The Sustainable Development Goals

Diffusion and Contestation in Asia and Europe

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Introduction

As part of the Sustainable Development Goal (SDG) on ensuring healthy living for all (Goal 3), school-based sexuality education is considered a key measure for achieving the target of ending the AIDS epidemic (Target 3.3) and promoting sexual and reproductive health and rights (SRHR). Specifically, SDG Target 3.7 calls for ensuring 'universal access to sexual and reproductive health-care services, including for family planning, information and education', which is reinforced by Target 5.6 on ensuring 'universal access to sexual and reproductive health and reproductive rights'. Among the various approaches to sexuality education, the United Nations' (UN) agencies had emphasised the importance of comprehensive sexuality education (CSE) even before the SDGs were formulated. For instance, the World Health Organization (WHO) issued guidelines for the prevention of teenage pregnancy in developing countries and encouraged government ministries, non-governmental organisations (NGOs) and donor agencies to promote wider implementation of CSE (WHO, 2011). Accordingly, several states have collaborated to develop regional frameworks to promote CSE within their territories, as seen in the 2013 Eastern and Southern African ministerial commitment to deliver CSE and sexual and reproductive health services for adolescents and young people.

What are the characteristics of CSE as an approach to sexuality education? CSE is defined as 'a curriculum-based process of teaching and learning about the cognitive, emotional, physical and social aspects of sexuality', which primarily aims to 'equip children and young people with knowledge, skills, attitudes and values that will empower them to realise their health, well-being and dignity' (UNESCO, 2018a). Its unique characteristics lie in providing scientifically accurate information regarding sexual and reproductive health, developing critical thinking skills, promoting gender equality and taking a human rights-based approach to sexuality education. While CSE recognises abstinence as an important method for young people to prevent HIV infections and unintended pregnancy, it emphasises their right to choose when and with whom they engage in sexual relationships (UNESCO, 2018b). Thus, CSE informs young people on ways to access various forms of contraceptives and how to use them.

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There is growing evidence of the positive impact of CSE in reducing young people's risky behaviours related to HIV infection and teenage pregnancy (Fonner et al., 2014; Kirby, 2011; UNESCO, 2009). As a place for offering CSE, schools are considered the best possibility for reaching out to many of the young people currently in need of CSE, as the education enrolment rate is dramatically increasing worldwide (UNESCO, 2014). However, in the Asia-Pacific region, the degree of resource allocation and implementation of CSE has varied significantly across states (International Planned Parenthood Federation, 2019). This limited implementation is closely related to the unique characteristics of CSE, which are often seen as contradictory to existing sociocultural norms. Thailand is one among many states struggling to promote school-based CSE through its national policies. Although the Thai government recognises the need for school-based CSE and mandates schools to provide sexuality education, CSE has not been incorporated into the educational curriculum as a compulsory stand-alone subject. Consequently, the degree of CSE's implementation has varied widely among schools.

This chapter aims to elucidate the norm diffusion process of school-based CSE within Thailand by answering: how did the various stakeholders react to the call for promoting CSE in Thailand; who contested or accepted the CSE-related norm and why; how has CSE been diffused and what kind of role did these stakeholders play in this process? Accordingly, the remainder of this chapter proceeds by exploring the policy development context for the domestic promotion of school-based CSE in Thailand. Second, it highlights the implementation of CSE and investigates the reasons for contestation among the school-level actors in Thailand. Third, it analyses a national-scale project implemented by an international NGO in collaboration with Thailand's ministries, which aimed at promoting CSE throughout the country. Based on a study of the successful schools from this project, it outlines key strategies to widen the implementation of CSE at the school level. Finally, this chapter concludes by discussing the implications of Thailand's case for the norm diffusion of school-based CSE.

The study is based on document analysis of government reports and secondary literature as well as interviews with key informants including former officers of Thailand's ministries and staff of international organisations. The case study focused on schools that participated in the Teenpath Project, which was implemented by the Program for Appropriate Technology in Health (PATH) during 2003–2014 and deployed to 1,833 schools in 43 provinces all over Thailand. The schools selected for this study were secondary schools located in rural areas in the north-eastern region that had successfully incorporated CSE into their school curriculum. In these schools, most of the students' parents were farmers and the students' religion was predominantly Buddhism. The case study involved conducting in-depth one-to-one interviews with school principals and teachers, as well as group interviews with students and parents.

Policy development of school-based CSE in Thailand

This section explores how the norm of school-based CSE was diffused at the ministerial level in Thailand by tracing the historical development of related policies since the 1990s. It does this by revealing the characteristics of the concerned actors and domestic incentives to promote CSE in the country.

Massive public information and education on HIV/AIDS in the 1990s

Since the first HIV case was reported in Bangkok in 1984, the incidence of this infection has rapidly increased in Thailand. In particular, the national HIV prevalence among brothel-based female sex workers had reached 30% by the mid-1990s (Chariyalertsak et al., 2008). In 1991, Thailand's government regarded HIV/AIDS prevention and control as a national priority and adopted a series of progressive policies to achieve this goal. For instance, to address the HIV/AIDS epidemic among commercial sex workers and their clients, the government launched the '100% Condom Campaign' to promote universal condom usage in the sex industry. Simultaneously, under the initiative of cabinet member Mechai Viravaidya, education on HIV prevention was provided through the mass media, such as TV and radio, and in workplaces and schools. Many of the materials used for HIV prevention education were developed by the Ministry of Public Health (MoPH) and the Population and Development Association (PDA), which is an NGO led by Mr. Viravaidya himself (Lyttleton, 1996).

Between 1992 and 1997, the main players coordinating and formulating policies for the HIV/AIDS programme were the MoPH and the NGO community, whereas the Ministry of Education (MoE) was involved in the provision of HIV/AIDS education by launching peer education programmes and annual essay competitions among school students (Phoolchaeron, 2006). In 1993, the MoE issued teaching manuals for HIV/AIDS education, encouraging primary and secondary schools to spread knowledge about this issue (Kasai & Ohsawa, 1999). However, according to the key interviewees for this study,[1] school-based HIV/AIDS education was not prioritised in Thailand's HIV/AIDS policies at the time. A former MoPH officer said, 'because adolescents were believed to have a low risk of infection from HIV, they were not considered to be the main target of HIV/AIDS education'. Additionally, 'the role of schools was not considered to be very important' (Interviewed in December 2014). A former MoE officer added that 'although peer education was promoted at schools, in reality, HIV/AIDS education was mainly provided by external institutions, such as NGOs and hospitals' (Interviewed in December 2014).

Thailand's HIV/AIDS policies during the 1990s are well known for their success in curbing the spread of HIV infections related to commercial sex work. According to sentinel surveillance data, HIV prevalence among brothel-based female sex workers declined from above 30% to below 10% during 1994–2004 (Chariyalertsak et al., 2008). Nevertheless, this study's key interviewees were somewhat critical about the content of the HIV/AIDS education and media

campaigns during this period. For instance, they perceived that education overemphasised the risk of HIV transmission and focused too much on prohibitive matters based on people's fears. An NGO staff interviewee believed that such education was far from the intent of CSE and instead contributed towards discouraging people from using condoms in relationships outside the sex industry by negatively associating condoms with HIV and commercial sex.

Promotion of school-based sexuality education from the 2000s

As part of the global movement to address the HIV/AIDS epidemic, the United Nations General Assembly Special Session (UNGASS) on HIV/AIDS issued a Declaration of Commitment on HIV/AIDS in 2001. This was not a legally binding document but urged governments to act together to end the AIDS epidemic. The declaration clarified what the governments should do and emphasised the need to reduce HIV prevalence among young people (aged 15–24 years). The signatory countries were requested to submit a report to the Joint United Nations Programme on HIV/AIDS (UNAIDS) to monitor their implementation following the declaration. Thailand successfully submitted a UNGASS report every two years, demonstrating its interest in promoting CSE in the report. In the 2006 UNGASS Country Progress Report on Thailand, the National AIDS Prevention and Alleviation Committee (NAPAC) stated that the prevalence of HIV infections had expanded to young people in Thailand and highlighted that HIV/AIDS education was being promoted through its national policy on HIV/AIDS (NAPAC, 2006). Subsequently, in the 2010 UNGASS Report, the NAPAC emphasised the need for school-based CSE because of the increasing rate of HIV infections, sexually transmitted infections (STIs) and pregnancy among adolescents in the country (NAPAC, 2010).

Although the UNGASS reports recognised the need for CSE targeting adolescents, Thailand was still facing policy improvement challenges regarding the institutionalisation of CSE in its school system (NAPAC, 2010). The 2010 UNGASS Report implied that there was tension between the MoPH and the MoE over CSE's implementation. While sexuality education had been officially incorporated into the national curriculum (Basic Education Curriculum 2001) as a part of health and physical education, its content overemphasised the biomedical aspects of sexuality (UNESCO, 2014). Therefore, according to the NAPAC, the MoPH had studied and developed the content of sexuality education to be more comprehensive and submitted their ideas to the MoE in order to integrate it into the health education curriculum (NAPAC, 2010). However, the MoE administrators and teachers had negative attitudes towards accepting the need for CSE, illustrated by the MoE's reluctance to incorporate CSE into the core curriculum (NAPAC, 2010). Interestingly, Thai Buddhist authorities were reported to be supportive of sexuality education from the early stages (Smith et al., 2003).

With the adoption of the Basic Education Core Curriculum 2008, teaching CSE was emphasised in Thailand for the first time (UNESCO, 2014). The

contents of sexuality education included more diverse topics and covered the socio-emotional aspects of sexuality, such as life skills' development, sexual health and gender equality. However, the MoE did not include CSE as a compulsory stand-alone course in this curriculum or as part of the Ordinary National Education Test (O-Net), which is equivalent to a graduation exam. In Thailand's education system, which authorises schools to formulate a large part of their curricula, this positioning of CSE contributed towards only a limited implementation of CSE in schools. The degree of CSE's implementation continued to be insufficient and was mostly dependent on the motivation of individual schools and teachers (UNESCO, 2014).

Meanwhile, civil society advocated for accelerating the implementation of CSE in the formal and non-formal educational systems by referring to the 'adolescent's right to accurate and practical information about sex through CSE' (NAPAC, 2010, p. 54). For instance, the international NGO, PATH, conducted the Teenpath Project during 2003–2014. This project aimed at introducing CSE into the formal curriculum of secondary and vocational schools by developing a CSE curriculum and training teachers, managers and educational supervisors. The project also encouraged schools to foster youth leaders and networks to promote CSE through the establishment of a youth club, namely a CSE club, to develop student peer educators. The project was implemented in collaboration with the MoPH and the MoE and was funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund). However, this CSE curriculum was used only as guide and whether and how this curriculum was taught depended on teachers and schools (NAPAC, 2010). The project staff perceived that one of the major constraints limiting its reach was the MoE's contrasting vision and commitment to CSE with its education philosophy focusing mostly on academic excellence (UNESCO, 2014).

Discussions on the institutionalisation of school-based CSE started gaining traction, mostly in the context of teenage pregnancy prevention in Thailand with the increase in awareness of this problem. For instance, in 2010, BBC News reported that thousands of foetuses sent from illegal abortion clinics were found on the grounds of a Bangkok Buddhist temple, which helped raise public awareness of the problem in this country. Officially, the UNFPA (2014) stated that Thailand's adolescent birth ratio was alarming in 2012 compared to neighbouring countries. Accordingly, various policies and development plans stressed the need for school-based CSE during this period. Some of these included the 2012–2016 National Child and Youth Development Plan, the 2014–2016 National AIDS Prevention and Control Policy and Strategy and the 2015–2026 Teenage Pregnancy Prevention and Alleviation Strategy, supervised by the MoPH. In 2016, continuous efforts of the MoPH to promote school-based CSE resulted in the enactment of the Prevention and Solution of the Adolescent Pregnancy Problem Act. This law mandated schools to implement sexuality education, as written in Section 6: 'An educational establishment shall undertake the prevention and solution of the adolescent pregnancy problem as follows: (1) to provide teaching and learning on sexuality studies which is appropriate to age

of pupils or students …'. Following this enactment, a national committee on teenage pregnancy chaired by the Prime Minister was formed, which served to supervise the development of ministerial regulations of all concerned ministries, including the MoE.

Implementation of CSE in schools in Thailand

Despite domestic policies to promote school-based CSE, the implementation of CSE in schools remains limited in Thailand. UNICEF and MoE (2017) reported that only 51.3% of the surveyed teachers from secondary education in Thailand responded that CSE is treated as a stand-alone course in their schools. The biological aspects and the negative consequences of sexual intercourse are heavily emphasised in many schools (Boonmongkon et al., 2019). One of the main factors for this limited implementation is the negative attitude of teachers and parents towards CSE. For instance, many school principals believe that sexuality education should promote sexual mores based on traditional Thai culture; for example, students should not have sexual relationships at their age, and that they should behave in accordance with their gender roles (UNICEF & MoE, 2017). Similarly, many teachers believe that premarital sexual relationships are immoral and teaching about sexuality promotes teenage sexual intercourse (Vuttanont et al., 2006). In addition, teachers feel embarrassed and incapable of talking about sexuality because of its taboo nature in Thai society (Kay et al., 2010; Thammaraksa et al., 2014).

According to UNICEF and MoE (2017), most parents with children in secondary education are aware of the risk of increasing teenage pregnancy and support school-based sexuality education. However, another study reported that parents with children aged 15–18 years believe that their children were too young to be educated about sexual intercourse fearing that 'sex education might encourage experimentation with sex' (Sridawruang et al., 2010, p. 440). Additionally, some parents strongly believed that their children would follow parental instructions and not undertake risky behaviour, contrary to the fact (Fongkaew et al., 2012). Synchronising with the MoE's vision, Thai school administrators and teachers tend to place higher focus on students' academic excellence (UNESCO, 2014). In Thailand's school system, where students' O-Net scores are the standards to measure the success of education, subjects included in this exam, such as mathematics and the Thai language, tend to be prioritised (UNICEF & MoE, 2017). Therefore, in some schools, school principals do not pay attention to CSE or acknowledge its importance (UNICEF & MoE, 2017).

The results of the case study with three schools partly corresponded to the above reasons for contestation and negative attitudes of teachers and parents towards CSE. In the studied schools, the majority of teachers and parents did not support CSE when it was introduced, whereas some teachers were self-motivated to provide CSE because of their strong awareness of the problem of student pregnancy and HIV/AIDS. When these schools initiated CSE, the school principals were criticised by the teachers and parents, who indignantly asked whether

they supported students' sexual intercourse. This result suggests that there was a popular misconception that CSE aims to teach students about sexual intercourse and encourages teenagers to become sexually active. In addition, it was found that teachers' contestation was driven by the fear of cultural taboos and their discomfort in talking about sexuality. For instance, one teacher interviewee explained that the teachers in opposition at her school said that 'talking about sexual matters is embarrassing, and these matters are not something to talk about in public. They should be hidden and not taught'. Teachers who were assigned to teach CSE were reluctant to participate in the CSE training because they felt that the training would be 'an obscene training' and the content would contradict their beliefs based on Thai culture. In this context, only one female teacher out of nine teacher interviewees referred to religion saying, 'I was wondering if he [school principal] thought we don't have any religious beliefs' (Chiba, 2021, para 37). On the other hand, prioritisation of academic excellence was not the main reason for parents' and teachers' contestation of CSE. This may be because these schools were located in rural areas, and they had only limited expectations for students gaining tertiary education. The results demonstrated that in Thailand's schools, the lack of acceptance of the norms of CSE is common among teachers and parents because of perceived conflicts with existing Thai sociocultural norms and the popular misconception of CSE. Without clear education policies prioritising CSE among other school subjects, teachers' neglect in teaching CSE is an expected occurrence.

Norm diffusion of CSE at the school level

Currently in Thailand, where the degree of CSE implementation is highly dependent on the enthusiasm of schools and teachers, what are the key factors affecting the wider implementation of CSE at the school level? This section attempts to answer this question through a case study of the three schools from the Teenpath Project, which successfully formulated CSE into their school curriculum. Through semi-structured interviews with school principals and teachers in charge of CSE and group interviews with students and parents, factors that contributed to its success were identified as follows.

These successful schools demonstrated effective leadership among school principals, which was a key factor for initiating and continuing CSE despite contestation from teachers and parents. The school principals were well aware of the problem of student pregnancy and HIV/AIDS in their personal experience and had a strong will to solve this problem from the beginning of the project. One teacher interviewee commented that 'the principal had a clear vision, and she was not scared of opposition'. Principals in these schools were commonly very decisive and enthusiastic about encouraging teachers to participate in CSE training. Simultaneously, they supported the teachers assigned to teach CSE (hereafter CSE teachers) in various ways. For instance, one CSE teacher explained how the principal dealt with claims from parents against CSE and commented that

'our school principal protected us from the contrary wind'. Meanwhile, school principals did not show an oppressive attitude towards teachers in opposition. One teacher commented that his school principal just wanted those in opposition to 'learn about CSE gradually' in 'a positive way'. As this comment suggests, the school principals did not attempt to forcefully change teachers' opinions but sought to promote a proper understanding of CSE.

Capacity-building of CSE teachers and the principal's communication with teachers and parents prior to CSE initiation were important foundations for the success of its implementation. In particular, the CSE training provided by PATH contributed to reducing teachers' discomfort in teaching CSE by introducing new teaching methods. For instance, one female teacher who was hesitant to teach CSE said:

> The instructor of PATH talked interestingly about topics that were not recognised in Thai society, and I have learned a new teaching technique. [...] I used to be stubborn but now I can talk about that without feeling embarrassed.
>
> (CSE Teacher N, Female in her 50s)

However, briefing sessions prior to the CSE contributed to promoting teachers' and parents' understanding of CSE only to a limited extent. Although these sessions provided explanations for the need and content of CSE, they did not instantly change most people's opinions towards CSE. It is significant that CSE became widely accepted only after its positive outcomes were recognised. These outcomes include students' favourable responses and positive learning attitude towards the CSE class and a decrease in the student pregnancy rate. One of the school principals described how people's understanding that CSE's purpose was to promote student health proliferated over time:

> Since we started the [CSE] class, I have shown its positive results. By implementing CSE, I had the results claim that "you were against it [CSE], but you were wrong" and that "we are not telling our students to have sexual intercourse". Since then, fewer parents have opposed it, and they have come to agree with it. [The idea of supporting CSE] has spread to the community.
>
> (School principal A, in his 50s)

Teachers believed that the students' attitude towards CSE also influenced other teachers' opinions. According to them, those teachers in opposition were surprised at students' positive learning attitudes in the CSE class and started wondering why students liked this class so much. The teachers who saw the students enjoy the CSE class highly evaluated its learning process and found the class helpful for the students. Experiencing that CSE gradually had gained support from teachers and parents, one CSE teacher commented that 'students are like mirrors' and added 'even if we do not say that we are doing something good, other teachers

came to understand it'. This comment suggests that the norm diffusion of CSE occurs with people's subjective recognition of its positive outcomes.

At the end of the Teenpath Project funded by the Global Fund, it was found that CSE teachers and students belonging to the CSE club in these schools were transformed into norm entrepreneurs, and diffusers of the CSE norm. The interviewed teachers, who were reluctant to participate in the CSE training at the beginning of the project, demonstrated that they were now proud of teaching CSE and felt that they were helping students through doing 'the right thing'. Some of these teachers were leading the CSE clubs and fostering student peer educators. Their primary motivation to promote CSE was the prevention of students' HIV infection and unexpected pregnancy. The student peer educators enjoyed teaching CSE to other students and people in their communities. Their motivation to promote CSE was also derived from the will to help their friends avoid such difficulties. However, it is interesting that some of the peer educators also referred to changing existing social norms related to sexuality in this context. For instance, one male student stated that he is motivated about making society more open to talk about sexuality. He explained how this topic was taboo in his community and that this social norm created hardship for adolescents when consulting with adults on sexuality-related issues. Interviewed parents were also positive about schools providing CSE and emphasised the importance for students to obtain accurate information to prevent unexpected pregnancy. The parents perceived that forbidding their children to have sexual relationships or shunning away from sexual information is no longer possible due to the spread of the Internet. They preferred their children not to have sexual intercourse but accepted that it was necessary to equip children with knowledge and skills to use contraceptives to avoid risk.

Discussion and conclusion

The case of Thailand's promotion of school-based CSE illuminates the challenges faced by the state in diffusing the norm of CSE domestically while addressing opposition. In accordance with the international frameworks to promote CSE, Thailand's government has developed national policies to accelerate domestic implementation with much struggle. However, this policy development has not yet resulted in the full implementation of CSE in schools. At the ministerial level, school-based CSE was promoted predominantly from a public health perspective in Thailand. The domestic incentives to promote CSE were strongly derived from the proliferation of risky sexual behaviour among young people in terms of HIV infection and teenage pregnancy. Thailand's MoPH and its public health policies are known to be innovative, effective and pragmatic, as represented by the successful '100% Condom Campaign' in the 1990s. Therefore, it was rational for the MoPH to promote CSE to prevent HIV/AIDS and teenage pregnancy, as this education was proven to be effective in achieving this purpose. However, Thailand's MoE was not very enthusiastic about incorporating CSE into the education curriculum because of its educational philosophy of focusing on 'academic

excellence' and the fact that health education has not been its primary interest. Because the MoPH and the NGO community were historically the main players in the coordination and policy formulation of the HIV/AIDS programme in Thailand, the MoE perhaps considered addressing health issues to be outside of its mandate.

At the school level, teachers' and parents' contestation was one of the major impediments to the diffusion of CSE. The reasons for the contestation were closely related to the perceived conflicts with existing sociocultural norms in Thailand. Interestingly, similar to the ministerial level, the major incentive to accept the norm of CSE was to solve the problem of adolescent health at the school level. However, teachers and parents hardly viewed the significance of CSE in promoting the adolescents' rights to access information on sexual and reproductive health. The case studies of the schools suggested that the key to diffusing CSE at the school level was to enhance teachers' and parents' subjective recognition of the positive outcomes of CSE. In addition, students indirectly contributed to the diffusion by demonstrating their strong interest in and need for CSE through positive responses. As parents and teachers have a strong interest in their children's benefits, witnessing the benefits that students gained from CSE possibly helped in convincing them of its value.

This case study of Thailand can be regarded as an example of 'locally mediated diffusion' (Bacon & Nakamura, 2021) discussed by Souza and Bacon in Chapter 2. The external norm senders of CSE, such as UN agencies, the Global Fund and international NGOs played roles of direct and indirect diffusers of the CSE norm in Thailand through advocacy of adolescents' SRHR, development of a CSE curriculum and human resources, and support and implementation of the project to promote school-based CSE. Through interaction with these organisations, the local agents of norm diffusion, predominantly the MoPH at the ministerial level, were convinced of the benefits of CSE and engaged in persuasion and socialisation of other local agents, such as the MoE and schools. It is considered that the MoPH was indispensable in local norm diffusion particularly contributing to the MoE's instrumental adaptation of promoting school-based CSE through the creation of domestic pressure. At the community level, school principals and CSE teachers, including those who used to be sceptical about the value of CSE, were persuaded and in turn acted as norm entrepreneurs, who socialised other teachers and parents into the CSE norms. During this process, student peer educators were also mentored to become norm diffusers. Parents in the schools with such active local norm diffusers were eventually persuaded of the merits of CSE through subjective recognition of its positive outcomes and understanding the needs of CSE for adolescents' pregnancy prevention.

When considering diffusion of the CSE norm, it is important to be aware that there are several different SRHR related norms bundled in this educational approach. These norms may include: 1. the right to access scientifically accurate information regarding sexual and reproductive health; 2. the right to choose when and with whom adolescents engage in sexual relationships. Most

of the local norm diffusers highlighted in this study were concerned about the sexually-related risks of adolescent health whether HIV infection or pregnancy. Their primary interests lay in how CSE could be useful to solving these problems. Therefore, as represented by the parental perspectives, some of the local actors seemed to be eventually persuaded of the first norm of promoting CSE in connection with adolescent health promotion. However, they only instrumentally adopted, or possibly neglected the second norm. We can interpret this as evidence that the principles and ideas of CSE were partially diffused in the community in accordance with local agents' interests and existing sociocultural norms. This situation in Thailand corresponds to Acharya's theory of norm localisation (2004), suggesting how foreign ideas undergo cultural selection and are actively reconstructed by actors within the target state.

Despite the valuable observations from the Thai case, this case study has some limitations in providing generalisable implications for the norm diffusion of CSE. For instance, this case study does not account for societies or regions where religious norms are the main reasons for contestation. In Thailand, some school principals and teachers suggested the possibility of a correlation between Buddhist norms and their negative attitudes, particularly towards the adolescent right to choose when and with whom they engage in sexual relationships; however, this study did not find religious beliefs to be the main reason for contestation of CSE either at the ministerial or school levels. Thailand's case is different from many countries where CSE seems to conflict with religious norms. For instance, Smith et al. (2003) reported that the ministry official of Brunei responded, 'sex education … in its liberal sense is not taught in any of the topics in the science syllabus' because '[u]nlawful and immoral sex practices including premarital sex are all forbidden (haram) in Islam' (Smith et al., 2003, p. 10). Regarding the conflicts between the notion of CSE and existing sociocultural and religious norms, the meaning of 'culturally appropriate CSE' and its relationship with SRHR should be further discussed. Diffusion of school-based CSE is a complex process, particularly where this norm is perceived to contradict the existing sociocultural norms. To achieve SDG Targets 3.7 and 5.6, further efforts are needed in the international community to understand the architecture and dynamics of domestic actors involved in this norm diffusion. Further studies should also consider the potential of school-level actors, such as teachers, parents and students, in influencing ministerial decisions on policy development and determining the degree of implementation in schools. Furthermore, more knowledge should be accumulated on how CSE can survive contestation at the community level.

Note

1 This study's key interviewees include a former MoPH officer, former MoE officers, NGO staff (The Path2Health Foundation officers) and a UNICEF Regional Office for East Asia and the Pacific (EAPRO) officer based in Thailand. All interviewees provided informed consent before participating in the interviews.

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