures are much more heavily focused on policing public displays of conformity rather than the private behaviour of individual citizens, delivering some of the content via the 'private' sphere would reduce the likelihood of such narratives being silenced. Therefore, in addition to school-based CSE content, SRH policies could support material generated by NGOs, such as online content, including websites that provide accurate sexual health information to young people, such as the *path2health* website.

Finally, the dominant cultural narratives that define the modern Thai State have denied young people are sexually active, and this has made them vulnerable to HIV infection. Nevertheless, some of the findings analysed in this chapter show potential for improvement in future SRH programmes and policy. Within this sample of tertiary students, the findings suggest that young men and women believe it is equally appropriate for men and women to have sexual desires, provided they control it and express it within the appropriate context. Moreover, these young people seem to believe that the reason Westerners are more expressive of their sexuality is not because they are more sexual per se, rather their culture allows them to be more expressive. Therefore, while at present it does appear the social/sexual scripts of young people are constrained by dominant Thai cultural narratives, more spaces are being created for the acceptance of heterodox sexualities amongst this sample of students — within their private narratives at least. Therefore, these spaces should provide opportunity for future SRH policy makers to expand on, and tailor future SRH programmes to be more appropriate for young people, while at the same time accommodating the cultural barriers around the sexuality of young Thai citizens.

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'While Thailand is considered an early achiever of [The United Nations] Millennium Development Goal 6, 'halting the spread of HIV', there has not been a consistent decline in HIV incidence across all segments of the population in recent years. This is illustrated by the fact that new infections have risen slightly in certain social networks of young people despite a gradual drop in overall HIV prevalence.'

The United Nations Children's Fund (UNICEF, 2014)

'... insufficient coverage of topics related to gender, rights and power is an important gap in Thai CSE [Comprehensive Sexuality Education] provision and might help to explain why Thai students still face significant challenges in applying what they learn to their own lives as well as why the rates of teenage pregnancy and STI/HIV incidence have remained high among Thai youth.'

The United Nations Children's Fund (UNICEF, 2017)

CONCLUSION

The Thai State: The significant barrier to effective and comprehensive SRH policy in Thailand

This thesis has argued that despite an overall drop in national HIV levels across Thailand — within 'at risk' groupings — Thailand's current AIDS policy does not appear to adequately address the vulnerability of young people to HIV infection. Moreover, this short-coming of contemporary Sexual and Reproductive Health (SRH) policy is not due to inadequate policy. Rather it is due to the highly gendered cultural barriers encountered by SRH policy aimed at young people. Current SRH policy appears to be based on gender-blind/neutral assumptions which do not acknowledge the politics of gendered-power relations in personal life. Thus, such policy often fails to acknowledge the multifaceted nature of administering sexual and reproductive health as social policy when it comes to controlling the sexuality of a given population. It was for this reason that the thesis used a feminist informed, post-colonial theoretical approach, focused on gender and class in modern Thailand, to deconstruct the gendered-agenda behind Thai SRH policy. By using such an approach, it was possible to demonstrate that whilst there are numerous barriers to implementing effective SRH policy in Thailand, it appears that the most significant barrier was a cultural one. This barrier is constructed by the dominant cultural narratives that define the modern Thai State. These narratives actively deny non-marital sexuality exists amongst Thai citizens — especially young people — to maintain a synthetic image of Thai culture being monolithic and homogenous. As part of Thai identity, the sexuality of its 'mainstream' citizens, especially women, is limited to within the boundaries of marriage and reproduction. Consequently, these dominant narratives have heavily stigmatised sexuality outside of marriage and have silenced public discourse on non-marital sexuality, even for health purposes. Thus, if an SRH policy acknowledges that young people need policy attention because they are sexually active, this would be strongly at odds with these dominant narratives. Overall, it appears likely that it is because of these dominant narratives that contemporary SRH policies are faltering, despite being highly successful in the past.

Nevertheless, due to the unique nature of Thai power structures there is potential to modify current SRH policy, or implement new SRH policy that is better situated to accommodate this Thai culture of silence surrounding non-marital sexuality. The distinctive nature of Thai power structures is that they intensely monitor and police public expressions of identity — such as outward behaviour in public spaces — while simultaneously being relatively disinterested in the private domain of life (Jackson, 2004:181). Unlike many Western power structures which are much more totalising in that they seek to control both public and the private representations of self.

Therefore, by modifying the content and delivery of SRH programmes in Thailand it might be possible for policy makers to design and implement SRH policy that is more culturally appropriate, whilst at the same time addresses the vulnerability of young people to HIV infection and other sex health concerns, such as gendered-violence, coerced sex and unplanned pregnancy.

Deconstructing the Culture of Silence

Thai policy makers, as part of broader SRH policies, have attempted to address the vulnerability of young people to HIV, and other sexual 'risks', via the implementation of sex-positive school-based sexuality programmes (NAPAC, 2010:5; UNICEF, 2016:25). However, these programmes have encountered strong public resistance due to their clash with dominant cultural narratives (Lyttleton, 2000:36), and the promotion of comprehensive sexuality education has been recognised as a weak point of Thai national AIDS policy (NAPAC, 2010:5). Thailand has been identified by many health analysts as having one of the most comprehensive school-based sexuality education programmes of the Southeast Asian nations (Smith *et al.*, 2003:7). Nevertheless, in comparison to the success of Thailand's SRH policies focused around commercial sex — such as the '100% condom programme' and the mass media campaigns of the 1990s — the drive of past policies has not carried over to contemporary SRH policy targeted at young people.

Thailand is viewed as a unique success in the international battle against HIV and AIDS, owing to its effective national HIV intervention policies and disease surveillance system (Park *et al.*, 2010:430). A 2017 report by the Joint United Nations Programme on HIV/AIDS (UNAIDS) on the global AIDS epidemic found, '... that annual new HIV infections dropped by 50% in Thailand between 2010 and 2016, the steepest decline for any country in the Asia and the Pacific region' (UNAIDS, 2017). Indeed, Thailand has a long history of earning international recognition as the leading example of a 'developing' nation proactively combating the AIDS pandemic, despite having 'traditional' conservative sexual values (Phoolchareon, 1998: 1837; Lyttleton, 2000:5; Yongpanichkul, 2007:6, 10). This was achieved through the extensive employment of national top-down state-led SRH policies in the 1990s to combat the rapid spread of HIV and manage the treatment of AIDS (Thongthai and Sabaiying, 2009:215; Lyttleton, 2000:5). The most notable effort was Thailand's '100% Condom Programme' (launched in 1991), which promoted condom use amongst Commercial Sex Workers (CSW), primarily towards female sex workers as vectors for spreading disease, and to a lesser extent their male clients (Reproductive Health Matters, 2000:165; Rojanapithayakorn and Hanenberg, 1996). In terms of effectively promoting condom use to reduce the spread of HIV and slow down the AIDS pandemic, Thailand is heralded as the most effective case internationally, with their intervention policies leading to significant drops in new HIV infections (Hearst and Chen, 2004:39).

Policy makers in the 1990s and even the early 2000s could publicly admit Thailand's commercial sex industry was suffering from a major AIDS epidemic that was spread through HIV infections transmitted via unprotected commercial sex, whereas contemporary policy makers do not appear to have this ability. This is because contemporary Thai SRH policy is no longer targeted at marginalised social groupings (the commercial sex industry and its clients). From the limited data available on young people, it appears that the HIV epidemic may no longer be quarantined to 'at-risk' groups such as CSW, Men Who Have Sex with Men (MSM) and Injecting Drug Users (IDU). Instead, there is emerging evidence that young people are highly vulnerable to the spread of HIV infections given their lack of adequate HIV prevention knowledge specifically, and safer sex knowledge in general — with current trends suggesting HIV infection may be rising in certain groups of young people (UNICEF, 2014:1; Musumari *et al.*, 2016:7).

In relation to this concern, The United Nations Children's Fund (UNICEF) observed that (UNICEF, 2014:1):

While Thailand is considered an early achiever of [The United Nations] Millennium Development Goal 6, 'halting the spread of HIV', there has not been a consistent decline in HIV incidence across all segments of the population in recent years. This is illustrated by the fact that new infections have risen slightly in certain social networks of young people despite a gradual drop in overall HIV prevalence.

This shift in people becoming infected with HIV from the heavily monitored and policed, and socially quarantined, commercial sex industry to the 'general population' of young people makes it problematic for contemporary policy makers to implement effective SRH policy. A 2016 study into young people in Thailand noted that (Musumari *et al.*, 2016:2):

Young Thais are a particularly vulnerable population when it comes to HIV infection. There exists strong evidence showing that they engage in behavioural patterns that increase their risk of HIV infection. For example, the Bureau of Epidemiology and the Ministry of Social Development and Human Security have reported an increasing trend of unintended pregnancies and sexually transmitted infections (STIs) among Thai adolescents over the past 15 years. This occurrence points to an increasing rate of unprotected sex—probably as a result of the failure of safe sex messages to reach the general Thai youth population.

Likewise, in 2014 UNICEF observed that young people account for approximately 70 percent of all new Sexually Transmitted Infection (STI) cases in the Thai population, and that the highest number of STI and unplanned pregnancies are among Thais aged 15 to 24 (UNICEF, 2014:2). Similar trends were reported back in 2010 by the National Aids Prevention and Alleviation Centre (NAPAC, 2010:31) suggesting this is an ongoing issue. A 2011 study of young Thai men found that approximately 80 percent of new HIV infections in Thailand resulted from heterosexual intercourse without a condom (Janepanish *et al.*, 2011:460). From the limited data available, STI cases amongst young people aged 15 to 24 has increased. From 2010 to 2014, STI rates increased from approximately 81 to 103 cases per 100,000 people in the population (UNICEF, 2016:23). Having an STI significantly increases a person's vulnerability to HIV infection (UNICEF, 2016:23). This recent trend demonstrates that once the epidemic moved beyond the physically and socially quarantined commercial sex industry and into the 'mainstream' population, contemporary policies began to falter due the cultural silence towards publicly acknowledging sex-outside-of-marriage in Thai society.

On a global scale culture has been identified as a central barrier to implementing effective and far-reaching SRH policy, such as the controversial issue of sexuality education at schools (Smith *et al.*, 2003:17). As Harrison and Hillier (1999:283) observed, 'sexuality education is not taught in a vacuum... what is taught and the ways in which it is taught reflect larger cultural norms, and the teachers (together with students) continually reconstruct these norms in the practices they engage in when *doing* sexuality education'. Nonetheless, within the field of political science, cultural analysis is often marginalised as a form of analysis associated with activities that fall beyond the traditional focus of political science, which tends to equate politics with institutions such as parliaments, and mainly male parliamentarians (Murphy, 2010:1). Consequently, the direct analysis of culture as content rather than as an add-on context to analysis is not common in SRH research nor SRH policy (Hankivsky and Christoffersen, 2008:272). Promoting a healthy population means more than just addressing physical health factors, structures of social inequalities that make people vulnerable to these issues must also be addressed. Therefore, this thesis was aimed at addressing these gaps in the SRH policy literature by focusing on cultural issues as the content of the analysis, and not simply as the background context of analysis.

Investigating why and how dominant cultural narratives present critical barriers to implementing public policy enables examination of the dynamic relation between the gendered-individual, the gendered-citizen and the gendered-State.

Under dominant modern Thai cultural narratives, the sexuality of 'mainstream' or 'good' Thai citizens has been restricted to within the normative boundaries of marriage and reproduction. This has been done by actively denying the existence of non-marital sexuality and stigmatising those connected to non-marital sexuality, especially women. Under these dominant narratives female bodies have become symbolically aligned with sexuality and the Thai State, in which moral citizenship is symbolised through normative family structures (Whittaker, 2004:74; UNICEF, 2016:39). Under such constructions the public expression of young people's sexuality outside of marriage, especially for women, is strongly denied and stigmatised, even with publicly noticeable evidence of such sexuality (Supametaporn *et al.*, 2010; Fongkaew *et al.*, 2005; Thato *et al.*, 2008; Ounjit, 2011:111). The most notable evidence of this sexuality is the highly international profile of Thailand's massive commercial sex trade, and more recently, and less publicly visible, the rising level of non-commercial heterosexual non-marital sexuality (NHNS)³⁷ amongst Thailand's 'mainstream' population (UNICEF, 2017:1,2; Thato *et al.*, 2008:458; NAPAC, 2010:31; Clark and Spencer, 2004:320; Allen *et al.*, 2003:9; Lyttleton, 2000:36). Nevertheless, even with rising evidence to challenge such dominant constructions, the cultural silence around heterodox sexualities remains strong, and appears to present a significant barrier to contemporary SRH policy.

To address the Thai culture of silence towards young people's sexuality within the context of sexual health and the associated critical gap in SRH literature, I took two combined approaches. My perspective on young Thai's social/sexual issues was informed by an extensive literature review on Thai culture and sexuality. These findings were then supplemented with empirical field research and personal experiences within Thailand. This approach was adopted to allow a focused analysis of the gendered-agenda of the Thai nation-state to identify how and why dominant Thai cultural narratives are hindering contemporary SRH policies in Thailand, and how these barriers might be accommodated into future SRH programmes to make them more culturally appropriate whilst still being comprehensive in nature. The findings from the extensive literature review revealed that once the HIV epidemic moved beyond those designated as morally impure 'others' who could legitimately be the objects of State policy interventions, Thai sexual health strategies began to falter to the extent that sex outside of culturally normative boundaries of marriage and reproduction — except for commercial sex — became a matter for cultural denial (Lyttleton, 2000:36).

Thai policy makers have attempted to address the vulnerability of young people to HIV infection by implementing sex-positive SRH policies, however programmes under these policies have encountered strong public resistance. Following growing public concern over the rising level of STI rates and unplanned pregnancies within young people, the Thai government decided to implement school-based Comprehensive Sexuality Education (CSE) as part of its broader national AIDS policy. The first major national move was in 2002 when the Ministry of Education (MoE) announced the experimental application of the *Basic Education Curriculum 2001*, to update and regulate school-based sexuality education in Thailand (MoE, 2008:18; Kay *et al.*, 2010:11; Nimkannon, 2006).

³⁷ I constructed the term NHNS to differentiate my research from the majority of SRH research that exclusively focuses on commercial sex or homosexual relations as a non-normative sexuality. This definition of NHNS includes what is popularly known as 'casual sex' and 'romance-based' long-term relationships.

Following concerns that CSE (under this new policy) had not adequately addressed the combined issues of increasing new STI rates amongst young people and rising levels of unplanned pregnancy amongst teenagers, the Teenage Pregnancy Prevention and Alleviation Act of 2016 was passed to strengthen policy commitment to young people's sexual health (UNICEF, 2017:1). This policy mandates that, 'educational institutions are to provide age-appropriate sexuality education; and to hire and develop teachers who can teach sexuality education and give counselling to students on the prevention and alleviation of teenage pregnancy' (UNICEF, 2017:1). In theory, these policies support sex-positive comprehensive sexuality education, in practice the effective implementation of CSE continues to encounter many barriers (Nimkannon, 2006; Nitirat, 2007:174; UNICEF, 2017:39). Namely, those arising from the cultural barriers created by dominant Thai narratives that deny the sexuality of young people, and silence public discourse that does not deny or stigmatise sex-outside-of-marriage, especially for women.

School-based Comprehensive Sexuality Education Within a Culture of Silence

School-based Comprehensive Sexuality Education (CSE) has been identified as being a key foundation of national SRH policy targeted at reducing the vulnerability of young people to HIV (UNESCO, 2014:11). Moreover, in addition to addressing traditional medical concerns such as reducing the spread of STI and the rate of unplanned pregnancies, CSE can also assist in addressing broader issues such as gender equality and reducing gendered-violence, coerced sex and social stigma (UNESCO, 2014:11; UNICEF, 2017:2). However, given educational institutions exist within the authoritative web of power relations that create and maintain state identity (Boontinand and Petcharamesree, 2018:37; Allen, 2007:223) the provision of school-based CSE can be highly controversial and contested. Despite the popular conception of schools existing as passive monoliths against which citizens are educated, they do indeed play an active role in shaping the identities of young people (Paechter, 2007:112). Schools reflect the dominant narratives of the community in which they exist by giving young people messages on who they can be, what they can do and why, through the images of masculinity and femininity that they convey and purvey (Boontinand and Petcharamesree, 2018:42; Levtov, 2014:4; Paechter, 2007:112). Thus, Thai educational institutions act as a medium for authoritative narratives that define the modern Thai State (Boontinand and Petcharamesree, 2018:37; Mulder, 1997:35; Pityanuwat and Sujiva, 2000:82; Levtov, 2014:4). Given these narratives define the ideal young Thai citizen as one who is not sexually active — and in the case of women, sexually naïve, this puts them strongly at odds with Western dualist narratives that inform most sexuality education policies as part of broader SRH policy (UNICEF, 2017:39; Nitirat, 2007:187-190; Smith *et al.*, 2003:17). Typically sexuality education programmes employ narratives that promote notions of personal agency, self-help and responsibility (Harrison and Hillier, 1999:282). This health pragmatist approach relies heavily on the dualist/medical assumption that if a policy injects knowledge and/or skills into a target population, then behaviour will change accordingly (Ingham, 2005:376). Such constructions overlook the socio-political character of sexuality, assume all individuals have the same level of power in negotiating sexual encounters, and subsequently overlook the situated nature of an individual's sexual vulnerability. These gender-blind narratives do not acknowledge that power is unevenly distributed, and that sexual negotiating power is gender-biased. Choosing to have safer sex is more than just a rationally-informed personal choice (Hillier *et al.*, 1998:5). Therefore, SRH policy makers need to understand and appreciate the socio-political context shaping sexuality, and how hegemonic cultural narratives make individuals vulnerable to negative sexual health factors, ranging from traditional medical concerns of HIV infection to more embodied concerns such as being stigmatised for having an unplanned pregnancy.

School-based *sexuality* education programmes, which specifically place the sexual in a socio-political setting, have long been identified as the most appropriate foundation for national SRH policies aimed at promoting sound sexual health practices on a national level (Giami *et al.*, 2006:486; UNESCO, 2014:11; UNICEF, 2017:1). This is for two reasons — targeting young people is vital as they are a highly vulnerable group to HIV infection, and promoting sexual health education at school offers the best possibility of reaching a large number of young people with knowledge, skills and values that can decrease their vulnerability to sexual risks, such as STI, coerced sex and unplanned pregnancy (UNESCO, 2014:11). From a broader prevention perspective, it is best to educate the majority of the population before they engage in behaviours that make them vulnerable to HIV infection. Consequently school-based programmes are ideal for guiding the developing population of a nation as they transition through sexual maturity. Additionally, AIDS and HIV education has been identified as the most effective foundation of a comprehensive national AIDS policy targeted at reducing rates of new HIV infections (*ADOLESCENCE*, 2005:12). Moreover there is growing awareness, globally, about the importance of CSE in terms of increasing gender equality, reducing gendered-violence, and helping young people develop communication skills and enhancing self-esteem (UNESCO, 2014:11). Consequently, in addition to assisting young people in making informed decisions regarding STI prevention and avoiding unplanned pregnancy (the main concerns of most sex education programmes), a comprehensive sexuality education policy, 'includes freedom from the attitudinal, cultural and societal influences that affect sexual behaviour whilst acknowledging biological risk and genetic predisposition' (Williams and Davidson, 2004:95). To achieve these goals school-based sexuality education programmes, as part of a broader SRH policy, need to provide young people with skills and information that will allow them to make informed choices in relation to pursuing healthier sexual lives (Mitchell *et al.*, 2011:5). In keeping with such aims, the Thai Ministry of Education (MoE) defines school-based sexuality education as follows (UNICEF, 2017:1):

Processes of learning about sexual matters including the development of body and mind; functioning of bodily anatomy; health care and hygiene; sexual attitudes, values, relationships and behaviors; social and cultural dimensions that affect sexual lifestyle; being processes of developing knowledge, thoughts, attitudes, emotions and skills that are necessary for an individual and that assist an individual to lead a happy and safe sexual life and to develop and maintain responsible and balanced relationships with others.

Therefore, there is considerable disjunction between the narratives of the MoE's sexuality education curriculum — which positively acknowledges the sexuality of young people — and modern Thai cultural narratives — which negatively denies the sexuality of young people. This clash has resulted in the creation of health pragmatist narratives that construct young people's sexuality as a 'problem' that needs to be controlled for the greater good of Thai society. Consequently, teachers tend to modify the content of their lessons to match with what they believe modern Thai cultural norms demand of sexuality (Nitirat, 2007:160,174; UNICEF, 2017:26). A 2017 review into the implementation of CSE in Thailand found that in practice CSE was not being delivered in accordance with current SRH policy aims due to views held by the educators delivering the content (UNICEF, 2017:40). Namely that the narratives these educators were delivering were heavily permeated by dominant cultural narratives that stigmatised sex-outside-of-marriage, and construct women's sexuality as being passive to men's sexuality (UNICEF, 2017:40). Therefore, it appears that current CSE has focused on the negatives of sex and tends to focus on educating young people on how to say no to sex, with the primary aim of reducing unplanned pregnancies amongst young people (UNICEF, 2017:40). Which is in opposition of the goal of CSE to take a comprehensive approach that teaches about gender, sexual rights, societal power structures, respect for the rights of others and having attitudes that support gender equality and gender/sexual diversity (UNICEF, 2017:40).

As Chapter Three demonstrated school-based sexuality education programmes need support from many levels to be effective, such as support from within the school and support from the broader community, including governing bodies. Although the validity of school-based sexuality education programmes is no longer debated in public discourse, the content of such programmes is the new focus of intense public discursive battles (Allen, 2011:43). Over the last two decades, in Thailand and abroad, conservative narratives, such as the moral Right, have begun to permeate educational narratives in relation to sexuality education. This has been especially evident in the United States of America (USA). Previous attempts had sought to silence public discourse on non-marital sexuality by lobbying to ban school-based sexuality education. However, the contemporary tactic is not to ban these programmes, but instead replace them with pro-abstinence sexuality education programmes, based on narratives of the moral Right (Irvine, 1994:23). Thereby this switch in tactics has sought to silence public discourse on non-marital sexuality by employing school-based sexuality programmes, namely abstinence programmes — that stigmatise and deny non-marital sexuality (Rose, 2005:1214; Irvine, 2000:59).

The public concern over the global AIDS pandemic had originally created new public spaces for open discussions about sexual health, as was observed in Western nations such as Australia and the USA. However, conservative groups, especially within the USA, utilised the public fear caused by the AIDS epidemic to bolster moral panic to justify their promotion of sex-negative abstinence programmes (Irvine, 2000:68; Rose, 2005:1214). Abstinence policies promote highly stigmatic sex-negative narratives that construct young people's sexuality as morally wrong, and biologically dangerous (Rose, 2005:1208). Such an approach is strongly at odds with the methods of best practice for CSE. Therefore, Thai policy makers must be cautious with how CSE is delivered in Thailand and ensure that Moralistic narratives do not dominate current SRH programmes and ultimately change the aim and direction of current SRH strategies from sex-positive CSE to sex-negative pro-abstinence policies. Pro-abstinence policies are highly popular in nations wishing to silence forms of sexuality deemed inappropriate to the national character, namely sex-outside-of-marriage, especially for young people. Despite this popularity, from an SRH policy perspective abstinence policies often lead to enhanced stigma, gender discrimination and negative health consequences towards those targeted by these programmes, particularly young women. Abstinence policies come in two broad categories, abstinence-plus and abstinence-only (Weaver *et al.*, 2005:177). Abstinence-plus policies promote abstinence from sex as the *preferred* choice for young people in avoiding unplanned pregnancy and contracting an STI (Landry *et al.*, 1999:283; Weaver *et al.*, 2005:177). Abstinence-only policies require that abstinence from sex-until-marriage is promoted as the *only* option to avoid unplanned pregnancies or STI. Moreover, discussion of contraceptives is either prohibited, or if discussed, only in a manner that highlights their ineffectiveness in preventing unintended pregnancies or STI (Landry *et al.*, 1999:283; Weaver *et al.*, 2005:177). Furthermore, this claim that contraceptives are ineffective is scientifically incorrect, and irresponsible from a health and wellbeing perspective. As with most allegations against contraceptives they are based on moral panic and fear, rather than research-based evidence (Landry *et al.*, 1999:280; Brückner and Bearman, 2005:277; Hearst and Chen, 2004:39,44). Such an approach is strongly at odds with the aims of CSE to provide 'non-judgmental' information to young people.

In the USA the cultural barriers to employing sex-positive sexuality education at schools extended beyond discursive barriers and created significant structural barriers set up under federal government funding policy. Since the late 1990s the US federal government had actively pressed for the exclusive promotion of abstinence-until-marriage sexuality education programmes in public schools under Title V, Section 510, of the Social Security Act (Sonfield and Gold, 2001:166).

During the Bush administration federal funding was actively diverted from CSE programmes to abstinence programmes. Furthermore, similar funding diversions occurred in international family assistance programmes (Rose, 2005:1210). Thus, this US policy shift impacted on policies in other nations and had an impact on HIV prevention efforts globally, namely the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). PEPFAR was launched in 2003 to assist 15 nations in sub-Saharan Africa, the Caribbean, and Asia that had been severely affected by AIDS (Santelli *et al.*, 2017:278). However, after 2006 HIV prevention programmes funded under PEPFAR were required to follow specific guidance on Abstinence, Be Faithful, and Condom use, better known as ABC (Santelli *et al.*, 2017:278). ABC programmes promote the following message: sexual health is achieved by abstaining from sex-until-marriage, 'A', and once married, being faithful to one partner, 'B', and as a last resort measure, if you cannot comply with A and B, then you must use a condom 'C' to protect society from your social transgressions (Smith *et al.*, 2003:12; Chamratrithirong, 2009:181; Dworkin and Ehrhardt, 2007:1). Within Thai SRH policy abstinence programmes have been allowed to creep in under the façade of being comprehensive by taking the ABC approach (Smith *et al.*, 2003:13; Nitirat, 2007:163).

ABC policies have become highly popular in Thailand, as their moralist narratives align well with modern Thai narratives. Both narratives strongly stigmatise non-marital sex and silence public discourse on sexual health. In relation to international HIV intervention policies, US domestic narratives have strongly pushed the ABC programme as the international policy preference for HIV intervention strategies. These programmes claim to be comprehensive as they include discussion on safer sex. However, such programmes tend to focus on abstinence and 'being faithful to one partner', over safer sex practices (using condoms), and often negatively construct young people's sexuality as a negative health factor (Smith *et al.*, 2003:13; Nitirat, 2007:163; Chamratrithirong, 2009:181). The marginalisation of safer sex practices, such as condom and contraceptive use, is reflected in the C coming after abstinence and 'being faithful' to one partner in the term ABC (Chamratrithirong, 2009:181). Indeed, the term 'being faithful' reveals the dominance of moralist narratives of the moralist Right in ABC narratives. Often condoms are portrayed as a last resort measure for those who choose to deviate from normative sexual practices or more simply those who 'lose control' (Nitirat, 2007:163; Chamratrithirong, 2009:181). Reflecting on the damaging impact of ABC programmes in the USA, Rose states that, 'fear rather than affirmation, rejection rather than acceptance, and denial rather than knowledge about sexuality tend to dominate abstinence-only materials' (Rose, 2005:1213). By constructing young people's sexuality as a 'risky' practice, ABC programmes would likely inculcate young Thais with the dominant Thai narrative that non-marital sex, and in effect young people's sexuality, is morally wrong and biologically dangerous (Thongpriwan and McElmurry, 2009:884). The silence and stigma promoted by such policies tend to increase the vulnerability of young people to HIV infection and other risks associated with sexuality, such as coerced sex and/or gendered-violence. Recent studies show that approximately 80 percent of HIV infection in Thailand has occurred through heterosexual intercourse without a condom (Janepanish *et al.*, 2011:460). Despite this vulnerability, the public space allowed for the provision of school-based sexuality education has been significantly limited by policy preference for abstinence-policies (Chamratrithirong, 2009:179; Klunklin and Greenwood, 2005:49; Lyttleton, 2000:123-126; Thianthai, 2004:190).

The cultural silence around non-marital sexuality appears to have severely limited the way educators deliver CSE in Thailand. As representatives of the Thai State many teachers feel culturally obliged to act as models of moral decency to their students by exhibiting behaviours and narratives that are in line with dominant Thai cultural narratives (Smith *et al.*, 2003: 17). Moreover, many teachers and administrators are concerned with the performative nature of sexuality education discourse, which further silences the topic (UNICEF, 2016:24; IATT, 2008:55; Nitirat, 2007:151).

Western studies have found that CSE programmes tend to postpone initiation of sexual intercourse, reduce frequency, reduce number of partners, increase contraceptive use and reduce pregnancy rates among teens (Charo, 2017:1557; Rose, 2005:1210). Nevertheless, Thai policy makers and educators do appear to be constrained by modern Thai cultural narratives and the misbelief that discourse about sex is performative. This has led to the MoE's policy of comprehensive school-based sexuality education being honoured mostly in name rather than in practice (UNICEF, 2017:33,39; IATT, 2008:56). Despite slight structural variations in teaching models between schools across Thailand, current school-based sexuality education can typically be classified by its focus on human reproductive development, hygiene and care, but not on the specific sexual practices or wider social issues that students are interested in (UNICEF, 2017:39; IATT, 2008:56; Noppakunthong, 2007). These courses prioritise biological issues — body changes, biological differences between the sexes — over practicalities such as using contraceptives, with almost no formal teaching about emotional issues or negotiation skills, aside from saying no to sex (Vuttanont *et al.*, 2006:2071; UNICEF, 2017:43; UNICEF, 2016:25).

In addition to discursive barriers, the dominance of Thai cultural narratives to deny and stigmatise young people's sexuality has also led to significant structural barriers. Contemporary studies have noted that many teachers are hesitant to provide fully comprehensive sexuality education as they feel they lack the knowledge and expertise to do so adequately (UNICEF, 2017; Noppakunthong, 2007; Kay *et al.*, 2010; Smith *et al.*, 2003; Nimkannon, 2006). Teachers are expected by the MoE curriculum to provide a fully comprehensive sexuality education programme, that includes 'life skills' (such as managing relationships) but are not provided with adequate materials or training to do so (Noppakunthong, 2007; Nitirat, 2007:169; Kay *et al.*, 2010:11). Of the limited assistance given to teachers, the focus is on the contents to be taught, rather than on how to effectively and/or practically deliver that content (UNICEF, 2017:38). Compared to other areas of Thai society, such as SRH policy targeted at commercial-sex, the education sector's response to Thailand's national HIV epidemic has been flagged as significantly lagging (IATT, 2008:55). The UNAIDS Inter-Agency Task Team (IATT) noted that a greater focus on prevention efforts combined with a frank and open approach to sexuality education was needed to make SRH policy more effective for young people (IATT, 2008:59). The IATT noted that, 'the mainstreaming of HIV/AIDS [within education] needs policy and political commitment, a single message, comprehensive guidance, and coordination among partners in order to enable clear understanding and effective implementation' (IATT, 2008:57).

Although Thai policy makers appear to have attempted to implement some of these findings into current SRH policy, these policies appear to have encountered significant cultural barriers. The latest attempt to improve sexual health outcomes for young people by SRH policy makers was through the mandated provision of CSE under the recent Teenage Pregnancy Prevention and Alleviation Act of 2016. Recent reviews of the implementation of CSE under these newer policies have found that there is still a critical lack of support to reviewing the effective delivery of CSE (especially in secondary schools) and providing adequate teacher training (UNICEF, 2017:41). Moreover, the specific focus of CSE to address the 'problem' of unplanned teenage pregnancies (especially under the recent guidance of the Teenage Pregnancy Prevention and Alleviation Act of 2016), and to a lesser extent, rising STI levels, has reduced the overall effectiveness of Thai CSE. As such the influence of dominant health pragmatist narratives to focus current Thai SRH programmes exclusively on the negative impacts of sex severely undermine the effectiveness of such programmes as they do not address the social inequalities that make young people vulnerable. Thus, for school-based sexuality education to be fully comprehensive in nature and effectively reduce the vulnerability of young people to various sexual 'risks' the current focus of SRH policy will need to shift away from ABC type programmes that focus on educating young people on how to say no to sex.

Instead policy makers should push for a CSE programme that takes a multidimensional approach. An approach that not only imparts knowledge on the biological aspects of HIV (and other sexual 'risks'), but also addresses the socially and culturally situated nature of sexuality, and discusses the potential positives of sex — and not just focus on the negative outcomes of sex. Without such an approach it is likely that schools will be unable to effectively deliver a school-based sexuality programme that is comprehensive in nature and addresses the cultural factors that make young people vulnerable to sexual health risks such as HIV, gendered-violence, coerced sex and unplanned pregnancy. Finally, to assist in modifying current and future SRH programmes to make them more relevant for young people's sexual health concerns, it is important to engage directly with young people. However, due to the culture of silence surrounding the sexuality of young people, it is difficult for researchers to engage directly with young people and discuss their sexuality. This has led to a significant gap in SRH literature in relation to young people and their sexual health in Thailand. To address this critical gap, the thesis utilised field research that engaged directly with young Thais to gain a better understanding of their vulnerability under dominant Thai cultural narratives.

Understanding the Silence: Findings from the field study

There is emerging data in Thailand indicating young people are becoming increasingly vulnerable to HIV infection, and other sexual risks such as coerced sex and gendered-violence (Tangmunkongvorakul *et al.*, 2010:1476; Musumari *et al.*, 2016:2). Nevertheless, little research has been done on the attitudes and perceptions of the so-called 'modern/Western' generation of contemporary young people in Thailand, engaged in sex outside of a commercial setting (Thianthai, 2004:190; Van Landingham and Trujillo, 2002:6; Allen *et al.*, 2003:9; Supametaporn *et al.*, 2010:739). Moreover, it appears that this minimal engagement between SRH researchers and young people has resulted from the cultural silence surrounding the sexuality of young people. To help accommodate, rather than ignore, the Thai cultural taboo against public discussions of sexual issues, I created a research template that was culturally appropriate for Thailand. My reflexive response to the barriers encountered by prior studies in Thailand on sexuality (Vuttanont *et al.*, 2006; Thianthai, 2004; VanLandingham and Trujillo, 2002) was the development of a qualitative questionnaire. A qualitative study is better equipped to analyse the attitudes/perceptions of the respondent, in preference of a quantitative study that analyses behaviour and/or practices. Qualitative methods were identified as providing the ideal pathway to accessing willing participants in a culturally sensitive matter, and to allow for the open-ended analysis of complex data (VanLandingham and Trujillo, 2002:6).

Because of the unique nature of Thai power structures Thai citizens are more likely to deny heterodox sexuality in a public forum. However, if asked in a manner that does not require them to publicly state what they *actually* do, there is more flexibility for them to acknowledge the existence of heterodox sexualities. Therefore to accommodate Thai cultural barriers to public discourse on sexuality, the study employed by this thesis focused on investigating people's perceptions of what they think Thai citizens *should* do, rather than what *they* do personally. In effect my study asked young people what they believe they should do as Thai citizens, rather than what they actually do. The overall intent was to create a study that demonstrated it was possible to interview young people about sexual health despite the Thai culture of silence around public discourse on sexuality. Although this study did not aim or claim to create solutions for addressing the current deficit in SRH policy targeted at young people in Thailand, it was aimed at suggesting possible areas for future studies that could directly benefit future SRH policy makers in Thailand. The implication being that if SRH studies are constructed as working within the private domain, or at the very least, not outright asking participants to voice narratives that directly challenge dominant Thai narratives, there would be less chance of these studies being silenced by cultural barriers.

Given the paucity of research on young people in Thailand and the related cultural silence around the sexuality of young people, a sampling method that could locate hard to reach social groupings was required. Based on my review of SRH literature and sampling methodologies snowball sampling was the most appropriate method. Snowball sampling is defined as a method of sampling in which the researcher accesses participants through contact information provided by other participants, rather than through direct contact (Noy, 2008:330). That is, one person contacts their friends/associates and those contacts inform their friends/associates, ultimately forming a chain of referrals, hence the other common name of chain referral sampling (Vuttanont et al., 2006:2070; Biernacki and Waldorf, 1981:141). Snowball sampling helps accommodate the Thai taboo on public discourse on sexuality in several ways. As the interviewer was recommended by a friend or peer to the participant, and not just a random stranger wanting to question the individual about sex, a rather private and personal matter, the participant would be more trusting of the interviewer. The peer-based network of recruiting participants pushed the arena of this study more towards a private social network, rather than being perceived as part of the public arena. Researchers in Thailand have noted that previous SRH studies have encountered significant trust barriers when using conventional methods such as the self-completed anonymous questionnaire, as participants were often unsure of the nature of the study, and who was collecting the information (Lyttleton, 1999:40).

By employing peer-based recruitment methods for gathering the sample for my study it was possible to accommodate the Thai taboo against publicly discussing sexuality even for health purposes. Via this accommodation, the study could construct a dialogue with the students sampled in the study and obtain a unique 'snap shot' of young people's social/sexual scripts. With the study obtaining a sample of 93 Bangkok-based tertiary students (30 men and 63 women). The overall findings obtained from the 2010 study tended to support the overall hypothesis of the study — that through its silencing of sexuality (even for health matters) dominant modern Thai cultural narratives appear to have made young people vulnerable to HIV infection, and other sexual health concerns such as unplanned pregnancy, and to a lesser extent coerced sex. The findings analysed in Chapter Five revealed that this cultural silence led to constructions within this sample of students that made them vulnerable to HIV infection and unplanned pregnancy. In some instances there were also distinct differences in the overall response trends between men and women. Questions 15a asked, 'is it appropriate to talk about sexual matters in public?' The overall response was 'no' (N=51; N_{female}=36, N_{male}=15) indicating strongly that dominant Thai narratives do silence public discourse on sexual matters. Moreover, the privileging of men's sexuality over women's in dominant Thai narratives appears to be reflected in the response trends. Compared to men, a much higher proportion of the women's responses were 'no'. For the men, their responses were almost evenly split between yes and no, with 12 men saying 'yes', three saying 'maybe', and 15 saying 'no'. For the women the response ratio was just over twice as many no responses to each yes response, with 15 women saying 'yes', eleven saying 'maybe', and 36 saying 'no'.

An especially strong example of how this cultural silence makes young people vulnerable to HIV infection was their responses to question 16, which asked, 'should universities have condom dispensers in their toilets?' The response trends were highly gender-differentiated with women appearing to be more vulnerable than men. For women, the most common response was 'no, universities should not have condom dispensers in their toilets' (N=48 – this included 32 'no' responses and 16 'no, because...' responses). There were almost three times as many no responses compared to yes responses for women (13 'yes' responses, and 2 'yes, but...' responses). For the men however, response trends were almost evenly distributed between 'yes' (N=15 – this included 12 'yes', 1 'yes, because...', and 3 'yes, but...' responses) and 'no' (N=16 – 12 'no' and 4 'no, because...' responses).

The strong gender-bias in these responses most likely reflects the overall privileging of men's sexuality in modern Thai narratives. Thus, popularity of the 'no' response amongst the women likely reflects the higher level of stigma modern Thai cultural narratives place on women's sexuality outside of marriage compared to that of men. This response trend reflected media reports from 2003 that noted strong student objections to the Thai government's proposal to install condom dispensers in university campuses as part of a broader national SRH campaign targeted at reducing the spread of HIV (BBC News, 2003). Although these cultural barriers appear to have made young people highly vulnerable to HIV, the study also found that while students voiced narratives that publicly denied young people's sexuality, privately they accepted such sexuality. This reflected the distinctive nature of Thai power structures to focus on public displays of conformity to normative structures, whilst ignoring private acts. The findings from the Vignette Scenarios analysed in Chapters Six and Seven revealed that despite the taboos placed on sex-outside-of-marriage by dominant Thai narratives, in private narratives the students did not deny the existence of sex-outside-of-marriage. Moreover, while dominant Thai cultural narratives have significantly stigmatised young people's sexuality as being 'unhealthy' and 'un-Thai', the findings from the Vignettes yielded some promising trends. By using Vignette Scenarios to supplement the short and extended-answer questions in my study, I obtained a snap-shot of how young Thais construct their own social/sexual scripts around their sexuality and non-marital sex in a non-commercial setting. By allowing the sample of students to create a narrative around the characters provided in these scenarios, rather than having to recite their own past personal experiences, they could discuss Thai sexuality without directly making their own experiences public. Consequently, the responses obtained from both scenarios heavily contrasted with those analysed in Chapter Five. When asking the students to reflect on what they believe Thai society expects of them, the majority response was that sex-outside-of-marriage was wrong, and that 'good' Tertiary students do not have sex. However, in response to both Vignettes in my study, most students responded by stating that the fictional characters in the scenarios would engage in sex beyond the traditional confines of marriage. Furthermore, the responses revealed that dominant Thai cultural narratives impacted on the student's social/sexual scripts in a gender-differentiated manner. Although the overall actions cited in their responses were similar across genders, the reasons behind these actions were often gender-differentiated.

Whilst the student responses to the two Vignette Scenarios in general revealed acceptance of young people's sexuality amongst this sample, there still appeared to be a strong pairing of negative emotions to their responses. Several of these negative emotions were associated with the cognitive dissonance the fictional character was experiencing with what they believed dominant Thai narratives expected them to do, versus what they would like to do personally. The overall trend across the two Vignette Scenarios, for both men and women, was that despite feeling uncomfortable about the social/sexual situation, most students stated that the fictional characters would engage in a sexual encounter. For example, in the first scenario the male character Lek, was described as feeling compelled to accept the female character Ploy's offer of sex, since that is what was expected of a 'proper' Thai man. Furthermore, the women tended to be more aware of the cultural pressures on men to be sexually active, or at the very least, more vocal about the matter. This was highlighted by women predominantly being the ones to cite peer pressure as a motivation for Lek having sex with Ploy. Likewise, in the second scenario it appears that the dominant modern Thai narrative that women are sexually passive to men has significantly influenced the responses to this scenario. When asked how would the female character Noy feel about her boyfriend Yai's request for sex — especially with his apprehension towards condom use — all the students stated Ploy would be experiencing negative emotions, except for two women who gave neutral emotional responses. Despite Noy feeling apprehensive, the most common response was that Noy would have sex with Yai.

Therefore, future SRH policies should dedicate more time to addressing the issue of young people feeling pressured into their first sexual encounter. Possibly providing CSE course content that assists young people understand and interpret their feelings more when it comes to sexual development.

In terms of better designing future Thai SRH policies to target key issues for young people the findings revealed several areas that require attention. Social pressure to conform with dominant Thai narratives, such as the requirement for women to be sexually passive to men, does appear to make young people vulnerable to HIV and other associated sexual risks. In the second Vignette Scenario, the main reasons given for condom use were unplanned pregnancy first, followed by preventing STI transmission. This was especially the case for young women, whereas the men tended to weigh the two matters evenly. Therefore, within a 'romance-based' relationship condom use apparently is seen more for birth-control rather than as a barrier protection against STI. Therefore, future SRH policies should modify educational programmes to promote condom use amongst 'romance-based' relationships in addition to the current focus on 'casual-relationships' and sex within a commercial setting. Continuing with the vulnerability created by a man's sexuality being perceived as being dominant over a woman's, some men stated that the reason the male character Yai might not want to use a condom is because he is HIV positive. This response is troubling as it shows the male character has put his own sexual pleasure ahead of the welfare of his partner — given he is already infected he does not need to protect himself from potential harm by using a condom. Therefore, a great deal of attention is needed in future SRH educational policy to promote concepts of gender equality between men and women so that dangerous concepts such as this are not maintained amongst Thai men. The need to focus more attention on gender equality within CSE programmes was noted by UNICEF during their review of CSE in Thailand, observing that, 'findings from the student survey indicate that many students still have attitudes that compromise gender equality, affirm the use of domestic violence in some situations or reject the sexual rights of various groups' (UNICEF, 2017:25). Therefore, future SRH policies will need to dedicate more educational resources to helping young people understand the asymmetric nature of sexual power relations in modern Thailand, and how to negotiate from an uneven position.

The findings from the extended-answer responses revealed several factors under which dominant Thai cultural narratives appear to have hindered SRH policy efforts to reduce the vulnerability of young people. Based on the findings analysed in Chapter Eight it appears that there were several gender-differentiated patterns in the students' responses that should be accommodated into future SRH policies to assist in making them more effective within the Thai cultural context. One such example of this would be to design future SRH policies to acknowledge that women encounter significantly more cultural barriers to pursuing better sexual health than men do. This is because dominant Thai narratives have strongly associated women and their bodies with maintaining the sexual virtue of the Thai identity. Nevertheless, most of the current SRH policies employed in Thailand are based around Western-influenced policies that promote a health pragmatist discourse. These policies assume that men and women have equal bargaining powers in sexual relationships and that the way citizens perceive their sexual identity in relation to State narratives is equal for men and women. The findings from the study, in conjunction with those from the SRH literature review, revealed that in the context of Thailand, men and women do not have equal bargaining powers within sexual relationships.

Finally, the dominant cultural narratives that define the modern Thai State have denied young people are sexually active, and this has made them vulnerable to HIV infection. Nevertheless, some of the findings from the study show potential for improvement in future SRH programmes and policy. Within this sample of tertiary students, the findings suggest that young men and women believe it is

equally appropriate for men and women to have sexual desires, provided they control it and express it within the appropriate context. Furthermore, the findings from Vignette Scenarios suggest that, within the sample of students, young people value the protective factor of sexual health knowledge. Future SRH policies should be able to build on this valuing of sexual health knowledge to help modify such programmes to be more accessible and appropriate for young people. Moreover, these young people seem to believe that the reason Westerners are more expressive of their sexuality is not because they are more sexual per se, rather their culture allows them to be more expressive. Therefore, while at present it does appear the social/sexual scripts of young people are constrained by dominant Thai cultural narratives, more spaces are being created for the acceptance of heterodox sexualities amongst this sample of students — at least within their private narratives. Therefore, these spaces should provide opportunity for future SRH policy makers to expand on, and tailor future SRH programmes to be more appropriate for young people, while at the same time accommodating the cultural barriers around the sexuality of young Thai citizens.

Recommendations for a Culturally Appropriate SRH Policy

The overall conclusions drawn from this thesis reveal that although Thai policy makers have started to recognise the importance of supporting the implementation of CSE in Thailand (especially since 2016), there are still many shortfalls (IATT, 2008:56; UNICEF, 2017:43). Moreover, several key barriers to implementing CSE under Thailand's national SRH policy appear to originate from clashes with the dominant cultural narratives that define the modern Thai State. Therefore, SRH policy makers need to understand and appreciate the socio-political context shaping sexuality. Within this context, understanding how hegemonic cultural narratives make individuals vulnerable to negative sexual health factors, ranging from traditional medical concerns of HIV infection to more embodied concerns such as a damaged social reputation. The shortfall of current policy approaches to acknowledge embodied matters was observed by the UNAIDS Inter-Agency Task Team (IATT) on Education with their 2008 report on Thailand's policy response to the HIV epidemic. The IATT observed that, 'in spite of reductions in HIV prevalence, substantial levels of stigma and discrimination continue to exist.' Furthermore, 'prevention in general has lost its significance within the response. There is a need for advocacy for behaviour change and preventive action ...' (IATT, 2008:56). This reflects the current dilemma SRH policy makers face with the contemporary HIV epidemic, especially in relation to young people. Given young people are becoming increasingly vulnerable to HIV being spread by unprotected heterosexual sex — outside of a commercial setting — more emphasis should be placed on prevention and education. However, within the public domain, the dominant narratives that define the modern Thai State construct the ideal young person as one who is non-sexual, and in the case of women, sexually naïve. Therefore, it is problematic for policy makers and educators to endorse an SRH programme that employs narratives which positively acknowledge young people are sexually active. Thus, the increasing levels of STI (which increases a person's vulnerability to HIV) and unplanned pregnancies among very young people, suggest that due to the cultural silence around young people's sexuality, contemporary SRH policy has faltered in addressing the health concerns of young people.

The combined findings from the field study and literature review utilised in this thesis have presented some possible solutions to accommodating the Thai cultural barrier of silencing public discourse on sexual health matters. Within the study's sample of tertiary students, although women and men obtain their social/sexual scripts from similar sources, their reliance on these sources differs. In addition to relying on personal experience and observation of others (which was equally popular for men and women), women tended to rely more on friends, the media, internet and movies/literature. Whereas men tended to rely more on the family and State institutions, namely schools.

Therefore, when it comes to making future SRH policies more effective for young people, policy makers should be mindful that the social/sexual scripts of young men and women are influenced from different sources. As such, a possible method in which future SRH policies could enhance their efficiency, could be to accommodate this gender-differentiation, and deliver messages via gender-appropriate mediums to maximise efficiency. As the findings in Chapter Eight revealed, when it comes to educating young men, current SRH policies that rely on school-based sexuality education to promote top-down information from teacher to student would remain valid. However, given women tend to source their understandings from peers, current SRH policy approaches might be less effective for women.

Therefore, to make future SRH policies more accessible and appropriate for women, future programmes should be modified to include aspects focused on women's concerns via women-friendly mediums, such as using peer-based sexuality education programmes. However, peer-based education might prove difficult for teachers to manage as contemporary reviews of CSE delivery in Thailand reveal teachers often struggle with trying to deliver the basic content of CSE as mandated under current national SRH policy (UNICEF, 2017:37). Commenting on this barrier, UNICEF observed that, 'greater emphasis is given to purely academic subjects than to subjects aimed at supplementing students' life experience, including sexuality education' (UNICEF, 2017:37). Therefore, to address this issue, and assist in reducing the workload of teachers, other forms of informal information dissemination could be utilised in future programmes. Moreover, by being constructed as informal content existing outside of the formal realms of the State's educational institutions, they would be less likely to encounter resistance from dominant Thai narratives and power structures which are focused on policing public narratives. This could be in the form of articles in popular teen and young women's magazines, or on internet-based information web-pages linked to popular online social media forums, such as Facebook or video sharing platform, YouTube, or online websites dedicated to providing accurate sexual health information specifically for young people.

To ensure accurate sexual information is provided and that such websites were run consistently and effectively, it would be best to employ an NGO (non-government organisation) to provide such web-based content. An NGO would be most likely to have the background experience and knowledge to provide such a service, in addition to the funds and administration to maintain it. Additionally, the use of an NGO, rather than a government organisation, would assist in maintaining a symbolic distance between sex-positive narratives and the Thai State. Within Thailand such support materials are beginning to emerge. A prime example was the Bangkok based *TeenPath* project developed by the Program for Appropriate Technology in Health (PATH), an international NGO, funded by the Global Fund for AIDS, Tuberculosis and Malaria (GFATM) (UNESCO, 2014:72; Boonmongkon and Thaweessit, 2009). PATH is now called the Path2Health (P2H) Foundation (UNICEF, 2017:1). The goal of *TeenPath* was to assist each school within Thailand to include sexuality and HIV education in the curricula of Grades 7 to 12 within secondary schools, as well as in vocational schools (UNESCO, 2014:72). Although the *TeenPath* project has ended — it ran from 2003 to 2014 — P2H still offers sexual health support material online through their website path2health.or.th (P2H, 2018; UNICEF, 2017:40). Therefore, SRH policy makers could consider liaising with P2H to create new content to specifically work alongside current and/or future SRH policies, namely school-based CSE. Regarding making material and messages more accessible to young people, when it came to sexual health decisions, social risks were regarded as being much more important than medical risks. Moreover, the types of social risks were ranked differently, depending on the gender of the respondent in the study. Consequently, to enhance the relevance of CSE programmes to young people, policy makers should consider implementing CSE programmes that also educate young people on how to manage social factors as well as the traditional focus on bio-medical factors, such as STI prevention.

Finally, to make these messages more accessible such programmes should be gender-specific, rather than their current form of being gender-neutral/blind.

In addition to highlighting current cultural barriers to contemporary Thai SRH policy, the findings from the 2010 study identified some potential areas in which spaces were being created to discuss the sexuality of young people. It appears that amongst the private social/sexual scripts of the students sampled in my study there is a growing acceptance of heterodox sexualities. In public women are expected to be sexually naïve to be perceived as being a 'good' Thai citizen. Whereas in private, amongst the sample of students, it appears it is expected that both young men and women possess sexual knowledge as part of being responsible Thai citizens. Moreover, within these private scripts it was acceptable for a woman to be knowledgeable about sex. Indeed, it was perceived as a responsible protective factor, such as knowing to use condoms. Although dominant Thai narratives currently stigmatise young people's sexuality and construct sexually active young people as being morally corrupt, future SRH policies could seek to take a more holistic approach and attempt to integrate CSE programmes with other social studies courses. One such example, would be to capitalise on the finding from the study that indicated young people positively valued sexual health knowledge. Namely that having knowledge about condoms was perceived as being a good thing for a responsible Thai citizen to possess. As discussed in Chapter One, Thai educational institutions tend to identify the abandonment of foundations of morality and good manners as sources of Thai social problems (Van Esterik, 2000:38). Nevertheless, these same compulsory social studies courses — which are currently used to promote sex-negative narratives — could be modified to promote healthier sexual behaviour concepts. Current Thai SRH programmes targeted at non-marital sex (especially within a commercial setting) heavily emphasise the importance of using a condom to protect your community and family unit from harm. This communal concept of protecting others from harm forms a central pillar to Thai cultural narratives on responsible citizenship. During primary schooling Thai citizens are taught that responsibility is conceptualised in six hierarchal clusters of duty, the obligations to oneself, to the family, to the school class and fellows, to the school, to the community, and to the nation-state (Mulder, 1997:40). As such, future school-based SRH programmes could seek to emphasise the importance of having more knowledge about sexual health and interpersonal relationships, such as equal bargaining power in relations, as a way of being a more responsible Thai citizen. As discussed in Chapter Three, for a school-based sexuality education programme to be comprehensive it must be multifaceted and culturally appropriate. Thus, within the context of Thai SRH programmes this means taking current CSE programmes beyond basic courses that solely focus on the mechanics of sex. Instead, CSE should be expanded to cover broader embodied and social issues, such as gender equality and sexual rights. Moreover, CSE programmes could be linked to other social skills courses already in existence in the school system to take a more holistic approach to promoting healthier lifestyles for young people. The need to reform current SRH policy and take a more holistic approach to reduce the vulnerability to young people to sexual risks was eloquently summarised in the concluding comments of UNICEF's review of the implementation of CSE in Thailand (UNICEF, 2017:41):

... to ensure that sexuality education in Thailand becomes truly comprehensive, policy makers at the ministry level need to pose questions about the general framework of sexuality education. In particular, teaching sexuality education based solely on solving specific problems [reducing STI rates and teen pregnancy] may not be sufficient to equip students with analytic skills to make informed decisions about their relationships and sexual lives. Educational institutions need to place more emphasis on teaching about equality, sexual rights and gender to cultivate attitudes that help to solve sexual problems at their roots. However, this aim cannot be realized unless there is a clear and continuous policy from the Ministry mandating teachers and school directors to ensure that such topics are properly covered.

Thus, policy makers need to be mindful of the cultural barriers conflicting with current CSE programmes — as part of national SRH policy. To accommodate these barriers amendments are required to make CSE more culturally appropriate to Thailand, whilst at the same time addressing the sexual health requirements of young people.

Concluding Remarks

This thesis has strongly suggested that the hegemonic cultural narratives that define citizenship under the modern Thai State are presenting the most significant barrier to contemporary SRH policy in Thailand. Whilst other barriers, such as structural issues, have been identified, it appears that the Thai culture of silence towards sex-outside-of-marriage has been the main factor that has made young people vulnerable to HIV infection and other sexual 'risks' such as gendered-violence, coerced sex and unplanned pregnancy. Consequently, this has meant that despite being highly successful in reducing national HIV rates, Thailand's current SRH policies have struggled with addressing the apparent increasing vulnerability of young people to HIV infection. The thesis has argued that this is because the dominant narratives that define the modern Thai State have created a culture of silence towards heterodox sexualities, namely those that exist outside the normative bounds of (hetero)sexuality within marriage and reproduction. To maintain the surface illusion of a harmonious, monolithic and moral Thailand, dominant Thai cultural narratives have stigmatised sex-outside-of-marriage as 'un-Thai' and 'risky'. Consequently, this construction has silenced positively-framed public discussion of non-marital sex, especially for young people. Although commercial sex — one of the most publicly visible forms of sex-outside-of-marriage — is tolerated as marginalised impurity, the Thai State and the dominant cultural narratives that define and maintain it, are far less accepting of sexual variations amongst those deemed mainstream citizens. Now that the HIV epidemic appears to have moved beyond the culturally and physically quarantined commercial sex industry, and into the 'mainstream' population of young people, Thai policy makers appear to be struggling with addressing this new trend. Given dominant Thai narratives deny young people are sexually active, this new trend of HIV transmission amongst young people makes it difficult for policy makers to acknowledge HIV is being spread through heterodox sexual practices, namely unprotected sex amongst young people.

Despite this significant culture of silence towards heterodox sexualities, this thesis has suggested some possible methods for modifying current/future SRH policy to accommodate, rather than ignore, the cultural taboo against discussing sexual matters in public discourse, even for health purposes. The 2010 study indicated that within the sample of Bangkok-based tertiary students, the concept of sex-outside-of-marriage for young people is becoming more accepted, at least within their private narratives. Furthermore, these young people seem to believe that the reason Westerners are more expressive of their sexuality is not because they are more sexual per se, rather their culture allows them to be more expressive. Therefore, while at present it does appear that the social/sexual scripts of young people are heavily constrained by dominant Thai cultural narratives, more spaces are being created for the acceptance of heterodox sexualities amongst this sample of students. During the 1980s in Western nations, such as Australia and the USA, the AIDS epidemic opened spaces in public discourse for more open and frank discussions of sexual health matters. Although this occurred in the 1990s in Thailand, this was restricted within the context of commercial sex. Nevertheless, as young people continue to remain vulnerable to HIV infection — with the strong possibility of HIV spreading into the general population — more opportunities will emerge for the public discussion of young people's sexuality, and sex outside-of-marriage, beyond a commercial sex setting. Therefore, this is a critical time for SRH researchers and policy makers to take a unified approach working with education stakeholders to engage in a single national policy giving a clear message — one that is relevant to young people and pragmatic from a HIV intervention perspective.

The shortcoming of current SRH policy was voiced in the National AIDS Prevention and Alleviation Committee 2010 report on the progress of Thailand's national AIDS policy (NAPAC, 2010:5),

Promotion of comprehensive sexuality education is still a weak point of the [national AIDS] program. The challenge here is to find a way to institutionalize comprehensive sexuality education in the school system through policy improvements at the national and ministerial level.

This thesis has suggested that whilst the cultural barriers to SRH policy in Thailand are significant, it is possible to accommodate these barriers by carefully modifying SRH policy to be more culturally appropriate to the current HIV epidemic. Namely, modifying SRH policies to focus more on including social/embodied concerns, in addition to traditional medical concerns, such as more content on understanding and managing gendered-power relations within the Thai context. This need to modify current SRH policy was raised by UNICEF during its 2017 review of the implementation of CSE in Thailand, concluding that (UNICEF, 2017:39):

... insufficient coverage of topics related to gender, rights and power is an important gap in Thai CSE provision and might help to explain why Thai students still face significant challenges in applying what they learn to their own lives as well as why the rates of teenage pregnancy and STI/HIV incidence have remained high among Thai youth.

Cultural narratives are not static and can be modified over time. Therefore, the onus is on policy makers to emphasise the importance of preventative education and endorse a policy that promotes the development of programmes that are culturally appropriate, yet effective in terms of promoting healthier sexual options for young people.

Bibliography - Conclusion

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