



Graduate School of Development Studies

**Culture and Gender in Reproductive Health and
HIV/AIDS Education Pedagogy:
Exploring Teachers' Capabilities and Performances**

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List of Acronyms

AIDS	Acquired Immune Deficiency Syndrome
HIV	Human Immunodeficiency Virus
ICPD	International Conference on Population and Development
(I)NGO	(International) Non-governmental Organisation
IPPF	International Planned Parenthood Federation
MOET	Ministry of Education and Training
NCPFC	National Committee on Population, Family and Children
RH	Reproductive Health
SAVY	Survey Assessment of Vietnamese Youth
SRV	Socialist Republic of Vietnam
STDs	Sexually Transmitted Diseases
STI	Sexually Transmitted Infection
UNFPA	United Nations Population Fund
WHO	World Health Organisation

Chapter 1

Introduction

1.1 Research problem and justification

1.1.1 Statement of the problem

School-based reproductive health (RH) and HIV/AIDS education in Vietnam varies in terms of contents and quality of teaching. RH & HIV/AIDS issues are integrated in a fragmented way in several subjects, which seems to be very independent on teachers' intention in delivery. In her research on sex education for Vietnamese adolescents, Blanc (2004: 248) claims that teachers sometimes do not include these topics in their lessons due to their feeling uncomfortable in 'dealing with this very sensitive matter'; she observes that 'teachers are victims of their own education and the morality of families'. To address young people's needs and enhance their capability related to sexuality is a potent challenge for teachers, who need to have resolved their own issues before they actually teach their students (Cornwall and Welbourn 2002: 12). Adequate understanding of the construction of teachers' perspectives and capabilities in teaching RH & HIV/AIDS education and factors influencing their practice in classroom is very much needed to face this challenge. Guided by Sen's capability approach this study will address the pedagogy of RH & HIV/AIDS education in Vietnam, focussing on teachers' capability constraints, as shaped by their 'culture' as living norms, their understanding of gender, their gendered social position and how both of these aspects affect their intention and attitudes towards the pedagogy of RH & HIV/AIDS and the delivery of contents and didactic methods. The main goal of the study is to demonstrate the need to take into account the capabilities of teachers and their pedagogy in developing RH & HIV/AIDS education policies, and to consider strategic choices when designing teaching programmes in secondary schools.

1.1.1 Background and justification

Vietnam has experienced economic and social transformations since the Economic Renovation (*Doi moi*) policy initiated in the late 1980s, shifting from a socialist central planned economy towards a market-oriented economy. This has brought Vietnam to a greater exposure to Western culture, which leads to changes in its people's lifestyle, values and perception about sexuality (Mensch et al. 2003: 250). Contemporary youth communicate their own sexuality, including their ways of dressing and dating, more openly and boldly than youth of previous generations (Gammeltoft 2002, Khuat 1998, Population Council 1997 cited in Le and Borden 1998: 17). Recent research reveals that premarital sex incidence is increasing and regarded as a norm among youth (Gammeltoft 2002, Le and Borden 1998: 6). Young people view sexual activity as a legitimate way to express love or to provide pleasure, or to ensure that a future couple is sexually compatible (Belanger and Khuat 1999, Gammeltoft 2002, Khuat 1998). In the meantime, Vietnamese society, where Confucianism plays a key role in social organisation, has put a high value on chastity until marriage,

particularly for women (Gammeltoft 2002, Ghuman 2004, Khuat 1998). Thus premarital sexual activity, despite its rising social prevalence, is stigmatized and considered by many as a degrading to Vietnamese culture.

Though young people hold more open views toward sex and live in an information age, in which media images suggest youth engage in sexual activity, many have limited understanding about sexuality and safer sex (Le and Borden 1998: 21). Cultural constructions of shame and decency are major barriers, which hinder youth from acquiring the necessary sexual knowledge and discussing problems openly, as well as from practicing safe sex (Le and Borden 1998: 27, Phan 2008: 186). As a result, most sexual acts are unprotected (Gammeltoft 2002, WHO 2002), putting youth at 'high risks of unplanned pregnancy, maternal morbidity and mortality, sexually transmitted infections (STIs), HIV/AIDS...' (UN 1999 cited in Blanc 2004: 247). With a total abortion rate of 2.5 per woman, Vietnam is among the countries of the highest abortion rate in the world (Henshaw et al. 1999 cited in Gammeltoft 2002: 477). More recently, evidence indicates that half of all new HIV infection cases in Vietnam are young people ages 15-24 (Ministry of Health 2005). Vietnamese youth is facing a threat of sexual ill-being, which impedes the government in achieving the objectives related to reproductive health of the Programme of Action of the International Conference on Population and Development Cairo 1994.

There is now a growing awareness in the media and among policy makers in Vietnam about young people's sexual activity and their needs for sexuality information and services (Gammeltoft 2002). The translation of this awareness into policy can be seen in the National Strategy 2001 – 2010 on Reproductive Health Care, which includes in its objectives the improvement of 'reproductive health status, including sexual health, of adolescents through education, counselling and provision of reproductive health services suited to different age groups' (SRV 2000: 8). Among the stakeholders involved in the field of adolescent sexuality education sector, schools are assigned with an important role. Since the mid 1990s, the Ministry of Education and Training (MOET) has introduced adolescent RH education in the form of integration model, which incorporates RH & HIV/AIDS issues into biology, geography, literature, civics education and extra-curricular activity (MOET 2007: 9). RH & HIV/AIDS education policy will, however, remain incomplete and ineffective unless this understanding is enhanced and its pedagogy is dealt with the depth that it needs. A good policy may be promising, but have no guarantee, for an effective implementation.

In their recent qualitative research on school-based RH & HIV/AIDS education in Vietnam, MOET and SC/US (2005: 9) state that adolescents' needs are not met adequately and timely. It can be explained by the facts that many teachers do not think that school is an appropriate environment for and are not comfortable to talk about sexuality with their students (Khuat 2003: 12). In her study on adolescent sexuality and reproductive health behaviours in Namibia, Hailonga (2005: 209) claims that three main factors impede adolescents from benefiting from school-based sex education, namely (i) teachers' attitudes towards the subject, (ii) content and methodology of teaching and (iii) schools' failure to allocate sufficient time to the subject within

the school curriculum. These findings suggest that the teacher is one of the most important influencing factors on the quality of sexuality education.

Current studies on sexuality related issues in Vietnam focus on three main topics: prostitution, HIV/AIDS and premarital sexual activities and abortion among youth (Khuat 1998, Le et al. 2001). Being framed by a biomedical approach and tending to be an account of acts rather than an exploration of the meanings behind these and the reasons for sexual behaviour, the research often puts its subjects isolated from their cultural and social contexts (Vu 2008: 165). In the field of sexuality, where gendered power relations and deeply rooted norms and values take a big role, Cornwall and Welbourn (2002: 9) argue that there is a need to ‘not only work with those who are deemed most vulnerable, but also to work with those whose actions and attitudes affect the vulnerability of others’. Rather than a matter of reproduction and biology, human sexuality is claimed to be a product of socio-cultural and historical forces (Vance 1991, Weeks 1997 cited in Vu 2008: 165), which requires a shift beyond individual focus to a more contextual approach (Cornwall and Welbourn 2002: 9). Vance (1991) asserts that social explanations of sexuality show that sexual acts are not universal, static and permanent for everyone or every society, but personally, culturally and historically determined (Vu 2008: 165). Hence sexuality needs to be dealt in relation to economic, social and political structures, culture, gender and power (Vance 1991, Weeks 1997 cited in Vu 2008: 165). Such a contextual study on teachers’ capabilities in teaching sexuality issues is missing in Vietnam.

School-based RH & HIV/AIDS education in Vietnam puts insufficient attention to teachers’ attitudes towards the subject matter and the institutional and cultural contexts in which they must carry out their duties. Robeyns’s work on capability theory provides some useful hints to open up this area for analysis. She writes: ‘knowing the goods a person owns or can use is not sufficient to know which functionings he/she can achieve; therefore we need to know much more about the person and the circumstances in which he/she is living’ (Robeyns 2005: 99). In this vein this research seeks to contribute to a new understanding about the construction of teachers’ perspectives towards adolescent sexuality education and its bearings on their delivery of RH & HIV/AIDS education. The research will also offer suggestions for new areas of inquiry on this issue on a wider scale in order to assist decision-making on a strategic choice of RH & HIV/AIDS education model, for curriculum development and teacher training.

1.2 Research objectives and questions

1.2.1 Research objectives

- To explore the influence of culture and gender norms in shaping RH & HIV/AIDS curricula, teachers’ capabilities and teaching practices in one secondary school in Hanoi.
- To provide suggestions for future studies on RH & HIV/AIDS education in a wider scale.

1.2.2 Research questions

Main question: How do culture and gender norms influence the formation of teachers' capabilities in teaching RH & HIV/AIDS education and the transfer of their knowledge into practice in classroom?

Sub questions:

- How do the policy makers define and frame school-based RH & HIV/AIDS education, and identify the role of teachers in this regard in their policy and programme?
- In what ways is teachers' understanding of sexuality and school-based sexuality education gendered and how does this affect their choice and preferences in contents and methods of teaching of RH & HIV/AIDS issues?
- What aspects of the two prevalent models –biomedical or biosocial – do teachers emphasise in their practice of teaching RH & HIV/AIDS education? What suggestions do they have in sexuality education pedagogy?

1.3 Research methodology

This study begins with the premise that a good understanding of RH & HIV/AIDS education as understood and acted upon at the level of the school can offer policy makers and programme planners more useful suggestions for making more strategic choice in educational models and pedagogy for sexuality and RH & HIV/AIDS education. Following Reason and Tobert's claim (2001: 8) that 'all research needs to be grounded in an in-depth, critical and practical experience of the situation to be understood and acted in' the study is situated in one secondary school. It explores teachers' own experiences, viewpoints and practices and tries to build an understanding of RH & HIV/AIDS education through inductive reasoning. Using qualitative research allows the researcher to enter the world of others to examine a social situation or interaction (Bogdan and Biklen 1998, Locke et al. 2000, Mason 1996, Maxwell 2005, Merriam 1998, Merriam and Associates 2002, Patton 1990, Schram 2003, Schwandt 2000 cited in Bloomberg and Volpe 2008: 80).

The application of qualitative case study, which is indicated by Merriam (1998) as an ideal design for understanding as well as interpreting educational phenomenon (Bloomberg and Volpe 2008: 80), would facilitate the research to better understand why teachers deliver RH & HIV/AIDS education in their own ways, rather than describe their performance. This served the objectives of this research well because 'insights gleaned from case studies can directly influence policy, practice, and future research' (Merriam 1998: 19 cited in Bloomberg and Volpe 2008: 80). Intending to describe a particular context in depth, rather than generalising to another context, the researcher selected one secondary school in the suburb of Hanoi as a case study. This school, where the researcher has collaborated with during her work for an international non-government organisation (INGO), regularly conduct RH & HIV/AIDS education in the forms of integrating in other subjects as well as in extra-curricular activities. The researcher's familiarity with the school and its context would

offer certain level of openness and comfortableness in communicating between her and teachers in the language of sexuality and create a greater degree of reflexivity when interpreting the collected data.

The study employed purposeful sampling, claimed by Patton (1990) and Siverman (2000) as being typical of case study methodology (Bloomberg and Volpe 2008: 80). The criteria for selection participants were:

- Teachers directly conducted RH & HIV/AIDS education in their class, and
- Teachers either were in charge of organising or attended extra-curricular activities focusing on RH & HIV/AIDS issues.

The research sample included ten teachers, who were different in terms of educational background, gender, age, assignment and occupation. The mixture of participants was decided to ensure diversity in perspectives and experiences in school-based RH & HIV/AIDS education. Besides the selected teachers, the researchers conducted interviews with six educational officers of MOET, United Nations Population Funds (UNFPA) and one INGO further explanation of the situation.

This multi-case study sought the following information to answer its research questions:

- The formation of teachers' perspectives toward and capabilities in RH & HIV/AIDS education; their decision-making process in selecting the content and method; and their teaching of this theme, and
- Conceptualisation of school-based RH & HIV/AIDS education and identification of teachers' capabilities in this regard through the eyes of policy makers and programme planners.

The employment of different data-collection methods, including semi-structured interviews, a focus group discussion and desk review, provided depth to the study and provides corroborative evidence of the data obtained. The researcher chose interview as the primary method for data collection because it helped to obtain rich, thick information. In-depth interviews offer the potential to capture individual's perspectives and opportunity to clarify statements and probe for additional information (Bloomberg and Volpe 2008: 82). Semi-structured interviews, using a list of major questions prepared prior to the fieldwork, were conducted with 10 teachers. Revision and improvisation of the questions were made during the fieldwork to better bring out diversity in opinions and thickness in information. In case of educational officers, the study employed snowball sampling strategy, whereby participants were asked to refer other individual who they knew to have required experience in the study theme. Two officers from MOET, three from UNFPA and one from an INGO were interviewed.

At the same time, focus group discussion was used to obtain a more complete and revealing understanding of the issues. Focus group discussion provided a variety in regards of perspectives, opinions and ideas related to the study theme and opportunity to observe the interaction and power relations among the group members. One 1½-hour focus group discussion was convened with six participants who were not part of the study sample.

In addition to primary data, the study also reviewed secondary materials including the Action Programme on Reproductive Health and HIV/AIDS Prevention Education for Secondary School Students: 2007 – 2010 and a wide range of documents, reports and articles from relevant national and international agencies and media.

1.4 Limitations and challenges

This research contains certain limiting conditions. Researchers' subjectivity and potential bias are the main limitation of qualitative studies in general because 'analysis ultimately rests with the thinking and choices of the researcher' (Bloomberg and Volpe 2008: 87). This study is not an exceptional case. One of the key limitations of this study is the issue of subjectivity and potential bias regarding the researcher's own experience in working in the field of RH & HIV/AIDS education as staff of an INGO in Vietnam as well as her familiarity with the selected school and to a few of participants. To minimise the potential bias, the researcher removed all participant names and coded all interviews blindly before her analysis.

Another limitation was that interviewees may have been 'political' or 'diplomatic' in their replies because school-based RH & HIV/AIDS education had been a controversial topic. They may have tried either to be helpful by offering the responses they perceived the researcher was seeking or to be guarded by providing uncandid answers. To address this problem, the researcher made a conscious attempt to create an environment that was conducive to honest, open and non-judgemental dialogue. Furthermore, scenarios was built to put the participants in specific situations, where they actually processed decision making and reacted accordingly, rather than presented the 'right' or 'appropriate' answers. The researcher's experience as an interviewer and her familiarity with the study theme was helpful in this regard.

The main challenge of this study was access to teachers because the fieldwork took place in August, when teachers and students were on summer holiday. To overcome this, the researcher selected a school that she knew its managers and a few of teachers for a better cooperation. In addition, she required her previous organisation to officially make the arrangement of interviews and focus group discussion, which often works more effectively than individual contact in the context of Vietnam. Students' views are not the primary focus of this research, but as and when necessary, secondary data will be used.

1.5 Organisation of the paper

This paper is organised into four chapters. Chapter 1 has begun with the identified research problem and justification as well as background information of adolescent sexuality education in Vietnam. From that, the researcher proposes what she expects to get from this research and the questions leading to the objectives. The remaining parts of Chapter 1 explained the selection and application of methodology, its limitations and challenges, as well as the organisation of this paper. In Chapter 2, the main concepts employed in this

paper, including adolescent sexuality, sexuality education and pedagogy and capability approach will be discussed, linked and used as a basis for the development of an analytical framework to investigate the delivery of RH & HIV/AIDS education with a focus on teachers' capability. The application of the analytical framework in analysis of teachers' capability will be presented in chapter 3, where the researcher looks at how the social and cultural norms, institutional norms and social interactions influence and form teachers' capability and functioning in delivering school-based RH & HIV/AIDS education. Chapter 3 will end with teachers' reflection on their own teaching experience in this subject. Lastly, the researcher will come up with conclusions, learned lessons and suggestions in Chapter 4.

Chapter 2

Conceptualising adolescent reproductive health and HIV/AIDS education in Vietnam

This chapter discusses the key concepts in the debate on adolescent sexuality education and their significance to the field research in Vietnam. The chapter introduces two different approaches to conceptualising sexuality and argues for the relevance of the social constructionist perspective (rather than the essentialist one) as a body of knowledge capable of guiding adolescent sexuality education more effectively. In the Vietnamese context the social construction of adolescent sexuality is useful in giving consideration to the particular cultural meanings of adolescence. The chapter will show how these concepts have influenced two distinct models of sexuality education: comprehensive sexuality education and sex or RH & HIV/AIDS education. The existence of these two different education models calls for different teaching approaches and methods. The ‘banking education’ approach is criticized for its emphasis on the transfer of a body of pre-defined knowledge while the critical pedagogy appears more suitable since it values the engagement of students in the process of making and reproducing knowledge. Holding that teachers has a critical role in determining the quality of sexuality education, the chapter borrows Sen’s capability approach to build a framework for evaluating teachers’ capability when assessing the delivery of this subject in schools.

2.1 Adolescent sexuality in Vietnam

There are two different concepts of sexuality, one offered by the essentialist approach and the other by the social constructionist. The former sees sexuality as a purely natural phenomenon characterised by fixed, inherent drives that are essentially different for men and women. This bi-polar model regards sexuality as something uniform, stable and universal or prevailing in all societies at all times. In contrast, the latter views sexuality as constructed in relation to, and in interaction with, historically and culturally variable social practices like religion, education and medicine (Harding 1998 cited in Baber and Murray 2004: 24). Consistent with the social constructivist approach WHO (2006a: 5) claims that ‘sexuality is a central aspect of being human throughout life’. Being sexual is not only about sexual acts and behaviours, it also includes thoughts, fantasies, emotions, desires, attitudes, feelings, languages related to sexuality, sexual identities and relationships (TARSHI 2001: 4). Thus all people are sexual, including adolescents – defined by World Health Organisation as those aged 10 to 19, whether or not they engage in sexual activity.

Adolescent sexuality has ‘different meanings for different people in different contexts’ (Dixon-Mueller 1993: 273). Sexuality, argues Gittens (2001), covers four categories, including biological aspects, social and political aspects, psychological aspects and pleasure (Hailonga 2005: 13). The constructions of adolescent sexuality are influenced by gender norms, wherein sexual double standards determine gender stereotypes for boys and girls. Boys are believed to ‘possess an active, independent, and virtually irrepressible sex drive (Phillips 2000), whereas adolescent girls are seen as passive recipients of male sexual interest, with little or no indigenous sexual desire’ (Holland et al. 1999 and Morokoff 2000 cited in Bay-Cheng and Lewis 2006: 72). These feelings and behaviours are not determined by a pre-defined essence of masculinity or femininity, but influenced by a set of power/knowledge relations in the social, economic and cultural context that one lives in, known as sexual norms and ideologies (Dixon-

Mueller 1993: 275). Hence sexuality is a social product, and adolescent sexuality as its affiliate is part of the same process of construction.

Adolescents are equivalent in Vietnamese as *vi thanh nien* (meaning literally ‘minor’ or ‘not mature’), underlying that they are not mature intellectually, physiologically and sexually (Blanc 2004: 252). This meaning has certain implications on the conceptualisation of adolescent sexualities which are discussed hereby. There are three major discourses on adolescent sexuality, including adolescent sexuality vis-à-vis morality, adolescent sexuality vis-à-vis problems and adolescent sexuality vis-à-vis curiosity and desire, identified by Nguyen (2007) in her recent research on sexuality and reproductive health education in Vietnam.

The first discourse is manipulated by Confucian culture, in which procreation is regarded as the main aim of sexuality (Shapiro 2008: 142). Because sexuality is understood narrowly as sexual intercourse, sex is only accepted after and within marriage. Those supporting this view consider adolescents as naïve and sexual innocent, and promote chastity, especially for girls. Thus premarital sex is socially unacceptable and immoral in Vietnamese society (Kaljee et al 2007: 57). Being seen as moral and private issues and taboo, sexuality is surrounded by a culture of silence. In this context, sexual behaviours such as kissing in public or dressing provocatively may be considered by adults as ‘immoral’ and ‘inappropriate’. It is deemed that knowing about sexuality will encourage adolescents to engage in sexual activities. Adults demonstrate their control over adolescent sexuality by showing their own expectations about what and how adolescents should do and behave in their sexual life. Abstinence is the main and the only one message promoted.

The second view is concerned about the recently increasing reproductive health problems such as HIV and sexually transmitted infections, unwanted pregnancy and abortion among adolescents. Those holding up this discourse show their belief in the notion of adolescence as ‘trouble’ and categorise adolescents as a category of the population that should be protected from an abundance of sexual knowledge and from early sexual intercourse by the ‘gatekeepers’, namely policy makers, teachers and parents (Blanc 2004: 246). Sexual activities such as having sex without condoms or with a sex worker are considered as risky behaviours. Associating sexuality with diseases, this discourse scares adolescents with the negative consequences of sexual activities hoping to prevent them from sexual engagement.

In line with the perspective that sexuality is a social and cultural product, the third discourse recognises adolescent developmental needs (including physiological, psychological and sexual aspects). It is acknowledged that adolescents are sexual beings whether they are sexually active or not. Sexuality is understood as a broader term, which covers sexual feelings, relationships, sexual acts, gender stereotypes, sexual identities and expressions. Gammeltoft (2002: 488) claims in her research on sexuality among youth in Hanoi that sexualities are not fixed and pre-defined, but shaped by the specific social, cultural and historical contexts where they live in. Accepting the facts that ‘Vietnamese youth begin their love life and sexual adventure earlier’ (Blanc 2004: 259), whether or not adults approve it, those taking this view advocate an open talk about sexuality either in school or at home. They hold a belief that adequate knowledge about sexuality and sufficient life skills will help adolescents to lead a healthy and satisfactory sexual life.

Johansson (2007) argues that adolescents today ‘find themselves in a field of tension between stricter sexual morals and sexual liberation, between gender repression and sexual equality, between giving shape to new types of sexual patterns and falling into traditional social forms’ (White 2008: 127). Sharing the view that a positive approach to sexuality which addresses both pleasure and safety aspects will encourage adolescents to

engage in safer sexual behaviour and relationships and to pursue improved sexual well-being (TARSHI 2001: 13), this research takes the third discourse on *sexuality vis-à-vis curiosity and desire* (or the social construction of adolescent sexuality) to open up assumptions and values behind relations and the ‘hidden curriculum’ in educating adolescents about RH & HIV/AIDS, which will be discussed in Chapter 3.

2.2 Pedagogy of sexuality and reproductive health and HIV/AIDS education

The current controversies around sexuality and RH & HIV/AIDS education in many countries, including Vietnam, is not about whether or not it is delivered in schools, but more about what topics should be taught and how they should be delivered (Kirby 2002: 30). This session begins with presenting two sexuality education models, and explains why the researcher chooses the comprehensive sexuality education model in stead of RH & HIV/AIDS (sex) education. After discussing about the two different pedagogies: ‘banking education’ and critical pedagogy and its implications for sexuality education, the researcher indicates that teacher is the actor linking the three levels (macro, meso and micro) in sexuality education. Lastly, she argues that teachers’ capability should be placed in focus when investigating the delivery of sexuality education.

2.2.1 Sexuality and reproductive health and HIV/AIDS education

The school, a place of socialisation, often is regulated by a gendered and sexual regime. It can construct and reproduce adolescent sexual and gender identities in two ways: through in-class sexuality education (policy and curriculum) and through school daily contacts (teachers’ cultures and student relations) (Francis and Skelton 2001, Haywood and Mac An Ghail 2000 cited in Chambers et al. 2004: 572). There are two main sexuality education models: RH & HIV/AIDS education (also namely sex education) shaped by an essentialist definition of sexuality, and comprehensive sexuality education formed by the social construction perspective. The former covers human reproduction only and focuses on contraception, sexually transmitted diseases and HIV/AIDS prevention (MAMTA and SIDA 2002: 8) by promoting abstinence and contraception. In order to protect society and its young people from damage, RH & HIV/AIDS education is exercised as a tool to control social problems by limiting its contents to dangers and risks of sexuality (Diorio and Munro 2000: 347). In order to prevent adolescents from involving in sexual relationships and activities, this sexuality model uses both morality and fear-based approaches. In line with this rationale and goal, RH & HIV/AIDS education in Vietnam applies this model in its schools.

Taking the social construction concept of sexuality, International Planned Parenthood Federation (IPPF) has developed a framework of a comprehensive sexuality education, employing the rights-based approach to ‘equip young people with the knowledge, skills and attitudes and values they need to determine and enjoy their sexuality – physically and emotionally, individually and in relationships’ (IPPF 2006: 3). From a normative perspective, the proper goal of sexuality education is defined as the provision of complete information and imparting skills to adolescents to help them make choices that maximise sexual health and enjoyment in their relationships (Baber and Murray 2001: 28, Kirby 1989: 169), which eventually lays the groundwork for satisfactory sexual lives (Rogow and Haberland 2005). This concept of sexuality will be explored in the analysis of teachers’ capabilities and functioning in teaching RH & HIV/AIDS education in chapter 3.

2.2.2 Pedagogy of sexuality and reproductive health and HIV/AIDS

‘For a myriad of reasons that relate to the developmental levels of the students and societal mores and values, matters of sexuality are different from matters of digestion or blood circulation’, asserts Greenberg (1989: 230). This suggests that sexuality education requires different pedagogical approaches from other subjects. Aikman et al (2005) argue that decisions about teaching methodologies, learning materials, teacher training, and resources to be used are not only based on what is available but also on what the decision makers of pedagogical approaches views as appropriate and essential. In their analysis, different pedagogies implies different set of social dynamics: (1) those of a classroom which include the relations between teachers and learners, (2) those of the school environment which include relations between different groups of learners as well as between teachers and officials, and (3) those of the community, which include parents, neighbourhood and the local leaders. In the field of sexuality education, there has been a controversial discussion between those following the traditional pedagogy (known as ‘banking education’) and those supporting the critical pedagogy.

The ‘banking education’ demonstrates its concerns with knowledge transfer, wherein teachers are seen as ‘fountains of knowledge’ and students viewed as ‘empty vessels’ to receive, file and store knowledge (Ansell 2005: 139). The hierarchical relations between teachers and students, in which teachers take the active position (teach, know, talk, discipline) while students are passive recipients (listen, naive, silent, obedient), are criticised by Freire (ibid: 139). This banking education ‘attempts to maintain the submersion of conscious’ (Freire 1984 cited in Keesing-Styles 2003: 4), which is also known as didactic pedagogy. This pedagogical approach is favoured by many politicians and other groups, who make efforts to protect their culture, society, people and positions by controlling the people’s lives, including their sexual lives. The main task of teacher is to deliver his/her lesson in accordance with the prescriptive curriculum and methodology designed and provided for them. The ‘banking education’ is criticised for its role in the formation of an ‘absolute silence’ in sexuality education classroom in Vietnam where the broader aspects of sexuality are not to be discussed and students are encouraged to listen only and not to question and raise their concerns.

In contrast, the critical approach, which is developed by Freire (1970), covers three basic and important principles: ‘(1) that learners must be active participants in the learning process; (2) that the learning experience must be meaningful to the learner; and (3) that learning must be critical in orientation’ (Munoz 2001: 148). In this regard, the best way to learn is to work on learners’ immediate situation and experience, by which learners are motivated to engage in investigating and resolving their own problem, as well as reproducing knowledge (or ‘transforming reality’ in Freire’s words). Freire advocates for a break of power hierarchies in teacher-student relations and bringing students’ voices and experiences central (Ansell 2005: 139). The critical pedagogy approach can be used as a fundamental tool for transforming the power relationships which impede the formation of individual’s autonomy (Munoz 2001: 148). Following Freire’s critical pedagogy, Pattman (2004) argues for pedagogies of sexuality education which encourage teachers to reflect on: ‘(i) their own gendered identities and how they construct and relate to boys and girls, men and women; (ii) the gender dynamics and power relations at school and in class and their own practices in relation to these; (iii) the various cultures and identities of boys and girls at school; and (4) how to make these resources for sexuality education’ (Pattman 2004: 15). The research would promote for the application of critical pedagogy in sexuality education, by which students are encouraged to tap into their own living experience to gain and reproduce knowledge in stead of receiving imposed moral values and messages through ‘banking education’.

The employment of critical pedagogy offers an emphasis on the important role of teacher in determining the quality of sexuality education. Pelgrum (1989) claims that sexuality education involves interactions among the three following levels: (1) macro-level is the intended or ideal curriculum as codified in curriculum documents disseminated by the external advocate for change, (2) meso-level is the implemented curriculum, as put into practice by school and teachers, and (3) micro-level is the realised curriculum, as experienced by students (Paulussen 1994). From this analysis, teacher is the most important actor in linking the three levels of sexuality education. Yet their capability to deliver remains a neglected area. In what follows some key ideas to explore and assess teachers' capability and their teaching of sexuality and RH & HIV/AIDS education are offered, borrowing from Sen's capability theory.

2.3 Capability approach – a framework for evaluation of reproductive health and HIV/AIDS education

Assessing the delivery of school-based RH & HIV/AIDS education requires an understanding of the teachers' capabilities in teaching these topics. More importantly multiple factors influencing on their decisions about contents and teaching methods must also be taken into account, such as the political climate of the classroom, presentation of self and management of student-teacher relationships and the relationships with colleagues, managers and parents (Baber and Murray 2001: 28). For that purpose, the capability approach, argued as 'a framework of thought for the evaluation of individual advantage and social arrangements' by Robeyns (2003: 8), is useful. The capability approach, developed by Sen, encompasses two main elements: functionings and capabilities. Functionings are the 'beings and doings' of a person, whereas a person's capability is 'the various combinations of functionings that a person can achieve. Capability is thus a set of vectors of functionings, reflecting the person's freedom to lead one type of life or another' (Sen 1992 cited in Robeyns 2003). Capability approach focuses on the information that planners need when assessing individual well-being and identifying social constraints that influence and restrict well-being and the evaluative exercises (ibid: 8).

There is two crucial distinctions in Sen's capability approach: the distinction between the *means* (goods and services) on the one hand, and *functionings* (achievements) and *capabilities* (ability to achieve) on the other hand. The capability approach accounts for social relations as well as the restraints and opportunities that one individual experiences within his societal structures by recognizing the social factors influencing the transfers of *means* into *functionings* and by differentiating *functionings* from *capabilities* (Robeyns 2005: 108). Applied to the field of sexuality education the capability approach does not only focus on the means/inputs contributing to teachers' capability in teaching but also critically takes on board all social, cultural and other factors that shape their capability and their preferences in choosing how to address these topics. This suggests an act of choice, in which teacher's agency needs to be situated within a social and institutional context and its particular demands and pressures.

In the capability approach, education, argue Drèze & Sen (2002) and Unterhalter (2003), is important for both intrinsic and instrumental reasons (Robeyns 2006: 78). For example, having access to RH & HIV/AIDS education and being knowledgeable about RH & HIV/AIDS issues is not a valuable capability itself, but can also be instrumentally important for the expansion of other capabilities such as capability to make decisions about sexual relationships and to lead a healthy sexual life. RH & HIV/AIDS education, in Sen's capability theory, can be regarded as a means for adolescents to achieve their

satisfactory sexual well-being. Access to this means hinges on teachers' capability and functionings. In other words teachers' capability may be seen as a bridge for adolescents to gain understanding about the meanings of a healthy sexual life and to develop their own meanings according to their needs.

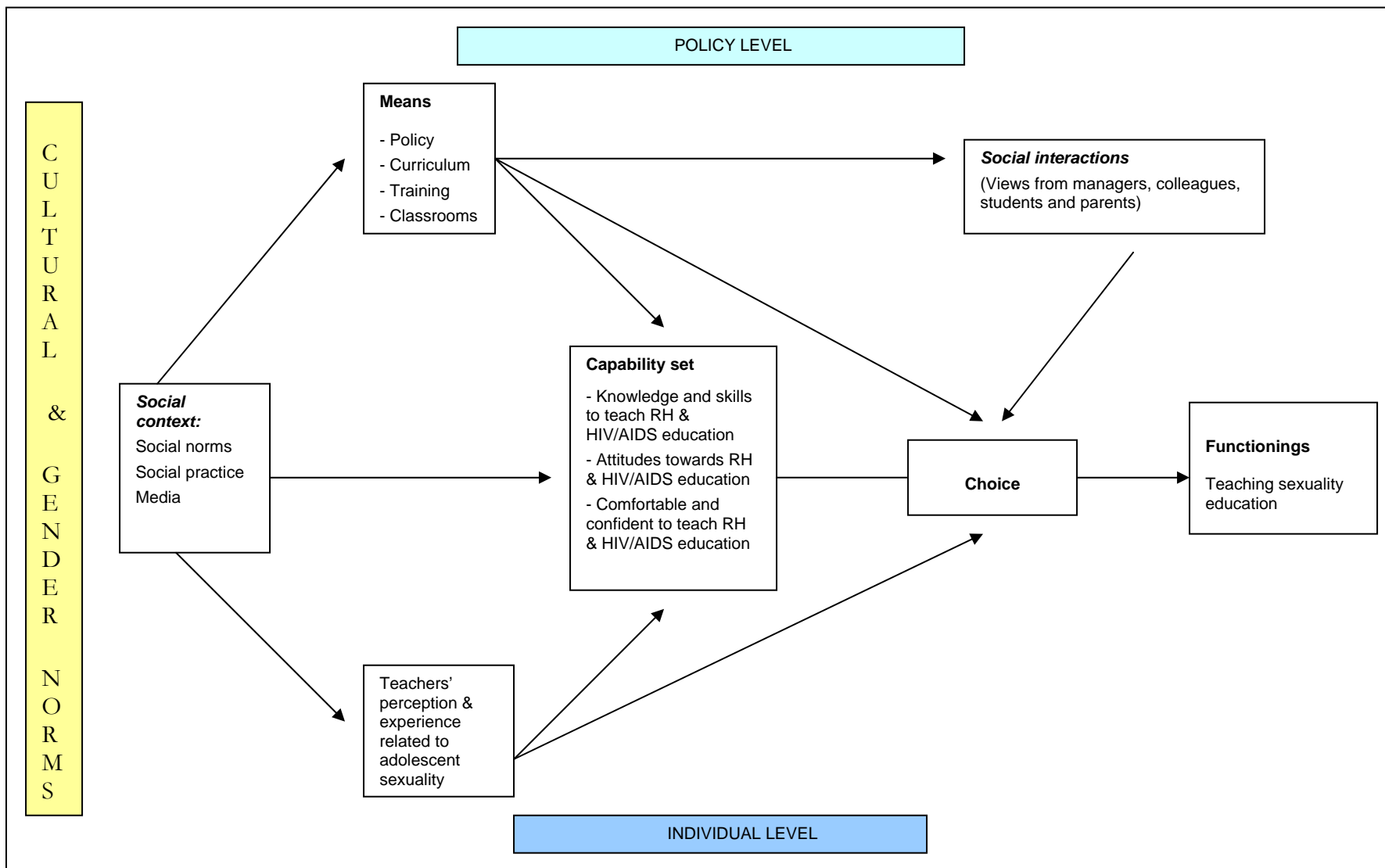
2.4 Teachers' capability and functionings in reproductive health and HIV / AIDS education

Adapting Sen's and Robeyns's work on capability approach, Figure 1 was designed to define and assess teachers' capabilities and functioning in teaching RH & HIV/AIDS education. According to the figure the capability approach takes into account the influence on teachers' capabilities in and delivery of teaching RH & HIV/AIDS at two levels: institutional level and individual level, both of which are manipulated by the contextual meanings of gender and sexuality, social norms and practice for which media play a crucial role. The institutional level includes policy (guidelines, training and curriculum) and the (un) enabling learning environment (including views of managers, colleagues, parents and students, classroom setting, teaching aids and time allocation). The second influencing group is individual level, where teachers' 'tool box' (perspectives, attitudes, skills and knowledge related to RH & HIV/AIDS education) are constructed and reproduced. The pressure from those two levels shapes a teacher's capability to covert what s/he has as 'knowledge' into educational messages in schools. Understanding how specific meanings of gender and sexuality are set in policy guidelines, the learning environment and teachers' 'tool box' is crucial for a good assessment of how RH & HIV/AIDS education is conducted in schools. This framework can facilitate in-depth knowledge of the construction of teachers' capabilities as well as the social arrangements and policies influencing the transfer of their capabilities into practices.

Figure 1 represents the distinctions as well as the relations between means, capabilities and functionings in delivery of school-based RH & HIV/AIDS education. Drèze and Sen (Robeyns 2003:13) and Gasper (2006: 5) emphasise that there is a need for an analysis of means when working within the capability approach, because these means contribute to opportunities for achieving functionings. The means of teachers to be explored in this research are the existing policy, curriculum and training, social context, social interactions and teachers' personal perspectives about RH & HIV/AIDS education. These resources and means contribute to the formation of teachers' capability set, including knowledge, skills, attitudes and willingness in teaching sexuality education. The focus in capability evaluation should, however, be placed on the material and non-material circumstances that shape teachers' opportunity sets, and the circumstances that influence the choices that they make to convert the capability set into functionings (Robeyns 2005: 99).

As shown in Figure 1, it requires an act of choice to realise teacher's capability set into achieved functionings. While teacher makes her own decision on the content and pedagogy of teaching RH & HIV/AIDS education, the means available and what considered as valued capabilities by the society would have an significant influence on her decision. Observing one teacher' performance in RH & HIV/AIDS education class would help to explore how her agency works after reflecting on her own perception of sexuality and interacting and negotiating with policies and social norms related to sexuality education for young people. The capability approach can assist thinking about the gendered constraints on functionings and freedoms that teachers experience in schools (Unterhalter 2003b: 8). It would allow researchers to observe whether male and female teachers' perceptions of RH & HIV/AIDS education are different, and how the

Figure 1: A framework for assessing teachers' capability and functionings in teaching RH & HIV/AIDS education in Vietnam



(Source: adapted from Sen' capability approach and Robeyns 2005)

differences act when it comes to a question of choice and do influence on their teaching.

The capability approach enables not only to look at what type of RH & HIV/AIDS education is conducted in schools, but also to focus on the freedom that teachers have in the selection of content and pedagogies and the resources that support their implementation. RH & HIV/AIDS education has a causal relationship with the freedom and functionings of young people in terms of their sexual health now and in the entire trajectory of their life. Quality RH & HIV/AIDS education in school can facilitate the enhancement of students' autonomy. This quality can be improved when there is more understanding about the liberty teachers have in developing their lesson plans – the crucial element in determining the quality of teachers' performance and ability to offer students with opportunities to raise concerns which ultimately affects their sexual life.

Concluding thoughts:

This chapter discussed the linkages between the notions of adolescent sexuality, comprehensive sexuality education, critical pedagogy and teachers' capability in an attempt to build a framework to assess some key aspects of the quality of RH & HIV/AIDS as delivered in a secondary school in Hanoi. Holding the view that adolescent sexuality is a social product, the framework endorses the employment of critical pedagogy, which requires both teachers and students to reflect on their own living experience and sexual identities and calls for an essential role of teachers in determining the quality of education. Assessing the delivery of sexuality education from the critical pedagogy can benefit from Sen's capability approach which offers the evaluator the tools to develop a holistic picture and thick information on the factors and actors involving in and influencing on the formation of teachers' capability in RH & HIV/AIDS education. Such an assessment would provide valuable suggestions for policy makers for development and/or adjustment of policies and programmes that can meet youth's needs and fit within the political and social sphere. In the next chapter, the research will apply this framework in her analysis of teachers' capability and influencing factors.

Chapter 3

Delivering reproductive health and HIV/AIDS education: Insights on teachers' capability and their practice in a secondary school in Hanoi

This chapter presents the narratives of the field work, focusing on teacher's capability in teaching RH & HIV/AIDS education. The main insights on the complexity of this type of education will be discerned through the voices of teachers. These include the links between moral values and sexuality, a binary understanding of gender and the tendency viewing issues of RH & HIV/AIDS through a bio-medical model. It is acknowledged that policy forms people's behaviour and life in one society, especially in Confucianism and socialist one like Vietnam. For this reason, Chapter 3 begins with examining how institutional norms define teachers' capability in transferring knowledge about issues related to sexuality. This will be followed by an illustration on how cultural and gender norms shape teachers' perception toward adolescent sexuality, their approaches to school-based adolescent sexuality education and ultimately their capability in teaching this theme. Concurring with the view that as actors, teachers also 'live within a complex web of social and cultural interactions, which frame their decisions and actions' (Boler and Aggleton 2005: 8), the chapter extends the discussion on gender and cultural norms in sexuality education to the social interactions between managers, colleagues, students and parents and how they influence teachers' decision of in the delivery of RH & HIV/AIDS education. The chapter closes with teachers' reflection on their teaching experience and suggestions for quality in this type of education.

3.1 The influence of institutional norms on teachers' capability

3.1.1 Background of reproductive health and HIV/AIDS education

In the early 1980s, the Ministry of Education and Training of Vietnam (MOET) started running a population education programme supported by United Nations Population Fund (UNFPA). Since the International Conference on Population and Development (ICPD) in 1994, MOET and UNFPA has shifted its population education to adolescent RH education with the introduction of a self-learning manual, which provides guidance for teachers to integrate adolescent RH topics into biology, geography, literature, civic education and extra-curricular activity. In their recent report, MOET and SC/US (2005: 9) identifies five shortcomings and difficulties in the implementation of the existing RH & HIV/AIDS education programme in Vietnam. They include: (i) policy introduced without enabling mechanism for implementation such as action plan and specific guideline; (ii) lack of official teaching manual; (iii) teachers with insufficient knowledge and teaching skills; (iv) students' passiveness and hesitancy in taking part in activities; and (v) lack

of qualified educational managers. To act in response to these shortcomings, MOET has recently promulgated the Action Programme on Reproductive Health and HIV/AIDS Prevention Education for Secondary School Students for the period 2007 – 2010. This action programme places its emphasis on unwanted pregnancy prevention, life skills, open discussion about sexuality and HIV/AIDS prevention (MOET 2007: 16). To assess this policy, it is necessary to investigate how policy makers conceptualise adolescent sexuality and form school-based sexuality education.

The existing school-based RH & HIV/AIDS education in Vietnam is greatly influenced by two dominant discourses: adolescent sexuality vis-à-vis morality and adolescent sexuality vis-à-vis problems (Nguyen 2007: 28). This claim is also valid when having a look at the Action Programme on Reproductive Health and HIV/AIDS Prevention Education: 2007-2010, wherein the concept of adolescents is associated with ‘risk activities such as smoking, drinking, motor racing (which is illegal in Vietnam), sexual activities and drug abuse’ (MOET 2007: 8). In this regard, the term ‘sexual activities’ has been used in a negative meaning, which are regarded as improper and banned activity for students. This suggests the implication of the discourse of adolescent sexuality vis-à-vis morality embedded in the Action Programme. It can be explained by the fact that many people, including policy makers, teachers and parents, worry that sexuality education will provoke adolescents’ sexual desire and encourage them to engage in sexual activity (Khuat 2003: 15). The latter discourse can be observed in the citation of statistics related to HIV/AIDS infection, sexually transmitted infections (STIs) and abortion cases among adolescents as ‘serious threats’ to adolescent health in the rationale of this document (MOET 2007: 8). As such sexuality education is framed in a sense of protection of Vietnamese youth – the future of the nation:

Given the trend of Vietnam’s HIV/AIDS epidemic and adolescents’ vulnerability to the disease, it is essential to provide adolescents with HIV/AIDS prevention education, which is most appropriate and effective when carried out in a school-based comprehensive health education program. (ibid: 8)

The discourse of adolescent sexuality vis-à-vis problems is clearly reflected in the objective of the Action Programme which aims at reducing ‘risky practices related to reproductive health and HIV/AIDS among secondary school students’ (ibid: 13). In this sense, sexuality education seems to be regarded as a provisional solution rather than a real need. It falls in the claim that education policy is most often considered to serve the interests of society at large, rather than responding to adolescent sexual practice and needs in social context (Ansell 2005, Smith et al. 2000). As such sexuality education policy is a tool to deliver what the society and adults want adolescents to learn in stead of meeting their needs for achieving healthy sexual life.

In this context, teachers are viewed as a means for knowledge and value transmission. It is assumed that providing teachers with sexuality information would be enough for them to teach their students about RH & HIV/AIDS. Acknowledging that teachers do not have sufficient knowledge about these issues (Khuat 2003: 15), the Action Programme puts a focus on teacher training (both in-service and pre-service) and the development of teaching

manual. These training courses demonstrate an emphasis on enhancement of teachers' knowledge and skills, but pay no attention to their social and cultural contexts. Evidence shows that without tapping into teacher's experience, their set of values and gender norms as well as their living circumstances, teacher training on sexuality education do not bring about effectiveness.

Nevertheless, the Action Programme has shown its strengths in several aspects. First, it does see adolescents as a diverse group in stead of a homogenous category. Among its principles for the design and implementation of this Programme, there is an attention to the differences of students in terms of 'demands, situations, strengths and learning abilities' and 'various regional, local and environmental contexts' (MOET 2007: 12). This Programme indicates its interest in taking the realities of adolescents' with all their complexities as a basis, which has been proved as one of the main factors for a successful program (Boler and Aggleton 2005). In addition, its sensitivity to gender as well as cultural and contextual background would enable to take the differences and living experience of students into learning process, probably facilitating the reproduction of knowledge. To enable students to 'make their own decision' and 'to be able to self-protect and prevent unwanted consequences', this Action Programme also asks for the establishment of 'open dialogue between teachers and students' and the provision of necessary knowledge and skills for them through extra-curricular activities and counselling sessions. This can offers students with opportunities to openly talk about sexuality issues and practice life skills, contributing to the enhancement of adolescents' sexual well-being.

Besides students, this Action Programme also targets at relevant actors involving and determining school-based RH & HIV/AIDS education, including educational management staff, students and lecturers of pedagogic departments of universities and teacher training colleges, teachers and parents of secondary school students. Activities designed for these target groups include development of guidelines for the implementation, monitoring and evaluation system, advocacy toolkit, organisation of workshops, meetings, training courses, and reviewing and finalising existing educational materials. This would serve the immediate need of implementing this Action Programme as well as the long-term objective of its sustainability and further development at a later stage. In addition, the importance of coordination among inter-sectors and among family, school and community is clearly seen in its session on management and operation of this document, in which particular names and responsibilities of a number of departments, ministries and agencies are stated.

The presence of the Action Programme demonstrates the great commitment of Vietnamese government in adolescents' sexual rights, which belongs to the right to education of all children stated in the United Nations Convention on the Rights of the Child (CRC). Tomasevski (2003: 55) identifies four key actors involving in realising the right to education, including (i) government as provider and/or donor of public schooling; (ii) children as bearers of the right; (iii) parents regarded as the first educators; and (iv) teachers. Covering these four mentioned actors, this policy can be seen as a critical step for the implementation of sexuality education. Given many

positive aspects, the Action Programme keeps maintaining of the integration model of RH & HIV/AIDS education, indicating less priority placed on this subject. In addition, Smith et al. (2000: 23) claims that ‘no matter how good they are, policy and curriculum do not automatically translate into good teaching practice’. It requires a bridge to transfer the policy into implementation: teachers. This policy has shown to be more progressive and promising for better implementation given the strengths discussed in this session and its issuance as a remedy for the existing one. However, it is not possible to evaluate the impact of this policy, since its implementation has not yet started. In the following part, therefore, the research will discuss the interpretation of the existing integration model of RH & HIV/AIDS education into teachers’ capability through the views of teachers, policy makers and programme planners.

3.1.2 The translation from policy into teachers’ capability

Starting from school year 2006-2007, MOET has officially introduced RH & HIV/AIDS education into secondary school curriculum in the form of integration in five subjects, namely literature, biology, geography, civic education and extra-curricular activity. The integration model reflects the relatively low level of importance given by policy makers to this subject compared to others. Education in Vietnam is ‘linked with the economic and development stakes’, which has focused on ‘useful skills and knowledge’ to enable young people to join the economic competition after graduation (Blanc 2004: 248). For instance, teaching and learning computer and foreign languages are of great favour among all subjects (ibid: 248). To serve this goal of education, ‘the main indicators for education are defined as the rates of graduated students and their university entrance results’ (key informant 1 – MOET), which place high pressure on MOET, teachers, students and their parents. Therefore, the integration model of RH & HIV/AIDS education is undoubtedly perceived by teachers, students and parents as an “extra” subject, requiring less attention and efforts.

There is no guideline on how to carry out this policy, according to school manager, teachers and MOET and UNFPA officers. It is in line with the finding that ‘there is a lack of detailed instructions to implement’ in the recent report produced by MOET and SC/US (2005: 33). In addition, different departments of MOET and educational agencies have partnerships with different United Nations agencies and NGOs, causing not only a waste in resources, but also inconsistency in educational approaches and strategies as mentioned by one MOET officer:

The lack of cooperation among related departments and organisations lead to overlap and waste in terms of resources and time. This also causes confusion for the implementers due to different approaches and guidance.
(Key informant 1 – MOET)

It is observed that only teachers of civic education and biology subjects have a slightly clearer view on their role than others. For example, in civic education subject of grade 10, 11 and 12, there are two lessons on friendship and love mainly covering moral norms and two lessons on population policy and family planning and laws on marriage and family. Meanwhile, there is only

one lesson of grade 10 mentioning conception, whereas teachers may relate to sperms and eggs at puberty (MOET 2005: 42-3). Teachers of different subjects (even in the same subject) do not know what content of sexuality is covered in the class by their colleagues. This probably creates uncertainty and hesitation in teaching these topics among teachers.

Given the fact that there is a teachers' manual developed under the collaboration of MOET and UNFPA, all interviewed teachers have never seen it. It is explained by one MOET officer that there might be only one copy for each school due to budget limitation allocated for the printing and distribution. This manual, if it arrives at the school, probably lies on the library shelf and never catches teachers' eyes. Thus those teachers do not have access to the teaching materials, which is known as the only resource prepared for them.

Furthermore, teachers have received little pre-service and in-service training on how to conduct RH & HIV/AIDS education. Teachers of biology have gained knowledge about human body through their university curriculum, which probably enables them to be more comfortable to talk about these topics. Meanwhile, other teachers may have gone through the population module in university. There are two types of in-service training provided to teachers. The first one named RH & HIV/AIDS training, mentioned as a two-hour lecture, targets at a limited number of teachers. Each school is offered a seat in this training, which often ends up with the participation of one school manager. Thus teachers in charge of these topics may not be aware of their assignment. The second type of training is summer refresher training on specialised subjects for all teachers, which often lasts for one and a half days and pays either little or no attention to sexuality related issues. It is claimed that training on methodology, particularly participatory methods, is not included in those training courses. Consequently, teachers are not well-equipped both in terms of knowledge and teaching methods to teach RH & HIV/AIDS topics

Besides, there is currently no monitoring and evaluation system in place for the existing RH & HIV/AIDS education programme. In her research on adolescent sexuality in Namibia, Hailonga (2005: 222) argues that when sexuality education is not an exam-based subject and has no evaluation, 'little attention is given to the subject'. This claim is consistent with one finding in this research that teachers have less intent to deliver this theme. Teachers regard the presence and strict evaluation system as a must for them to teach a subject as stated by one teacher of biology that 'if assessment scheme is available, teachers have to teach and students have to learn it' (in-depth interview, teacher 3). This indicates the casual nexus between monitoring and evaluation system and implementation. It also implies the patriarchal power in the organisation of the society, in which many get used to complying with assignment. The lack of assessment scheme provides teachers with no clear direction for their selection of content and method, and offers them with no coaching and assistance when needed. This certainly discourages teachers to perform sexuality education in an effective way. The insignificance placed on sexuality education by the policy and the educational managers can be observed as in one statement offered by a teacher of civic education:

Currently, if educational inspectors and managers know that I do not integrate RH issues in my sessions, they would say nothing. We (educational

managers at all levels and teachers) care about the main subjects, not the integrated or expanded ones. (In-depth interview, teacher 5)

The formation of RH education policy within a frame of morality and values has brought along with the integration model, lack of guideline, insufficient teacher training, no official teaching manual and lack of monitoring and evaluation system, indicating a 'black-box' in its implementing mechanism. Consequently, capability of teachers, the critical actor in delivery of quality sexuality education, is poorly produced. Teachers have inadequate knowledge and skills and are not responsible and not motivated to teach RH & HIV/AIDS related issues. One teacher of geography explains his interpretation of the RH policy into teachers' capability as,

Because there is no official instruction for me to integrate RH issues in my subject, it is not my responsibility to do it. In addition, I am neither paid to do it nor punished for not doing it. I just do it if I want. (In-depth interview, teacher 1)

It indicates that what is important for the implementation of one education policy is not the existence of that policy itself, but more importantly the mechanism for realising it. How the implementation mechanism, including guideline, education model, development of teaching manual, assessment system and teacher training, is set up often underlies the significance and values given to the subject by the policy makers. Cultural and gender norms are recognised to have strong influence on the formation of education policy related to sexuality, which is an area requiring a special attention and dealing with the social and cultural contexts. Hence an attention to social values and norms embedded in a sexuality education policy and programme is essential when conducting an evaluation.

3.2 Teachers' capability in reproductive health and HIV/AIDS education: The influence of cultural norms

This session presents how teachers have developed their knowledge about their own sexuality and gained understanding about its social dimensions, and how this understanding has formed their perspectives to sexuality education.

3.2.1 Teachers' experience in learning and understanding of sexuality

Consistent with Blanc's claim mentioned in Chapter 1, this research finds out that teachers are products (or 'victims' in her word) of the morality of education system and family. Brought up in a Confucianism society, most teachers have accessed to limited information related to sexuality issues. 'Nobody taught me about it (sexuality)' says a male teacher of geography (in-depth interview, teacher 1, 32 years old).

Sexuality is often not a topic for discussion in family. One female teacher states that her parents have never talked about sexuality with their children due to 'the big generation gap' (in-depth interview, teacher 3, 25 years old). However, discussions with other teachers reveal that the main reason is not just 'generation gap', but the topic itself. Sexuality is understood as sex and

associated with reproduction, which is an issue supposed to be discussed in privacy and between married couples. Young and unmarried persons are not expected to learn and talk about it. Thus parents do not teach this theme and even prohibit their children from learning it through other sources. Often sexuality is talked in family in the form of warning messages embedded with negative and moral meanings. One 31-year woman says that ‘my grandmother often disdained and scolded unmarried girls who were pregnant and fell in love more than one time’ (in-depth interview, teacher 2). That grandmother has taken that case to criticise as ‘bad’ and ‘deviant’ in order to convey the message of being virgin until marriage to her niece(s). The fear-based approach is not only seen at policy level, but also in family. Chastity, especially for girls, is of high value and promoted by the society. Furthermore, sexuality has been mentioned in many families as ‘dirty’ and a stigma, creating a culture of silence. As a result, those teachers have gained fragmental knowledge about sexuality in a quiet way as mentioned by one female teacher of biology:

All I knew about puberty was menstruation (for girls) and acnes. When I got my first menstruation at grade 11, I did not talk with anyone about that. I had observed my older sister’s practice during her period and did the same. (In-depth interview, teacher 2)

Though there is a slight positive talk between parents and children about sexuality in a few families, the information is limited, mainly for girls and about menstruation. In our focus group discussion, when one female teacher shares that her father has taught her about sexuality by giving her a newspaper covering sexuality issues, all other group members regard it as ‘a good approach’ to sexuality education. It indicates a sense of discomfort and the ‘hidden’ promotion of culture of silence among teachers in talking about these issues.

Topics related to sexuality were not officially introduced when those teachers were in schools. Teachers of younger ages (under 30 years old) seems to have more access to information about physical puberty either through their biology lessons in class or about moral messages such as ‘hygiene, love and sexual abstinence’ from their teachers outside class. Despite the fact that population and biology majors were supposed to provide university students with some aspects of sexuality, one 32-year old teacher of geography shares that it ‘was not taught properly because the lecturers avoid touching it’ (in-depth interview, teacher 1). Although teacher 3 claims that she and her classmates could ‘openly talk about population related issues’ in their ‘ten sessions of population major’, it is important to note that this subject mainly focus on controlling the population, family planning and marriage law.

There is one Vietnamese saying that ‘what we learn from peers is much more than what we learn from teachers’. This completely corresponds with knowledge about sexuality, wherein peers were the main source of information for those teachers. Even one male teacher states that he acted as a sexual health adviser for his friends in university by encouraging them to apply safer sex. Friends can easily and frankly talk about sexuality without being afraid of judgement. The reason is that they do not regard this theme as a moral issue, but their concern and interest. In addition, there is no hierarchical relation

among peers, which certainly facilitates open dialogue. The information going around peers were, however, not often accurate:

I learned from friends that girls should not drink a lot of water and not eat either sweet or sour foods during their period. (In-depth interview, teacher 4, female)

Teachers have also learned about sexuality through newspapers, television and books, which are regarded as another main source of information. Media, however, is used as the key instrument to protect the society and reinforce its moral expectations and gender norms of ‘good’ girls/women and ‘good’ boys/men. Thus media channels say little about sexuality, but mainly place its attention to girls/women, who are considered as ‘sexual victims’ by many, with moral and prevention messages such as no love at school, no premarital sex and no extra-marital sex. Sexuality in this context is more about what people should not do, rather than what they can do. Nevertheless, some teachers could manage to gain sound knowledge about sexuality in such a restricted circumstance. For instance, a 32-year old male teacher proudly demonstrates his strategy in obtaining his understanding of sexuality as,

I had to learn it myself through some newspapers and books for women and married couples. I had never bought any of those books, but secretly read them in the book stores. One time, I found out that my sister, who was studying biology major at university, had a book entitled ‘Human body’. Afraid of being caught by others, I speedily read the entire book (including female and male bodies) in secret. Thanks to that book I was much more knowledgeable about sexuality compared to my university friends. (In-depth interview, teacher 1, geography)

In general, growing up in a hierarchical and conservative society wherein sexuality is a taboo, especially for young people, most teachers have incomplete understanding about sexuality and hold negative attitudes toward discussing this theme in public. The recent dramatic social and economic changes in Vietnam and the effects of globalisation have brought more sources of information related to sexuality to teachers of younger ages. Access to information creates more inclusive effects and more openness to revisit the merit of moral conservatism.

3.2.2 Teachers’ perspectives about adolescent sexuality education

Teachers’ understanding about sexuality does influence the perspective they adopt on adolescent sexuality education. The three discourses on adolescent sexuality discussed in Chapter 2 are clearly reflected in teachers’ responses during interviews and group discussions.

There is a number of teachers supporting the discourse of adolescent sexuality vis-à-vis morality. Teachers view adolescents as sexually innocent, calling for a need of being protected from adults’ world and Western cultures. Seeing love affairs among students are not ‘true love’ and sexually active adolescents as ‘deviant’ and ‘depraved’, those teachers criticises young people who ‘have premarital sex and often change lovers’ for ‘not respecting the traditional values’ (in-depth interview, teacher 7, female, literature). Thus teachers’ main task is perceived to protect the traditional values as well as

adolescents, the future of the nation, by promoting abstinence. Furthermore, sexuality education is considered as the model borrowed from Western culture, in which ‘people can have sex even in their first meeting as if they can shake a stranger’s hand’ (in-depth interview, teacher 8, male, maths). In his interpretation, to introduce sexuality education means that teachers promote ‘a loose way of living’ among youth - engaging in premarital sex and having sexual activities with multi partners. This is seen as a decay of the traditional culture. Attaching sexuality with morality, teachers show their reluctance in conducting sexuality education by either claiming that it should be family’s responsibility or imposing their values and promoting abstinence until marriage in school. As such the ‘banking education’ is employed to transfer the moral messages to students. Instead of supporting adolescents the pedagogy of this restrictive approach hampers adolescents’ knowledge about sexuality, which ‘eventually creates silence’ around it (Foucault 1978 cited in Hailonga 2005: 210).

The other group of teachers fall into the second view of adolescent sexuality vis-à-vis problems. Seeing ‘youth-as-trouble’, they conceptualise adolescent sexuality through a medical lens with negative consequence such as unwanted pregnancy, sexually transmitted diseases (STDs), HIV/AIDS and abortion. The gender norms on femininity and masculinity have strongly promoted girls as passive and ‘sexual victims’ and boys as active and aggressive, which results in a focus on girls and neglect of boys in sexuality education. Those teachers believe that student love affair is more likely to lead to sexual activities and eventually unwanted pregnancy, which can block girls from achieving a better future life for two reasons. First, they have less chance to marry a ‘good man’ and have a happy marriage life if they are not virgin and/or are single mothers – they are not up to the gender norms. The second one is that pregnancy puts them at high risks of quitting school because of stigma and judgement, consequently coming along with less opportunity for a good job. Female teachers express greater concern, compared to their male colleagues, in ensuring the safety for female students. From their own position and experience, those women may feel and understand the vulnerability and problems faced by girls in a more obvious and serious way. Thus female students need to be protected and are responsible for being sexually safe.

Furthermore, teachers have a fear that the incident of sexual relationships among adolescents may lead to a common practice in school, which is seen as the destruction of the learning environment. Hence teachers want to use sexuality education as a tool to prevent students from taking risky behaviours and eventually to reduce the rate of abortion, HIV/AIDS infection and other sexual health problems. Advocating for a fear-based approach in sexuality education, teachers propose to threaten students with ‘the negative consequences of sex through scenarios and materials’, believing that they do not dare to engage in sexual activities after having listened to all the scary stories (in-depth interview, teachers 8 and 9, male). Interestingly, male teachers are of more favour in this approach, which may underlie the interpretation and expression of masculinity as aggressiveness. Sexuality education, in this view, also makes use of the knowledge transmission pedagogy to tell students how to prevent from diseases and unwanted pregnancy.

The third group of teachers supports the discourse of adolescent sexuality vis-à-vis curiosity and desire. They are aware that adolescents are sexual beings and need to be equipped with sexuality knowledge, especially those related to their adolescent development. Their definition of sexuality includes relationships (sexual and non-sexual), psychological and physical development at puberty, disease prevention and contraception. Those teachers normalise the concept of adolescent sexuality by viewing love at adolescent age and premarital sex as *normal*. They are also realistic about the fact that ‘adolescents are curious’ and ‘it is impossible to keep them away from the information related to sexuality’ in the information age (in-depth interview, teacher 3, female). Believing that ‘students’ understanding about RH and their personal characteristics are important factors influencing their decisions and behaviour related to sexuality’ (in-depth interview, teacher 7), teachers argue for a comprehensive RH education programme for secondary school students.

There is a need to review the definition of comprehensive RH education among those teachers. It is noted that one female teacher mentions about this concept with ‘proper norms about love and sex’, which are verified later as the message of ‘no love and no sex’ at school age. Nevertheless, teachers’ belief in a positive approach to adolescent sexuality in such a Confucian society indicates potential for a better delivery of school-base sexuality education. Those teachers call for a student-centred approach with the application of participatory methods such as story telling and case studies to carry out the subject. In order to achieve their aim of meeting adolescents’ needs, the third group of teachers should move one step forwards to the comprehensive sexuality education, defined by IPPF, with the employment of critical pedagogy.

In summary, teachers’ views on sexuality education fall into three approaches, including morality approach, fear-based approach and comprehensive approach. Their perspectives are formed by their learning experience and understanding about adolescent sexuality, which are strongly affected by the existing social and cultural norms on this theme in their societies. It is recognised different levels of readiness and comfortableness of teaching RH & HIV/AIDS education among these teachers.

3.3 The social interactions and teachers’ choice

Besides cultural and institutional norms, teachers’ intention and readiness in teaching sexuality education is also influenced by their social interactions with the relevant actors. Though the views of school managers, teacher colleagues, students and their parents are of different weights, they all have a say in teachers’ consideration of what and how to conduct RH & HIV/AIDS topics.

The most determinant actor in this regard is school manager. As observed in discussions, if school head shows her interest in sexuality education, teachers are more likely to be supportive. It indicates the existence of strong hierarchy in schooling system, in which school managers are of great power in influencing school performance. In this particular school, its principal’s support can be seen in its involvement in several projects on RH & HIV/AIDS and gender education in partnership with some INGOs. This leads

to the acceptance of the theatre performance on sexuality related issues in school among teachers. Activities approved by school heads are often regarded by teachers as 'a command' to carry out. The quote of one teacher in charge of extra-curricular activities can demonstrate this finding well:

Teacher: I used to organise a series of fora on RH issues for students, namely 'girls' club', 'whispering' and 'consequences of premarital sex' for students in one school. Those are computer programmes that students can access individually.

Researcher: What makes you not to apply these games in this school?

Teacher: It is not requested. In my previous school, the principal instructed me to conduct these activities on RH related topics for students.

(In-depth interview, teacher 1)

The above quoted discussion shows the strong influence of school managers on determining the delivery and the quality of RH & HIV/AIDS education. This conversation suggests a need to deal with those 'gatekeepers' well before the introduction of sexuality subject in school to ensure an enabling environment for a better education.

With the support of school managers, the researcher can detect the positive views toward sexuality education in many conversations with teachers and their participation in two projects with one NGO. It is common understanding that 'in general, teachers are supportive to RH education program' (in-depth interview, teacher 4). However, teachers state that opposers to sexuality education can be found many among female teachers of middle age. It is understandable if we look back at the social and cultural contexts that they were brought up and have been living in. During group discussions the researcher observed a change in one teacher's attitudes toward school-based sexuality education: he first shows his opposition, but express his support later. There are probably three different ways to explain it: (i) that he is convinced by the opposite views during discussion; (ii) that he tries to twist his own arms to follow and to be not different from the majority (most group members support sexuality education); and (iii) that the atmosphere at the beginning of the discussion perceived as insecure to articulate his acceptance has shifted to a secure one at the later stage. It is acknowledged that colleagues' views can either encourage or impede teachers' decision on teaching these topics as stated in the below quote:

Despite of having sound understanding about RH issues, some teachers avoid talking about it because they are afraid of being judged by their peers.

(In-depth interview, teacher 10)

How teachers view sexuality education probably affect students' opinions about this subject. Discussions with teachers reveal that students also have different responses to RH & HIV/AIDS lessons and extra-curricular activities. One geography teacher shares his self-assessment of the lessons that integrate sexuality issues as below:

Half of the students are excited in the topics (most of them are boys and in 'naughty' classes), while the other half is shy (most of them are girls and 'obedient' students). (In-depth interview, teacher 1, male)

Classroom is also an institutional setting, in which the gender norms on how boys and girls are expected to behave are shaped and reinforced. Boys demonstrate their activeness and sexual experience, while girls express themselves as sexual innocent and passive. Teachers are aware that students are shy and not active in the discussions because they are afraid of being teased and stigmatised. By marking students with 'naughty' and 'obedient', teachers have unconsciously or consciously emphasises these double standards on gender norms.

According to the school manager, a recent survey conducted by the school discloses that most students are interested in sexuality education in the form of interactive theatre, which is described as fun, creative and easy for them to learn and participate in. Boys are seen to be more active in raising questions and interacting with performers, compared to their female peers. In general, students like listening about sexuality and 'actively participate in a series of activities of the Green Age Club, including learning songs about HIV/AIDS prevention, games and drama' (in-depth interview, teacher 10). The researcher has observed students' great participation in a project on HIV/AIDS prevention entitled 'Dance for Life' implemented in the school. Many ask teachers for their involvement in the activities of the project. It indicates that students are enthusiastic and dynamic in learning process if the activities are organised in a participatory and joyful manner. Students' interest probably is the main motivation for the school head and teachers to continue their work on RH education through extra-curricular and other subjects.

Parents have recently expressed their acceptance of school-based RH & HIV/AIDS education says one UNFPA officer. Though no official survey about the parents' view on RH education has been carried out, there are some evidences that parents support school education activities in this theme. For instance, one teacher of biology shares that many parents have assisted their children in preparation for a contest on RH issues in school. Besides, parents seem to place their high trust on teachers and school curriculum as indicated in the below quote:

Once a parent telephones me and informs that she has found a condom in her daughter's bag. I explain to her that her daughter is a member of the school theatre troupe and that they have had one performance on condom use in the afternoon. After that the mother feels released. (In-depth interview, teacher 10)

In short, school managers', colleagues', students' and their parents' views on sexuality education affect teachers' intention to deliver RH & HIV/AIDS education. It is important to note that among these actors, school managers' opinion is of great significance, which can determine both the conduct and the quality of sexuality education. Besides, teachers also take the other actors' views in consideration when making decision on what and how to teach this subject.

3.4 Taking reproductive health and HIV/AIDS subject into the classroom: Teachers' reflection on own experiences

This chapter has been discussed so far about the construction of teachers' capability in teaching RH & HIV/AIDS education. Under the influence of cultural and institutional norms and social interactions, teachers can be described as those lacking of directives, knowledge, skills, time, motivations and comfort to deliver this theme. The paper continues to investigate how these poor capabilities of teachers can be transferred into practice.

In theory, a Vietnamese student should be able to listen to 90 minutes of sexuality education for their whole schooling life (Blanc 2004: 248). It means that in the integration model, teachers may spend two or three minutes of certain lessons to teach sexuality related issues. There is, however, often a big gap between theory and practice. Teachers state that they might integrate RH & HIV/AIDS topics if they find some free time in their lessons. However, it seems that the chance for this theme is minimal because only to complete the load of knowledge of the main subject teacher have to try hard, let alone integrated issues.

In addition, teachers (particularly unmarried female ones) are not comfortable to talk about sexuality in class. These single female teachers, like adolescents, are not expected to express their knowledge related to sexuality in public. Furthermore, teachers often interpret an education policy without any assessment system as a 'no-harm' policy: there is neither harm nor benefits whether or not they comply with it. The main motivation for teachers to implement this policy is mainly their sense of responsibility and their willingness to 'equip our students with good knowledge' (in-depth interview, teacher 1, geography). A teacher of biology describes the common practice of RH & HIV/AIDS education in this school as,

Under the current situation, if teacher is enthusiastic, he will do it. Otherwise, nothing is done.' (In-depth interview, teacher 2).

Some teachers prepare to incorporate RH issues in their lessons where relevant, while others only talk about these topics when being asked by students. Thus students have little opportunity to learn and discuss about this theme in class. Fortunately, those students can join extra-curricular activities, which is organised monthly in the forms of interactive theatre performances and club meetings. Though these activities can reach a large number of students, the information provided may not be systematic and comprehensive.

The lack of clear guidance and teaching manual may cause confusion among teachers in how to deliver this theme. For example, one teacher of civic education is uncertain of what contents to be included in her lessons and what to be covered by other subjects. This probably leads to either an overlap or inconsistency in information conveyed to students. Teachers mainly teach biology, disease prevention, family planning and marriage law through biology and civic education subjects. While 'civic education is to form students' awareness and responsibility of a good citizen' and covers friendships, marriage law and family planning, biology subject principally deals with physical changes at puberty and human body. Teachers of civic education are supposed to

transmit the messages of population and family planning policy of the government, which are not closely related to sexuality issues and of students' interest. This is in line with Allen's argument that 'it has been adults (at the level of policy and classroom pedagogy) who have determined "acceptable" and "useful" content' (Allen 2008: 574). When teachers decide to deliver RH & HIV/AIDS education, they may end up with different topics and difference in the depth of the information and pedagogy because:

Teachers have great freedom in selecting the content as well as the method to do it. It is really of teachers' own free will. (In-depth interview, teacher 3, biology)

This 'great freedom', however, is often framed in the cultural and gender norms. Teachers are more likely to choose contents regarded as 'appropriate' by the society at large or by their surrounding actors at least. Teachers may talk about sexuality, but not in an explicit way or the topics that they cover may not be closed to this theme. Evidence shows that even teachers those strongly supporting comprehensive sexuality education feel embarrassed and avoid teaching about reproductive organs. This consequently creates an embarrassing atmosphere in the class, which probably impede students from asking and discussing about sexuality. Furthermore, female teachers face more difficulty in talking these issues with their students as a married female teacher of biology says about one of her 'embarrassing' situation:

One time, in my lesson of reproductive organs of pigs, one student asks me what scrotum is and its function. I tell him that we do not need to learn about it. (In-depth interview, teacher 2)

What teachers want to teach can affect their selection of pedagogy in RH & HIV/AIDS education. Discussions reveal that many teachers acts as technicians to transmit 'appropriate' information and messages, while most students are passive in receiving what they are expected to learn. In this 'banking education', lecturing and question-answer are considered as the main teaching methods. There are a number of reasons to explain for the employment of this didactic pedagogy, namely the classroom setting and the large number of students (40-50 each), the heavy study load of school curriculum and the limitation of time allocation for RH & HIV/AIDS topics as mentioned by one MOET officer:

Both teachers and students are required to deliver and absorb a huge load of knowledge in a single session, which discourages teachers to employ active learning methods. (Key informant 1)

Besides, several teachers employ case studies, story telling and scenarios for discussion or ask students to do homework and present in class. One teacher argues that 'such stories work quite well because it helps students to put themselves in the characters' shoes to see, to listen to and to feel' (in-depth interview, teacher 7). To explain her use of scenarios, another teacher states that these cases are 'more useful for students to analyse and ultimately gain better understanding' (in-depth interview, teacher 4). Teachers recognise that these teaching methods are effective, but require more time both for preparation and in class in comparison with the traditional methods. Though

this problem-based approach does not touch its full extents by involving students' experience and concerns in discussion yet, it is close to Freire's critical pedagogy, which is advocated for sexuality education by the researcher.

These selected topics and methods have mainly brought along the messages of morality and prevention such as adolescence are time for studying, not love; premarital sex is immoral; and sexual relationships lead to sexual health problems. Such communication is quite far from youth's reality and interests, which can result in a feeling of pseudo and boredom about this subject among students. As a result, students may perceive fragmental knowledge and different (even contradict) messages related to sexuality. One teacher of geography shares his concern about the quality of teaching:

I do not think that I have enough knowledge about RH & HIV/AIDS. You can imagine how the quality of teaching can be when teacher has insufficient knowledge. (In-depth interview, teacher 1)

It is important to note that this teacher is known as one of the most knowledgeable in terms of sexuality in this school. His lack of confidence suggests that most teachers have limited knowledge and are not ready to teach this theme. Consequently, many claims that this integration model does not work effectively. Recognising the weaknesses of the existing sexuality education, teachers advocate for RH & HIV/AIDS education as a stand-alone subject with weekly lessons. One male teacher argues 'the content should be selected appropriately for different group ages and sexes' (in-depth interview, teacher 9) to meet their variety in needs related to sexuality education. They emphasise the need for a guideline and a teaching manual, which provide clear instructions, but not too detailed and restrictive. This can offer both directives as well as rooms for teachers' flexibility and creativity. Teachers who are enthusiastic, good at participatory teaching methods, aware of the importance and the need of sexuality education for students and knowledgeable about this theme are suggested to be chosen for teaching this subject. Furthermore, they advise to equip teachers with 'sound understanding of contemporary youth's psychophysiology' (in-depth interview, teacher 3, civic education) for a quality education. In short, they call for a holistic approach to sexuality education, which employs a learner-centred framework to focus not only RH & HIV/AIDS topics, but rather adolescents' lives and experience.

Concluding thoughts

This chapter has demonstrated the construction of teachers' capability and functioning in RH & HIV/AIDS education in a secondary school with the use of capability approach. The institutional norms were discussed as the main determinant factor which can either enhance or impede teachers' capability in delivering this type of education. More importantly, the researcher shows how the cultural and gender norms have strong influence on teachers' perceptions about adolescent sexuality and the approaches they adopt in sexuality education. In addition, the views of managers, colleagues, students and parents also have bearings on teachers' decision making in what to teach, how to teach and whether to remain silent about controversial questions. Teachers' reflection on their actual delivery of RH & HIV/AIDS education and their

suggestions for a more effective sexuality education for young people show the readiness for change. This requires more support to teachers in their function as educators with the specific goal of promoting the well-being of adolescents beyond and above the instrumental goal of education which equates it exclusively with economic growth.

Chapter 4

Conclusion

This paper has explored teachers' capabilities and practice in delivery of RH & HIV/AIDS education in a secondary school in Hanoi. The employment of the capability approach as an analytical framework has enabled an investigation of teachers' capabilities in relations with social norms, policy and relevant actors. In this chapter, the researcher presents her conclusions and final reflections on the use of capability approach as a framework for assessing sexuality education.

The cultural barrier (social and gender norms on sexuality) has been recognised by the researcher as the most determinant factor constructing teachers' capability and functioning in teaching RH & HIV/AIDS education. As products of a Confucianism society, teachers' perspectives and attitudes toward adolescent sexuality, shaped by the cultural and gender norms and practice, are often negative. This habitus¹ have created a culture of silence around sexuality, in which sexuality related issues are not supposed to talk either in family or in public. The society discourages its people, especially young people, to gain understanding and discuss about sexuality by associating this theme with morality and stigma. As most of people, many teachers relate adolescent sexuality with two dominant discourses: adolescent sexuality vis-à-vis morality and adolescent sexuality vis-à-vis problems. These concepts have formed two main perspectives toward school-based sexuality education among teachers, namely morality approach and fear-based approach, which promote abstinence and prevention of unwanted pregnancy and diseases.

Not only influencing teachers' views toward sexuality education, the cultural and gender norms are also found in orienting policy on teaching this theme. These two discourses on adolescent sexuality are prevailing in RH & HIV/AIDS education policy. Thus the education approaches applied by policy makers make no difference with those of teachers. It is possible that social norms as well as the policy have influenced teachers' perspectives. Framed in a bio-medical model, the policy aims at helping young people to protect from unwanted pregnancy and diseases. It does not display an understanding of adolescent sexuality as a social construct. Also prominent is the approach of 'banking education', which focuses on what adolescents are expected to behave, rather than what they concerned with and can do in terms of their sexuality. In this model, teachers are regarded as a means to convey the moral messages that adults want young people to act accordingly. The institutional mechanisms of the integration model for enhancing teachers' capability and enabling their practice shows their weaknesses such as insufficient training, lack of teaching materials, no time allocation and no monitoring and evaluation system.

Given such social and institutional norms, teachers are not well-equipped for teaching sexuality education with quality. Besides, teachers often take the views of school managers, colleagues, students and parents into serious consideration when making their decision on choosing content and method to deliver this subject. Among those actors, manager's opinion is of a critical importance. Besides other actors' views are more or less regarded as either motivation or barrier for their practice. It is noted that what and how to teach

sexuality education has been controversial in the society as well as in educational settings.

With all the above mentioned factors, teachers end up with poor quality of teaching RH & HIV/AIDS education. The content and methods employed in this subject are mainly dependent on teachers' readiness and comfortableness. To avoid embarrassment, teachers often fall back on the bio-medical model. Teachers' gender is observed as one factor in the selection as well as the comfortableness when delivering sexuality education. Female teachers demonstrate more hesitance in talking about sexuality related issues in class. Furthermore, it is acknowledged that teachers with less access to sexuality information show a more negative attitude to adolescent sexuality education. As a result, teachers frame their teaching of this theme in a bio-medical model to encourage young people to adopt abstinence and use contraception. To achieve the objective of sexuality education, most teachers apply traditional teaching methods like lecturing and question-answer. Consequently, students (especially girls) feel shy, are passive in class, and have fragmental understanding about sexuality. This may impede them from achieving a healthy and happy sexual life.

To meet the needs and realise the sexual rights of young people, the researcher recommends the comprehensive sexuality education, which takes the social construction approach to sexuality and employs critical pedagogy developed by Freire. Adolescents should be acknowledged as sexual beings whether or not they are sexually active. They need to have a holistic understanding of sexuality and sufficient life skills to take responsible decisions and practice safe sexual behaviours. The application of critical pedagogy does not only facilitates students' reproduction of knowledge by engaging their living experience and dealing with their social contexts, but also enables them to strengthen their decision making skills.

A number of teachers have shared and advocated for this comprehensive approach, promising potential for a renovation in sexuality education in Vietnam. To implement this approach, much work will be required on the formation of education policy, which should address cultural and gender norms in a more effective way. It is a difficult task, but not an impossible one. In addition, teachers should be encouraged to take a critical role in the implementation of sexuality education.

This paper has demonstrated the effectiveness of using capability approach as an analytical framework in evaluating sexuality education programme and policy. It has enabled the researcher to not only focus on the individual capability of teachers, but also investigate in their living experience and social context which structure this capability in particular ways. Such capability approach can provide a holistic picture with thick information about each and every relevant factors and actors. This would be of much help for policy makers and programme planners in development and evaluation of sexuality education policy and programme. The researcher would recommend the use of capability approach to examine the cultural and social contexts which shape teachers awareness about sexuality and motivation to be engaged in sexuality education.

To improve the implementation of the Action Programme on Reproductive Health and HIV/AIDS Prevention Education for Secondary School Students: 2007-2010, more attention should be paid to the means to enhance teachers' capability and the methods of selecting teachers who are dedicated to the delivery of sexuality education. Using the critical approach to pedagogy which puts students at the centre and employs their living experience is essential for quality sexuality education. Such an approach can help turn the teacher as a bridge between sexuality education and students' sexual well-being. In this regard, understanding of how teachers' capability is constructed is of much need. Exploring how to enhance teachers' capability requires going beyond their knowledge and skills to deal with their living circumstances, wherein their conceptualisation of adolescent sexuality and perspectives toward sexuality education are shaped. Assessment of teachers' capability can help draw important insights for developing teachers' training programme and developing methods for monitoring and evaluation of the delivery of this type of education. This can facilitate the effectiveness of the implementation of the programme or policy.

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Notes

¹ Habitus is defined by Bourdieu as ‘a set of expectations, assumptions and dispositions to react which result from particular forms of social experience with particular social conditions’ (Ratner 2000: 422). Thus teachers’ habitus - their perspectives, attitudes and responses toward adolescent sexuality education are not constructed in a vacuum, rather they are guided by the socially built-up habitus shaped by particular forms of social contexts that they live in.

