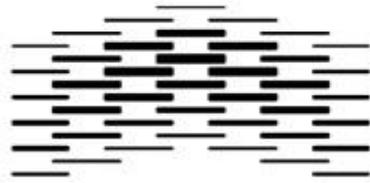


Student's perspectives on school based sex education in Kaski district, Nepal

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ABSTRACT

Introduction: Sex education in school helps youth acquire information skills and development behavioral skills to maintain a good sexual and reproductive health. But very little is known about students' perceptions towards sex education in school.

Objective: The main aim of this research was to explore students perceptions, experiences and behavior towards sex education in school. It focused at finding out students' understanding of sexual and reproductive health, perceptions towards sex education. Further, this study analysed challenges to sex education and suggested ways to improve it.

Methods: Data were collected through 10 personal interviews and 2 focus group discussions after selecting study participants from 3 schools through purposive sampling.

Findings: Study showed that students understood sexual and reproductive health in different concepts like physical and emotional changes, family planning, contraceptives, child bearing, family structure etc. They perceived sex education very important for their future while they talked less about its present importance. However the students behavior was found negative towards sex education. Participants said that boys in the class laugh, are disruptive and ask questions which put girls in shame while girls are mostly silent with their head down, feeling embarrassed and uncomfortable. They said that studying together with boys/girls and being taught by opposite gendered teacher is causing discomfort. Students were not satisfied with the teacher's teaching practices, his lack of comfort and lack of teaching materials. They suggested for separate classes for boys and girls during sex education course, same gendered teacher, effective teaching practices and enough teaching materials, openness in discussing things related to sex as ways to improve current sex education.

Conclusion: Students have constructed their own understanding of sexual and reproductive health. Students have believed that sex education is important to their future but they show negative response in the class. They have stated some challenges to current sex education which need to be addressed to improve effectiveness of sex education.

LIST OF ABBREVIATIONS

| | |
|-------|---|
| AIDS | Acquired Immuno Deficiency Syndrome |
| CIOMS | Council for International Organizations of Medical Sciences |
| FGD | Focus Group Discussion |
| HIV | Human Immunodeficiency Virus |
| MCH | Maternal and Child Health Care |
| NGO | Non Governmental Organization |
| NHRC | Nepal Health Research Council |
| NSD | Norwegian Centre for Research Data |
| PI | Personal Interview |
| SRE | Sex and Realationship Education |
| SRH | Sexual and Reproductive Health |
| STI | Sexually Transmitted Infections |
| WHO | World Health Organization |

CHAPTER 1: INTRODUCTION

School based sex education is an educational program which help youth to acquire the information and behaviour skills to develop and maintain their sexual and reproductive health. It involves a large number of programs and activities to increase students knowledge of reproduction, reproductive health and rights, personal safety relating to sexually transmitted diseases (STDs) including human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS). It can also be a good channel to provide health information, increase knowledge and changing attitudes and behaviors like reducing sex partners, increase use of contraceptives, avoiding unintended pregnancies, reducing risks of HIV and AIDS (Shrestha et al. 2013).

Sex education in school is very important because adolescence is a key period for establishing sexual practices and effective sex education can always help them to explore safer practices of sexual behavior. In the literature, adolescent refers to age group 10 to 19, whereas young people represent people of age group 10 to 24 and people who fall in age group 15-24 are often referred to as youth (Regmi, Simkhada, and Van Teijlingen 2008). Here, the terms adolescents, youth and young people have been used interchangeably to represent people of young age.

School provide an ideal setting for sex education as a great deal of children can be reached there. Age appropriate knowledge among adolescents and youth about the changes during puberty, sexuality, maintaining healthy and safe sexual life, modes of transmission and prevention of STIS, HIV and AIDS, prevention of unwanted pregnancies is important for health and welfare (Kumar et al. 2017). Sex education is the best way for adolescents to protect themselves from unwanted pregnancies, different diseases like STDs or HIV or any unsafe sexual behavior. Based on knowledge, skills and positive attitude, the education helps youth to enjoy sex and relationships and make decisions which will have positive influence in their sexual and reproductive health.

Youth are more vulnerable to STIs, HIV and unwanted pregnancies, especially young women. This situation is worse for young women in less developed countries. For

example, Uganda has a very high rate of STIs, one of the highest teenage pregnancy rates in Africa and an estimated HIV prevalence of about 5% among youth and young women are four times more likely to be living with HIV than men (Cook 2010). This highlights the importance of sex education to adolescents. Sex education in school can teach youth about safe sex methods and good decision making skills. In addition, schools and school programs on sex education have positive impact on adolescent sexual behavior. There are many evidences which suggest that being in school reduces sexual risk taking behavior. In a multitude of developing countries around the world, as the percentage of girls completing elementary school has increased over the period of time, teen birth rates have decreased, so are the risky sexual behaviors among adolescents (Kirby 2002).

1.1 Nepal: A country profile

Nepal, the country of high Himalayas in South East Asia is one of the poorest and less developed countries in the world. It shares borders with China and India. Demographically, about 22% (6.38 million) of Nepal's 28.5 million population are adolescents aged 10-19. The legal age for marriage in Nepal is 20 years. Despite that legal provision, 48.5% of women aged 20-49 were married by the age of 18 and 15.5% aged 15-49 were married by the age of 15 (WHO 2017). The construction of gender differences in communities is such that vast majority of girls marry at adolescence while boys do not. Hence sexual debut occurs in adolescence. When marriage takes place early, childbearing also begins early. This pattern is more prevalent in rural areas directly affecting mother's and child's health (Mathur, Mehta, and Malhotra 2004, 4, 22). According to WHO, almost a quarter of women in Nepal give birth before the age of 18 and nearly half before the age of 20 (WHO 2017). High rates of adolescent marriage, early child bearing with a pressure to bear a son has negative health consequences to mothers and children. In addition, it greatly reduces girl's education and employment opportunities.

There is a relationship between lack of education, early marriage, low social status and poverty in Nepal. Though the age of marriage has increased in Nepal recently and premarital sex is discouraged, young people are more likely to be sexually active before

marriage than their parent's generation due to a more open culture and the influence of western modernization through globalization and information technology (Acharya, Van Teijlingen, and Simkhada 2009). Adolescents often face poverty, limited access to education and services and restrictive cultural and sexual norms. Sex is still the topic not being discussed in families with existing norms and restrictions. Despite all the restrictive norms, adolescents pre-marital sexual activities are increasing in Nepal (Regmi, Simkhada, and Van Teijlingen 2008), many of which are unprotected, unplanned and risky leaving them at high risks of health hazard. Adolescence marriage and early child bearing means limited opportunities for young mother. Many of the young women dropout of the school/college due to many responsibilities at home. In addition, many youth and adult are unemployed and it forces them to migrate through the borders in search of jobs and opportunities. In the process, many people acquire STIs, HIV and AIDS which not only make them suffer but also their partners and families. This whole scenario signifies how important is school based sex education for adolescents in Nepal.

1.2 A national curriculum on sexual and reproductive health

Government of Nepal has designed a school curriculum which gives basic education on sexual and reproductive health to all students from grade six to ten. They are taught about sexual and reproductive health under a chapter 'adolescents, sex and reproductive health'. This mostly cover issues on physiological changes as child grows, safe motherhood and family planning, reproductive physiology, STIs/HIV, infertility, adolescent health, reproductive health problems and reproductive rights. The current course on sexual and reproductive health education mainly provides biological and physiological information. It fails to address the issues of youth like emotions and relationships. Sex education should help youth to develop life skills, attitudes, safer and responsible behavior, good decision making skills but current course does not teach such skills and fails to address the fact that young people are sexually active. Current sexual and reproductive health education is future oriented covering issues like family planning, reproduction, maternal and child health care and so on. Such topics are irrelevant for young people of 15 or 16 years. Sex education is taught through a conventional didactic approach. Topic of sex and

reproduction is treated like any other subject, lacking distinction of the education. I have presented an outline of content of the course from grade 6 to 10 in appendix 1.

CHAPTER 2: LITERATURE REVIEW

Literature review was performed by using the following data bases: Pubmed, Google scholar, CINAHL, Science Direct, Journal of Nepal Health Research Council (NHRC), World Health Organization website, library of Oslo and Akershus University College of Applied Sciences in English language. When the relevant literature was found, reference lists of those article were used to find other relevant literature. The key words used for the literature search were: School based sex education, Sexuality, Sexual and reproductive health, Perceptions, Adolescents, Youth, Young, School education, Attitudes, Behaviour, Nepal

2.1 Current literature

There have been studies on reproductive health and sex education on youth all over the world and very few in Nepal. Different studies done to measure students attitudes and perceptions on school based sex education have shown improved attitudes of students towards importance of school based sex education, enhance sexual health knowledge, refuse to take sexual risks and so on (Shrestha et al. 2013, Sommart and Sota 2013, Fentahun et al. 2012). Quantitative studies carried out on measuring students' knowledge, attitude and perception towards sex education show that students have positive attitude towards sex education. Of the 386 students, 97% showed positive attitude towards sex education in Ethiopia (Fentahun et al. 2012) while about 94% of the 743 students favored for sex education in India (Kumar et al. 2017)

A study in China researched about the needs and preferences regarding sex education among Chinese college students. Survey was done about the history of sex education in students and their sources of information on sexuality. It also explored students preferences for topics to be included in a college level sex education course, comfort level of receiving the information on the topics and views on teaching strategies. Overall, reading material was the most frequently used source of information and personal sexual experience was the least used source. Female ranked radio, parents, classroom lectures and reading materials higher than males while male ranked internet, personal sexual

experience and friends higher than females did. Females generally responded more conservatively than male counterparts in sex related topics. Females indicated feeling less comfortable than males in discussing several sexuality related topics. Female preferred private ways of receiving information such as reading and listening to radio while male sought information from interactive means like talking with friends and internet. The study also recommended teaching techniques to include a blend of interactive strategies, both the curriculum and instruction should help to make females feel comfortable with sexuality related topics while limiting potential embarrassment and intimidation. They also recommended that the students must receive age appropriate key messages supported by scientific evidence and delivered by proven best practices, textbooks and learning aids to be standardised (Li et al. 2004).

A qualitative study was done among Scottish and Ugandan young women to explore what they want from their school based sex education. They wanted to have a diverse sex education curriculum appropriate to the age of students, being taught by an outside female facilitator, single sex classes and access to female teacher. Scottish group sought for a young teacher, teaching about emotions and relationships, being guided in their own decision making process. Ugandan group stressed on having written materials on sex education and being taught by female family members but didnot mention about emotions and relationships in teaching. All participants felt that discussion in small groups with friends is better than lectures. The Scottish participants found lectures 'boring'. They preferred visitors teaching to schoolteachers. (Cook 2010)

A review of articles done by Acharya et al writes about the opportunities and challenges in school based sex and sexual health education in Nepal. They pointed out some important issues on sex education at school in Nepal. It reported about contrasting expectations among teachers, parents and students. The teachers at school provide just biological information while parents are looking forward to moral education and students are looking to acquire more insights in to life skill based sex education. Another issue was lack of teaching aids in the school. There have not been enough audio visual materials to teach sex education program at school. Teachers have to rely on text books which hinders effective teaching of sex education. Another barrier discussed was about

lack of comfort among students and teachers. Teaching sex education had created uncomfortable situation for both students and teachers. The review come up with the key issues which can help to improve the quality of school based sex education a) improvement in teaching practices at school b) Policy initiatives and practices c) parental and community support d) research in school based sex education. In addition, they recommend to explore the complexities of the relation between gender and sex education. In countries like Nepal, sexuality is gendered like other aspects of life, work and culture. The inequalities associated with gender will affect the behavior and attitudes in fundamental ways. The study suggested that girls and boys responded differently to sex education, boys being more negative towards sex education. There is need of better strategies to reach boys and girls effectively (Acharya, Van Teijlingen, and Simkhada 2009, 445-446). This aspect of sex education have been ignored. In the environment where sex and sexuality has been gendered, there is need for the evaluation and exploration on the perceptions of sex education.

There was a study conducted in 2002 as part of a broader investigation of sex education and reproductive health among in-school adolescents in one of the districts of Nepal. Eight schools were chosen for the study comprising of private and public schools in rural and urban areas of Nawalparasi district, western part of Nepal. This study tried to explore perceptions of teachers and students about ongoing education on sexual and reproductive health. Study found that teachers were reluctant to discuss the content of sexual and reproductive health with students in detail. They had prejudices about sex education and assumed that sexuality is the personal matter which should not be discussed. Some teachers said they did not have environment for any discussion or question-answer session during the class. All the girls had their heads down, feel uneasy and boys start to show naughty attitudes and behavior uncontrollable by teachers. Some teachers even felt the need for different classes for boys and girls (Pokharel, Kulczycki, and Shakya 2006, 157-158). Students perceptions on sexual and reproductive health education were also pretty similar. Students were shy to talk about sexual and reproductive health and afraid of the consequences of talking about sexual matters in groups. Some students showed dissatisfaction at teachers about covering some biological facts only. While some students did not want to discuss these things, they consider it inappropriate to discuss.

One student said that s/he had stitched all the pages of the chapter on reproductive and sexual health (Pokharel, Kulczycki, and Shakya 2006, 158).

Studies have explored barriers and challenges for effective sex education. Embarrassment to talk about sex has been identified as one of the barriers. Students not being comfortable, laughing in the class, disrupting the classes to avoid anxiety and embarrassment have been reported. Studies reported that boys were putting girls in shame and discomfort (Pound, Langford, and Campbell 2016). On the other hand, study conducted in Nepal showed that most teachers were reluctant to talk about sexuality and try to skip the chapter on sexual and reproductive health. They were not comfortable to discuss sex with their students. Some teacher felt students can themselves learn such things while some thought teaching about sex at young age is not correct (Pokharel, Kulczycki, and Shakya 2006). Similarly, teachers are confused as existing courses are not sufficient to address young people's need. Conflicting interests have also been documented. Teachers provide biological informations, parents want moral education while students are more interested in life skill based sex education (Upadhyay-Dhungel et al. 2013, 30).

2.2 Summary of literature review and research gaps

Studies on sex education have shown that such education program are effective in enhancing sexual health, improving safe attitudes and behavior towards sex. Studies have shown that students had a favorable attitudes towards sex education. Despite favorable attitudes towards sex education, their behavior in the class have been reported negative. Students from the UK showed negative behavior because of discomfort, embarrassment and to avoid anxiety. In addition, studies have shown that teachers also not being comfortable at teaching sex education in the school.

From the literature presented above, it is seen that students used reading materials, radio, internet, friends as their sources of information. Ugandan and Scottish female students preferred visitor teaching to school teachers. The studies have also explored barriers and challeges to sex education in school. Some of them are perceived embarrassment to talk by teachers and students, lack of proper teaching materials, incompetent teachers,

conflicting interests, restrictive norms and environment. Studies show that girls and boys react differently to school based sex education, boys being more negative. Studies report about boys being mischevous, not being able to control in the class, putting girls in awkward position to learn about sexual and reproductive aspects of life leading to female involvement being less in the class (Upadhyay-Dhungel et al. 2013, Pokharel, Kulczycki, and Shakya 2006). Focus has been on providing sex education to students and better coverage. Male and female students have been taught in the same class but very little have been done to know about how students feel about studying sex education in school. Very little has been known about students perception through some pilot studies. Studies have not been done to study students' perceptions on sexual and reproductive health. What and how do they understand of sexual and reproductive health? How do they get information on topics in which they do not have experience? In Nepal we follow co-education system which means boys and girls study together but are girls comfortable to study sex education sitting together with boys? How do they see the current system of education? Are they satisfied with current system or there is need for more provisions? Are there any barriers for effective education to students? What challenges they face? What can facilitate to make effective sex education? This study aimed at exploring such questions. This proposed study also aimed at exploring the complexities of gender in school based sex education. To carry out this study, I prepared research questions which are presented in methodology and research design section

CHAPTER 3: METHODOLOGY AND RESEARCH DESIGN

The method of a study is determined by aim of the research. Since the proposed study aims at exploring the perceptions, attitudes, views, experiences/ in-experiences and subsequent interpretation on topics related to sexual and reproductive health education by students, qualitative method is the most appropriate. Qualitative research methodology enables researcher to gain a deeper understanding of the situation in a specific context. It focuses on the personal, subjective, intersubjective and experience based knowledge and practice. It explores why a particular action is taken and explanations and rationale given by people to justify their decisions and actions. The methodology can also be used to explore how people perceive, interpret and respond to a given subject and the meanings they attribute to them within the given context. Furthermore social norms and rules which dictate expectations and behavioural norms of an individual and social processes that involve how people communicate and interact with each other can be explored through qualitative methodology (Kielmann, Cataldo, and Seeley 2011, 7-9). With this in mind, I believed that to explore students' perceptions and knowledge towards sexual and reproductive health and education, what facilitates and hinders them for effective education and ways to improve it is best explained by the students themselves. School based sex education can be influenced by multiple dimensions involving individuals, family, community and environment. This multi-faceted phenomenon is best studied through exploration of students knowledge and perceptions, drawing knowledge and interpretations in topics which are not experienced and their rationale for interpretation. For this, qualitative methodology is best suited.

Qualitative methodology also allows researcher a flexible approach towards a study thus allowing a researcher to make changes in the plan of study and include areas which are deemed to be important to a study but were not previously considered. This flexible approach is very important to a qualitative study to cover all unforeseen aspects which might affect outcome of the study.

In this methodology and research design chapter, I present about research questions, theoretical framework upon which the study is based, study sites and population,

participants recruitment. It is followed by different methods used to collect data. After that I present on research assistant and her recruitment. Discussion on reflexivity and the data analysis is followed by discussion on methodology and dissemination of findings.

3.1 Research questions

For this study, I set five research questions. The first three questions are empirical research questions. First question aimed to explore students' understanding, knowledge, attitudes, experiences on sexual and reproductive health. Furthermore, it also tried to find out how students get information and interpret the life skills on which they do not have experiences. Second question aimed to explore students' perceptions on the current education program on sexual and reproductive health. For example, what they like and what they do not like of the current sex education system, what are difficulties they faced, what and how is the current methods of teaching etc. Third question aimed to explore students suggestions to improve current sex education. Fourth and fifth questions are analytical questions which were informed from empirical questions. This lead to exploration of challenges associated with sex education and efforts to improve sex education.

- 1 What are student's perspectives on sexual and reproductive health?
2. What are their perceptions of the current sexual and reproductive health education method in the school?
3. What are student's suggestions to improve current education?
4. What are facilitators and barriers for effective education?
5. What can be done to improve current methods of education in school?

3.2 Theoretical framework

Different theories are constructed to explain different phenomenon. In this study, I have chosen to understand my informants from the theoretical perspectives of social constructivism and social interactionism.

3.2.1 Social constructivism

Lev Vygotsky, the founding father of social constructivism believed in social interaction and that it is an integral part of learning. It is based on social interactions along with personal critical thinking process. Social constructivism emphasizes the importance of culture and context to understand what occurs in the society and constructing knowledge based on this understanding (Powell and Kalina 2009). Constructivism is a theory of knowledge and learning. It says knowledge is socially and culturally constructed and learning is an active, contextualized process of constructing knowledge rather than acquiring it. Knowledge is constructed based on personal experiences and hypothesis of the environment. Each person can have different interpretations and construction of knowledge process. Thus individuals create meanings through interaction with each other in the environment they live in. Social constructivists view learning as a social process. Individuals learn when they are engaged in social activities. To conclude, knowledge and learning are constructed in the process of social interactions (Kim 2001). Constructivism views knowledge as socially constructed and may change depending on the circumstances. Such knowledge and therefore meaningful reality as such is contingent upon human practices, being constructed in and out of interaction between human beings and their world, and developed and transmitted within social context (Golafshani 2003). In that sense, social constructivism is rooted in symbolic interactionism.

3.2.2 Symbolic interactionism

Herbert Blumer (Blumer 1986) describes symbolic interactionism on the basis of three simple premises. First, human beings act towards the things based on the meanings that the things have for them. Psychologists interpret meanings as factors like attitudes, conscious/unconscious motives, perceptions, cognition etc while sociologists interpret

meanings as social position, status, roles, norms and values, social pressures and group affiliations. People do not respond directly to things but attach meanings to things and act accordingly. The assumption is that the world is interpreted through use of symbols in the process of interaction. Second, such meanings are derived from the social interactions. Symbolic interactionism sees meanings as social products, as creations that are formed in and through the defining activities of people as they interact. It assumes that individuals are able to act because they agreed on the meanings attached to things in their environment. The third premise is, such meanings are handled and modified through an interpretative process while dealing with the things (Blumer 1986). The meanings are assigned and modified through an interpretive process that is subject to change, redefinition, relocation and realignment. Such interpretations and changes can be affected by societal and cultural norms. People have the cognitive capacity to think that enables them to develop symbolic use of language and gestures for the creation and communication of meanings that produces a common response during interaction (Benzies and Allen 2001). The concept of symbolic interactionism says that peoples' perspectives are based on the symbolic meaning they develop and rely on them during social interaction. Subjective meanings are important because peoples' behaviour is dependent on what they believe, not just what is objectively true. Symbolic interaction provides a theoretical perspective for studying how individuals interpret objects and other people in their lives and how this process of interpretation leads to specific behaviour in specific situations (Benzies and Allen 2001).

In this study, I use these two theoretical perspectives to understand how students construct the meaning and knowledge of sexual and reproductive health. These theoretical perspectives allow me to understand how students construct and interact topics like sex, sexuality, emotions and relationships within the constrained social framework of stigma, taboo, shame, norms and traditions and morality. These two perspective perhaps explain the social construction of gender and how it affects social interaction, communication and the differences among male and female students in the way they interact. Symbolic interactionism allows me to understand how students develop symbols to communicate if they are not comfortable to discuss on topics which are sensitive. Hence this theoretical perspective allows me to understand about how

students develop a way of communication in potentially sensitive topics or dealing to the situation in the environment where sex cannot be openly discussed and can lead to embarrassment or discomfort.

3.3 Study site

This study was conducted in Pokhara metropolitan city which is in Kaski district. Pokhara is one of the well developed cities in Nepal consisting of many private and public schools. Since a qualitative study cannot cover whole city, a small area was selected purposefully. For that reason, ward number 18 of the metropolitan city was chosen as study site. The main reason for selecting this area as study site was because it has the mix of private and public schools and is easily accessible. The inclusion of private and public schools was purposefully made with the expectations that would add variations in the data and would help to see if there had been any differences in the perceptions of students from private and public schools. In the study, three schools were chosen, two of them were private and one was public.

3.4 Study population

As this study is about exploring the perspectives and experiences of studying sexual and reproductive health education in school, any students who studied sexual and reproductive health education were potential study population for my study. I learnt that Nepalese students started studying about sexual and reproductive health education from grade 6. So my potential study population was the students from grade 6 to 10. However, I chose students of grade 9 and 10 as my study population. The reason for including students of grade 9 and 10 as study population was mainly due to the fact that lower grade students were not taught in detail about the subject. Those lower grade students were thought to be less open and shy to talk about sexual and reproductive health topics. The higher grade students were comparatively more open to talk about sexual and reproductive health and had less inhibition to such topics.

3.5 Sampling and participant's recruitment

Purposive sampling method is used in this study. The goal of purposive sampling is to sample participants in such a way that those sampled are relevant to the research questions to be studied. It ensures that samples differ in key characteristics relevant to the research question (Bryman 2012, 418). In the study, the students had to be from grade 9 or 10 and participation of female participants was also ensured. A total of 17 students participated in the study, out of which 10 were girls and 7 were boys.

After the schools were selected, I approached school administration for their approval first. Normally, I approached the school principal for his/her approval to include students in the study. The written approval was taken in the form of letter, as Nepal health research council (NHRC) had also asked for documentation of approval (see appendix 2). I had to submit the approval letter from school administration to NHRC for my ethical clearance. After I got written approval from school administration, I requested for a 15-20 minute interaction with grade 9 and 10 students in the class. I had an opportunity to talk about my project and discuss on what I will be doing with them and so on. Any confusions and doubt were made clear and were asked for voluntary participation. I requested the students to raise their hands if they were interested to participate in the study. In one school, more number of students were interested to participate in the study. They found the study important and were ready to go out of the class. In the school where there were more students willing to participate, I purposefully selected the required number of participants for the study.

The age of the participants ranged from 15 to 17 years. For the students who were under 16, consent from their parents was obtained from the telephone conversation. Personal meeting with the parent was not possible so the school administration helped me to get their phone number and assisted me in getting parental consent.

3.6 Data collection methods

Two methods for data collection are used in this study, namely personal interviews and focus group discussions, using the same semi structured interview guide for both methods.

3.6.1 Personal interviews

Personal interviews are always useful tools for collecting data. The flexible and private forum of personal interviews always help to explore students' experiences and perceptions of potentially sensitive topics of sexual and reproductive health. Such topics demand for the private places where they feel comfortable talking about their personal experiences and thought process, especially in countries like Nepal where sex and sexuality is not discussed openly. This method allowed participants to have time and space to describe their understandings of sexual and reproductive health education which helped me to get better understanding of their logic and thought processes.

All the interviews were taken place in school. I asked each participant to choose a place where they feel comfortable for the interview to be held. This was important because participants needed to feel comfortable to talk about the potentially sensitive topics of sexual and reproductive health and their understanding. All participants preferred a separate peaceful room. The interview made use of a semi structured interview guide (see appendix 3). That means as an interviewer, I had a loosely structured topic guide or checklist of topics to be covered in the interviews. These specific topics were followed by few probing questions, when and where needed, to get more information about the particular subject. I had six female participants and four male participants for personal interviews. The average time for personal interview was about 25 minutes. All the interviews were audio recorded after students' consent. In addition, I also let school administration know about the audio recording of the interviews.

3.6.2 Focus group discussions

Focus group discussion is a method of interviewing which involves more than one participant. Focus groups typically emphasize a specific theme or topic that is to be explored in detail (Bryman 2012, 501). Given the sensitivity of the topic and researcher being male, there could be every chance that female students might not be as expressive in a personal interview. In the context where sex is often not the topic of discussion, female students might feel restrictive while talking one to one. Embarrassment might be a barrier for a good personal interview so FGD was used as another tool for group interviewing. In addition, group discussions help to explore commonly held views (or contrasting views) in a given topic. It is assumed that group of people with common characteristics or experiences can provide a shared knowledge on a particular topic based on social and cultural norms (Kielmann, Cataldo, and Seeley 2011, 34). As assumed, it was found that girls shared similar preferences to class teacher and sources for sexual and reproductive health information which were unlike boys.

In the study, two focus group discussions were carried out in two different schools. I allowed students to choose a place of their comfort. Students selected an empty, peaceful room in their school for the discussion. One group discussion had four participants, two male and two female. Another group discussion had three male participants. The interview guide used for the personal interview was used in group discussions as well. In group discussions, the contrasting views among boys and girls were mainly in their preference of teacher. Boys were comfortable with the male teacher, as they had in the class, while girls preferred female teacher for their comfort and better understanding of the class room situation with the kind of topics (sexual and reproductive) they study in the class. The average time for group discussion was about 40 minutes. This data collection process was assisted by a female research assistant. Her recruitment and role in the study is presented in the next section.

3.7 Research assistant and her recruitment

A female research assistant who had a prior experience on qualitative research was thought necessary. I believed that the presence of a female assistant during personal interviews and group discussion would greatly help to comfort students, especially female participants given the sensitivity of topics like sex and reproduction, the restriction and awkwardness people feel to discuss about these topics in open forum. She was a nurse by profession and had research experience.

3.7.1 Recruitment

I made inquiries for a potential female research assistant in colleges where my teachers and friends have been working. The information was passed further to other colleges as well through their help. A number of potential candidates came up. A brief interview was made on their qualification and experiences. Finally a female research assistant was selected who had done bachelor in nursing and had experiences of doing qualitative research work with a nongovernmental organization (NGO). It was agreed that the payment will be done on daily basis. She was paid Rs 1000 (about 100 Norwegian kroner) per day. She assisted me for about 25 days. Her role and how she might have influenced the data is presented in the reflexivity section.

3.8 Reflexivity

A researcher's background, profession and social position affects what he chooses to investigate and how he investigates. Reflexivity is an ongoing process where researcher reflects upon his/ her influence in the study so reflexivity basically reflects researcher's effect/s that may have been in research (Malterud 2001). Although the researcher should dissociate from the judgements and prejudices during a research, a researcher forms an integral part of qualitative study and his/her influence should be looked upon throughout the whole research.

One of the advantages that I had during the data collection process was that I did not have communication problem. There was no language barrier as all the students were able to

speak and understand Nepali language. The language that the researcher and study participants speak was same so I could communicate with the participants in Nepali language and it made easy for participants to understand what the research is all about. I was able to build up a good rapport with the participants. The potential barrier of language differences, use of translator and his/her influences of translator to the data was avoided. I could spend time with them and had a conversation on any topic in the language that they feel most comfortable with. This would have been a major disadvantage to a foreigner, who might have been viewed as an 'outsider'. So a sense of belonging from the same place and sharing the same language helped me a great deal in creating a good relations with potentials study participants.

Another advantage I had as a researcher was the familiarity with study environment. Having grown up and studied in the same culture and similar environment, I knew about the social environment, how it operates, what are its norms and the restrictions that are prevalent with topics related to sex, sexuality and reproduction. As a researcher, I was aware of those restrictions and 'stigma' associated with sex. Having studied the same course earlier and how this course is taught in the school, it made it easier to plan the study. However, my previous understanding of the course and knowing ways of teaching in schools might have influenced the data. Similarly, knowing the field well and taking things for granted because I knew such things before might have affected the planning process and quality of data. For example, if I did not know about the culture, norms and the stigma associated with it, I would be able to study the environment on how it operates, what are its restrictions and why. Because I took such things for granted, this study could not explore or explored very less.

During the interview, participants believed that inviting health care workers and health researchers to teach sexual and reproductive health education would be more effective than being taught by someone from school faculty. I found that they were comfortable studying sexual health education to someone who they don't have to face as teacher. So knowing me as a researcher from Norway and not belonging to school in any capacity might have eased them during interview and must have positive influence on data.

In the beginning, there was confusion whether I needed a research assistant. After analysing the situation and weighing up the benefits of having a research assistant, it was decided to recruit a research assistant. A female research assistant was purposefully chosen over a male researcher because she could facilitate in creating a comfort zone to female participants. Her presence and contributions were thought to be immense in creating a favourable environment especially for girls in a one to one interview in topics related to sexual health and education.

Research assistant had an active role in data collection process. I personally believed her presence as an assistant had a positive influence in data collection process. Her presence definitely made female participants more comfortable to talk face to face with a male researcher during interviews. As a trial, we did two pre-interviews. In one interview, I interviewed a female participant without research assistant while in another interview I interviewed a female participant in presence of research assistant. Female participant seemed more comfortable in the presence of research assistant. Her past experiences of doing qualitative research were used to improve my shortcomings. She continuously had her feedback on my interview process, where it needs to be more explored and so on. She had a positive influence in improving the quality of data collected. At the end of each interviews, research assistant used to write her reflections on the interview and suggestions to me about how next interview could be more effective.

3.9 Data analysis

Preliminary analysis started in the field. After each interviews and group discussion, I and research assistant used to sit down together, reflect upon what was said and write our impressions on that. All the discussions were written in a field note. Final analysis and writing of report was done after coming back to Norway. All the interviews were transcribed word to word.

Malterud's systematic text condensation strategy (Malterud 2012) was used as a guide for final analysis of qualitative data. This strategy included different steps from gaining the overall impression of the material by reading all the data and formulate the overall picture of what data mean. Next step was to code the transcribed interviews and condense them

to meanings and themes and analyzing these themes to form descriptions. Learning of coding and analysis was done with the sticky notes to make it easy to visualize and grouping the similar codes to form categories and the subcategories if needed. In other interviews, coding was done on Microsoft word and the codes were read in the margins of Microsoft word pages to see the pattern in codes. The codes with the similar meaning were grouped together. In addition to that, the field notes and analytical notes made during the field were also helpful to analysis. Supervisor and peers were approached for coding and forming of themes, thoughts and analysis. Their inputs were very helpful. This alternative approach to analysis was then compared with the tentative themes that are developed.

The codes and themes were continuously analyzed, reflected upon, merged and changed as appropriate. For example, students 'feeling uneasy', 'shy', 'embarrassed', 'active boys', 'silent girls' were grouped under the theme 'students attitudes and behaviors towards education' . Another example is, different sub themes like 'gender of the teacher and preferences' , 'his teaching strategies' were grouped under the theme 'perceived impact of teacher and their preferences'. Codes, and themes (also subthemes) were constantly compared exploring relationships among them. The common themes were used to form descriptions and presented as findings of the study. Theoretical frameworks used for the study helped to guide the interpretation and analysis of the findings.

3.10 Discussion on methodology

3.10.1 Validity

Validity is the concept used by researchers to argue that the knowledge or information they have gathered is valid. Validity means a question of what is truth. To test validity of a research means to test the truthfulness or the strength of result of a study. Some of the researchers use the term trustworthiness in place of validity for qualitative study (Golafshani 2003). Validity is conceptualized as trustworthiness, rigor and quality in qualitative aspects. The study was about exploring student's views and experiences of studying sexual and reproductive health education. Though the study was guided by research questions, use of different methods for data collection has helped in making the

study more valid. The validity of a study gets affected by a qualitative researcher's perspectives. Triangulation helped to eliminate the bias and increase the truthfulness of a proposition about sex education.

3.10.2 Triangulation

Triangulation strengthens the study as a researcher makes use of more than one method of data collection or different ways of data analysis. Triangulation is defined as a validity procedure where researchers search for convergence among multiple and different sources of information to form themes and categories in the study (Golafshani 2003). In this study, two different method of data collection were used, namely personal interviews and focus group discussions. Engaging multiple methods will lead to more valid, reliable and diverse construction of realities. In addition, suggestions and ideas from supervisor was obtained throughout the whole research especially during data collection and analysis. Inputs from some of the peer researcher were also helpful to improve the analysis and understanding of construction of others. Golafshani (Golafshani 2003) explains that a qualitative researcher can use investigator triangulation and consider the ideas and explanations generated by additional researchers studying the research participants. In that respect, the independent inputs and ideas from research assistant has helped to strengthen the quality of data.

3.11 Dissemination of findings

This master thesis is a part of the fulfilment for the master degree in International Social Welfare and Health Policy at Oslo and Akershus University College of Applied Sciences. A full report of the thesis will be presented to Nepal Health Research Council. An effort will be made to reach out to the participants in the school and interested students will be presented the report. I will also make an effort to publish an article about Nepalese students' perception on school based sex education, its barriers and facilitators and suggested ways to improve the education in a scientific journal.

CHAPTER 4: ETHICAL CONSIDERATIONS

When a research involves human as participants, it carries some ethical issues. Council for International Organizations of Medical Sciences (CIOMS) has laid down international ethical guidelines for health related research involving humans. Research ethics have different objectives like protection of individuals participating in the study, serves the interests of individuals or groups, protection of confidentiality, process of informed consent, risk management (Foster 1994). During the planning of this study, there were a number of ethical considerations that were kept in mind. Research approval from the concerned authorities, informed consent which included individual and school administration consent, maintaining confidentiality as well as risks and benefits were deemed important and are discussed in the next sections.

4.1 Ethical approval

A notification form was submitted to Norwegian centre for research data (NSD) for data protection as the study involved the processing of personal data. This was done while being in Norway. The NSD emphasized to get parental consent for students who were under 15 to participate in the study. The NSD was informed that parental consent will be obtained and also from the school management through email correspondence.

Ethical approval process in Nepal took longer time than in Norway. After application was submitted to Nepal Health Research Council (NHRC), they advised me to include more schools in the study. Initial plan was to carry out study in two schools, one private and one public. After that, they asked me to submit approval letter from the school where the research was to be carried out. When the approval letters from school management were submitted, they asked to change the word 'sex education' to 'sexuality education' in the research proposal submitted. There was no explanation given on why they asked me to change the word to 'sexuality'. The approval letters from NSD and NHRC are attached in the appendix 4 and 5.

4.2 Informed consent

Informed consent is one of the basic principles in medical research ethics. Informed consent is necessary to obtain in order to respect person's dignity and his rights. Participants need to be given adequate information and make sure they understand the given information so that they can truly decide whether to participate or not. This allows individuals an entitlement to choose freely whether they want to participate in the research or not, consequently protecting the freedom of individuals (Nijhawan et al. 2013)

Informed consent forms were first developed in English while preparing a research proposal for approval from the college and the NSD, Norway. As Nepali was the language used for data collection, NHRC asked to develop consent form in Nepali language (see appendix 6). First, consent was obtained from the school administration after explaining about the study. The consent was obtained in the form of approval letter as that was needed for ethical approval clearance from NHRC. After that, students of class 9 and 10 were approached through their class teacher. Students were communicated the purpose of study, procedures to be carried out in the process, expected duration of interviews and risks and benefits of this study in Nepali language. Opportunity was provided to students to clarify any questions and dilemmas. The students were informed that the interviews will be recorded in a recorder and consent was sought for this. students were clearly told that they could withdraw from the study at any point of time if they felt uneasy and they could do that without any justification. and any data related to them would be destroyed and not used during data analysis. Since the study population was students from grade 9 and 10, written consent was obtained. While obtaining the consent, students were asked to sign the consent form and state their age. For those students who were under 15, parental consent was obtained through phone conversation mediated by school administration. The phone numbers of the parents were obtained from school administration. Since I made use of school administration, parents were happy to consent. Generally, parents asked about the purpose of interviewing their children. When I explained them about the purpose of the study and school administration's approval, they gave consent.

4.3 Confidentiality

The anonymity and privacy of the participants in the study should be respected. Personal and private information should be kept confidential."Confidentiality is needed for the protection of study participants in such a way that individual identities are not linked through the information provided during the study and are never publicly divulged" (Whiting 2008). While maintaining confidentiality of information collected from the respondents, the researcher or members of projects can only identify the individual responses and efforts should be made such that anyone outside of the project cannot link the information to individuals.

During this study, personal information like respondent's name, age, gender and their school address, phone numbers of parents of those students who were under 16 were collected in a field note. This note was stored under lock and access to key was limited to researcher only. The interviews recorded in a recorder were transferred to a laptop which was password protected and were then deleted from the recorder. Data were also stored as a back up in a USB drive. The USB drive along with field note diary was stored under lock and key. To maintain the confidentiality of the participants, contact information and any other personal information leading to recognition of respondent was made non identifiable. This was done by analyzing the data without name or any other identifiable information. To write up the report, only gender of the respondent was presented. All personal information like name, contact numbers and address of schools were deleted.

4.4 Risks and benefits of the study

There was no potential physical harm to participants in the study. Privacy was fully protected so any risks of lack of confidentiality was fully taken care of. Participants were informed that they did not have to talk anything that they did not like to talk about or feel uncomfortable to share with. But none of the participants had such experience. On the other hand, there were no individual benefits to respondents for participating in the study. However, this study could potentially help authorities in planning or making strategies to improve sex education in school. This study has tried to point out what are the

weaknesses and strengths of the current system of teaching sex education. This study can help in avoiding barriers to sex education, can help in improving the teaching environment, might help in making students friendly environment. So in a longer term, this study can assist authorities for betterment of school based sex education.

CHAPTER 5 : FINDINGS

Findings of this study starts with student's perceptions on sexual and reproductive health. This will be followed by their perceptions and views on the sexual and reproductive health education they have been studying. I will be presenting student's perceived usefulness and personal importance of the education. This will be followed by students reactions and attitudes towards education. In the next section, I will present about impact of co-education and impact of teacher and his teaching practices on education. In the last section I will present student's suggestions on ways to improve current school based sexual and reproductive health education. In the end, I will conclude with the summary of findings.

In the schools that were included in this study, none of the classes had female teacher for the sexual and reproductive health education. The impacts of male teacher in sexual and reproductive health (SRH) education will be presented later.

It was observed that students from private schools were more expressive and they were more enthusiastic to participate in the study. In public school, the students who were better in study and stood good positions in the class participated in the study. Public school students seemed less interested to participate in the study. During interview, almost all students responded in plural. They used 'we' instead of 'I'. Each of them responded as being representative of the students. Very rarely they talked about personal views or experiences. Most of the times, responses were representative.

Course book was found to be an important source of information to students. All the participants said that course book was their primary source of information in sexual and reproductive health. In addition, girls communicated with family members, particularly with their mother and elder sisters on things like menstruation, body changes and related problems. Boys preferred to contact their male friends and the seniors for any advice and suggestion. Students also used newspaper, radio, television for receiving health information. Health care providers seemed to be less preferred source for information.

Very few of them used internet as a source of information at home. However, none of the schools in the study had internet access for their students.

5.1 Student's understandings of sexual and reproductive health

All students felt that good sexual and reproductive health is needed for healthy and happy life in the future. When the participants were asked what sexual and reproductive health means to them, they related it to different concepts. Almost all students talked about proper age for marriage, child bearing, birth spacing, family planning and use of contraceptives. The students connected sexual and reproductive health to different changes that take place as they grow. They said that as a person goes from childhood to adulthood, s/he goes through physical and emotional changes. Most of them explained about menstruation in girls as such changes. Some students also talked about safe sex, use of contraceptives like condoms for safer sex and different sexually transmitted diseases (STDs) including Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS). A male participant explained his understanding of sexual and reproductive health as

" I think this covers a lot of areas. For example family planning and birth spacing. When we talk about birth spacing, it is related to use of contraceptives. Contraceptives like condoms not only avoid unwanted pregnancies but also prevent sexually transmitted diseases like HIV and AIDS, Hepatitis B. Sexual health also covers different diseases and their prevention, importance of sanitation in health. The important thing on sexual and reproductive health is correct age of marriage, its importance for healthy mother and child, disadvantages of early/child marriages" (PI5, Male)

He further explained why marriage at an appropriate age is important. He explained that early marriage, especially child marriage and pregnancy at young age is not good for mother and the child's health. When a young girl becomes pregnant, the reproductive organs of the might not have well developed. The child cannot grow properly which affects child health.

Another female participant had a similar understanding of sexual and reproductive health. She explained about the changes that occur as child grows to adulthood. She also talked about the family, use of contraceptives and knowledge on different sexually transmitted diseases as part of sexual and reproductive health.

" I understand that sexual and reproductive health covers changes that occur as we grow. For example, girls go through menstruation. It is a natural process, it is about the hormonal changes. Similarly, reproductive organs start to grow. Different physical and emotional changes occur in our body. In addition to that, sexual and reproductive health covers family structure and birth spacing. The smaller the family, the happier can be life. We have contraceptives available that can help in avoiding unnecessary pregnancies. Similarly, sexual and reproductive health is related to protection from different diseases like HIV and AIDS." (PI2, Female)

Overall, participants believed that a good sexual and reproductive health is necessary for a healthy life. Participants associated sexual and reproductive health to pregnancy and growing up of babies, family planning and use of contraceptives, knowledge on different sexually transmitted diseases. They said that sexual and reproductive health education helped them in understanding the importance of sexual and reproductive health. Student's perceptions and views towards the education has been presented in the next section.

5.2 Student's perceptions on sexual and reproductive health education

All students perceived that the education is important for their future. Despite their perceived personal gains from education, they had mixed views on what is being taught and how it is being taught. This variation in respondents view pertains to whether co-education is a good thing or not, preference of teacher based on gender and on the kind of information they are get from the book and the teacher.

5.2.1 Perceived usefulness and importance of the education

Students perceived that the education on sexual and reproductive health is very necessary in their personal life. They used different terms like 'useful', 'important', 'absolutely necessary' for their future. All participants believed that this education teaches about sexual and reproductive aspects of life and this 'guides' them for better future. They felt that this education prepares them better for future, accounting to reasons like better family, better sexual and reproductive health, free from different diseases like HIV and AIDS, proper child care, proper handling of the physical and emotional changes in adulthood. Most of the respondents responded with theoretical explanations. They explained the importance of the education with medical or technical things. Perhaps it is down to how and what they are taught. Many students had shown their dissatisfaction on how they being taught; not getting extra information other than from a book. Future importance of the education was highly stressed. Interestingly, respondents talked very less on how this education could help them in the present. Only a few students talked about how the education helped them with changes that occur in their body. Girls talked about hormonal changes that occur at their age. Their focus was on menstruation and how sexual and reproductive health education helped them to understand about menstrual process.

A female participant described how this education can be helpful to girls like her. She shared her experience of how she was able to handle the physical changes and emotional stress she had during her menstrual period. She said that she was prepared for the menstrual period as she knew about the hormonal changes that occur in her body and handled properly.

"This education allowed us to know the changes that occur in our body as we grow. If we knew that these changes are natural and obvious, then we probably can handle it properly. This education certainly helped me in that sense. I was aware of the changes that my body will go through which relieved my stress and pressure. Through this education, I learnt the fact that menstruation is a natural process. It taught me about

hormonal and physical changes that occur as I grow up and it certainly helped me to handle that properly." (P11, Female).

Participants in a group discussion felt this education is important and useful to their life. They explained that this education helped them to know proper age for marriage and child bearing, importance of delayed marriage and importance of birth spacing. They responded that child marriage and early pregnancy is not helpful for good health of mother. Again, they associated the importance of education to their future.

"Through this education, we learnt at what age level should we get married, how our personal health can be improved, what should be done to have a good reproductive health. We learnt that the family should be small for that birth spacing should be large. This ultimately helps to have a good health of child and mother" (FGD1, Male1)

"In addition to what he said, as the marriage is delayed, reproductive organs will grow fully as a result child will grow healthy. If a family is small, all the needs can be fulfilled and children can be looked after properly. (FGD1, Male2)

A female respondent explained how this education is personally important to her. She talked about the understandings of different changes that occur in the body and how the education can help her understand about changes occurring in the body. She explained about menstruation and how she personally handled that. She further explained about the usefulness of sexual and reproductive health education. She talked about child marriage, early sex and pregnancy. However, her response was more theoretical and technical. She appeared to lack critical assessment of the education.

"Our body goes through lots of changes. There are many stages in our life referring to the ages. This education teaches us the process of development, growth, emotional changes, physical changes in the body, social changes. These things we need to know. If we don't know about our reproductive health, we don't know what is happening in our body. For example, in menstruation, bleeding occurs. If she does not know what menstruation is, she might get afraid of that. We hear many cases from the rural areas where they don't know what is happening in their body. They don't know that it is the

natural process in their body. It teaches us about how to care our body during the period, having to take regular baths, maintaining hygiene is very important, having a good diet to maintain our body health. In addition, it also informs us about unsafe sexual activities and diseases like STIs, HIV and AIDS, what should be done to avoid such diseases. It teaches us about the measures to stop such diseases. It also informs about the contraceptives devices, why the use of contraceptives is important and so on. Another thing is child marriage. After marriage, sexual relation occurs but in that early stage there is no proper development of reproductive organs. There is harmful effect on uterus and other body parts. It can cause decrease in fertility, might cause infertility as well. We get such knowledge in reproductive and sexual health education. That is why it is important to us" (PI3, Female)

To summarize, participants believed that this education is useful for them in the future. Very little did they talk about usefulness of the course in the present. Participant's responses were theoretical or medical things. Though students perceived that the education is important for their future, there were issues on studying the course in the class. This is presented in the following section.

5.2.2 Feeling of discomfort and laughing it off.

Contrary to students' perceptions of personal importance and usefulness to the education, most of the students seemed to ignore the courses or trying to avoid classes. This was found largely due to discomfort, embarrassment, uneasiness or feeling shy. Students behavior was also found different. Boys in the class were more active, sometimes 'overactive', talking more, laughing and teasing the girls, making fun and putting girls at shame. Girls were shy, felt discomfort and embarrassed. Some girls used to cover their face with hand in the class while some girls tried to ignore what teacher was teaching in the class. Only a few students said it was a normal experience for them in the class and did not feel any discomfort. Majority of the students had problems of studying sex education in the class. When boys were asked why there was laughter during the course, they said that topics like sex, reproductive organs were not normal for them and they used to laugh. They seemed to use laughter as a way to comfort themselves. Girls, when asked

why they feel discomfort, participants said that the topic is such that they don't talk openly, don't discuss about sex openly. They explained that our society is such that we cannot discuss about sex and sexual matters openly. One female participant put across her view as,

"The topic is such that we feel shy. These things are not talked about easily in the society. As you know, we don't talk much about such things openly" (PI 4, Female)

A female participant explained how boys and girls react when they have sexual and reproductive health education course. Girls found studying sexual and reproductive health education in the class with boys uncomfortable.

"Boys laugh and make joke. Some boys try to be over smart. Even though they know such things, they keep on asking. That embarrasses us. Girls get shy. We, girls hesitate on such things. Some don't listen to teacher, they try to ignore teacher just to feel comfortable in the class. Some try to avoid such classes. When boys laugh and try to be overactive in the class, girls are taken aback. Girls feel that boys are laughing looking at them So they try to ignore or avoid such courses(...). We are not focused on what teacher has been teaching. Boys are laughing and girls are not listening and trying to avoid. When students are not comfortable at it, there is no point of teaching this course. If students don't know what they are being taught, it will become useless" (PI8, Female)

Another female respondent pointed out discomfort and awkwardness not only to presence of boys but also to the male teacher teaching about female reproductive organs and girls problems. She explained about attitude and behavior of boys and girls in the class during the course.

" (...)awkward situation in the class because of two reasons. One is presence of male teacher and another is because of boys. Their behavior is not normal when there is class on sexual and reproductive health. Boys become mischievous, over enthusiastic, over reactive, sometime speak words which really put girls in tough situation. It becomes really shameful sometimes. Boys are frank to ask questions while girls are shy (PI10, Female)

Some female participants said boys look at girls and make fun of them. They said that boys look at girls face in the class and start laughing. They tease girls and make fun of them. A female participant said that if anyone is concentrating in the class, they tease at that student and make fun of him/her.

" We feel that boys laugh looking at us. So we try to ignore or avoid such courses (PI8, Female)

A male participant also shared similar experiences and views. He said:

"Boys were overreacting and mischievous. Boys were laughing, looking at friends face and make fun. Boys and girls are in the same class. We study things about opposite sex also. This has not contributed to feel comfort. We feel uneasy to listen about female reproductive parts from teacher in front of girls (PI5, Male)

Overall, most of the students tried to ignore the courses due to uncomfortable situation in the class. Laughing off the situation , ignoring and avoiding the classes were used as ways to deal such uncomfortable situation.

5.3 Student's perceptions on co-education and their preference

Participants had mixed views on co-education. Majority of the participants said co-education had negative impact on sexual and reproductive health education. Almost all girls said that it is uncomfortable and uneasy to study topics on sexual and reproductive health with boys. They felt that presence of boys in the class along with a opposite gendered teacher caused discomfort. Boys also believed that girls do not feel easy in the class. On the other hand, some students had other ideas. They said co-education is a better option.

A female respondent expressed her view on why studying together with boys is a better option. She believed that it gives her an opportunity to know about boy's views, opinions of the opposite sexes and a chance to learn about life skills. She said,

" I think co education is a better option. Because in a way it teaches us how to conduct ourselves in front of boys. It teaches us the behavioral skills, manners or life skills. We know this only because we are studying together. Had it not been the case, we might not have known how it is to study together. Similarly, the information shared by boys and girls, the opinion on their behalf lets us know the things in broader sense" (PI3, Female)

But majority of the respondents believed that teaching boys and girls separately would be a better option. A male respondent shared his idea based on his observation in the class. He said that being together in the class and studying about sexual things is not a comfortable situation.

" We will feel easy if we are taught separately. Looking at the body language and behavior of the students in the class, I feel that teaching separate will be better. Girls are not comfortable to study this subject together" (PI5, Male)

Another female respondent put her views on why teaching sex education separately is a better option. She found that boys behavior is not normal while teaching sexual and reproductive health education. She pointed that boys talk about things that put girls to shame and feel embarrassed. She also pointed out the impact of teacher in the education. She said that teaching female students about 'girls problem' by a male teacher causes discomfort. Participants views on teacher, his impact and his teaching practices are presented later in separate section.

" I personally believe teaching separate is better. We are not comfortable. The topic is such that we don't feel comfortable (...) we have boys in the class. We are not comfortable to study such topics together with boys. Their behavior is not normal. They laugh, put us in shame. Books have pictures of reproductive organs. Being with male students is a problem while studying topics related to sex. We found it embarrassing when a male teacher teaches girls about female reproductive organs and related topics" (PI9, Female)

To summarize, students had mixed views on boys and girls studying sex education together. However, majority of the participants believed that teaching separate will help the students to make feel comfortable. On the other hand, some students argued that

studying together with boys allows them to learn manners and skills. Not only on coeducation, students also discussed about teacher's impact on sexual and reproductive health education which is presented in the following section.

5.4 Perceived impact of teacher on SRH education

Students talked about teacher' influence on SRH education. They mainly talked about how the teacher being a male had affected their SRH education and on his teaching methods.

5.4.1 Gender of the teacher and preferences

Like co-education, students had mixed views on gender of the teacher, teacher preference and his teaching strategies. For majority of the students, gender of the teacher affected their comfort level. Most of the female participant said that a male teacher teaching about female reproductive health is not a comfortable situation. Boys were found to be satisfied to have a male teacher. Most of the students preferred same gendered teacher while a few of them did not have any preferences. A few female respondents were happy to have any of the teachers. Those girls said that gender of the teacher does not matter much to them. They further argued that if they had a female teacher in the class, boys will have problem instead.

"If a female teacher comes, boys will have problems. Whether a male or a female teacher, that's all right for me, it does not affect me" (PI1, Female)

Another female participant however had different opinion. She shared her unpleasant experiences and situation in the class. She said that a male teacher teaching about female reproductive parts and other 'girls problem' is an awkward situation.

"When a male teacher teaches about female reproductive organs and other sexual and reproductive problems, we find it odd. Sometime teacher does not feel comfortable. Girls cover their faces while some pretend to ignore. If we had a female teacher to teach such female problems, it would be more comfortable" (PI7, Female)

When asked if they had option to choose between a male and a female teacher who would they choose, all boys chose for male teacher, most of the girls preferred a female teacher and few of the girls did not have any preference. In a group discussion, boys and girls had their own opinion on why they preferred a male or a female teacher.

"I would prefer a female teacher. If we have a female teacher, we share the same 'girls problems'. So it will be easy for us to share our problems with a madam. Also it is not comfortable to talk such things with a male teacher" (Girl, FGD)

" For us, having a male teacher is easy. We would also be more comfortable with a sir. Sir has already gone through the stages that we will be going through. So we can share our problems with him with ease. It is nice to have a sir who has that experience. He can help us in teaching the changes that will occur in our body and potential problems that can happen in the future" (Boys, FGD)

There were clear signs that boys and girls preferred same gendered teacher for the course barring to a few students who were happy to have any gendered teacher.

5.4.2 His teaching strategies

Text book was the only source of teaching materials in the class. Students did not have alternative sources of teaching. Some students were dissatisfied with the way they are being taught and the information they were getting. They said they were getting bookish information. Very rarely, students got information outside of the book.

" We follow books only. We have a very conventional way of teaching, following line to line from book. We do not get extra information outside of the course" (PI2, Female)

Many of the students felt that the teacher was not comfortable in teaching sexual and reproductive health education. A female respondent in a personal interview said that the teacher does not explain the topics properly. She said that the teacher was feeling uneasy while teaching the course. She pointed to student's behavior and social norms as reason.

" Our teacher does not explain thoroughly. He was feeling uneasy. It is not only in our school. Teacher in other schools are also same. Teachers do not explain thoroughly in

topics related to sex and sexuality. That is so because he is born and brought up in this society, the same culture and norms. Added to that, students laugh when he starts teaching" (PI1, Female)

Another participant echoed the similar opinion.

" Our teacher should teach us with ease. He should be comfortable. But he, himself starts laughing while teaching. Then students also start laughing. He should be able to describe the things well and with ease but he feels uneasy and awkward." (PI3, Female)

Some participants compared teaching of the course with other subjects. Students complained about superficial teaching of the course. They felt that were not taught in depth as other subjects like science. They said other teacher teaches science with examples, diagrams and visuals but not in the sexual and reproductive health education course. They expressed their dissatisfaction at the teacher trying to finish the course fast.

" Though this subject is so important to our health and future, sir tries to finish the course so fast. Maybe he himself is not comfortable to teach such topics. First the teacher should be comfortable and ready. Then he should make students feel comfortable to topics like sex and reproductive organs. I think we need more coverage and discussion on sexual and reproductive health topics. This should be taught thoroughly" (PI4, Female)

Students were certainly not satisfied with the kind of information they were getting. Book was the only medium for teaching. They showed their dissatisfaction at teacher not teaching the subject in depth and trying to finish the course fast despite perceived importance for their future.

5.5 Student's suggestions to improve current sexual and reproductive health education

Students suggested some ways to improve current system of education. A few students talked about mandatory teacher training in sexual and reproductive health education course and involvement of senior students to make juniors realize the importance of this education. They also said that doctors or other people from health sector can be invited to teach sex education. Some of them advised to include senior students in the training so they can help juniors to understand any issues related to sexual and reproductive health.

"I think teacher must be given trainings particularly on this education which should be made compulsory. Such trainings must focus on how to make students more comfortable, what sorts of materials are helpful for this education. Senior students can also be included in the trainings or extracurricular activities related to health. Senior students can be very helpful to make junior students understand the importance of sexual and reproductive health education" (PI4, Female)

Some of the ways suggested by participants in the study are presented below

5.5.1 Separate classes for students and teacher

Most of the students were not comfortable with boys and girls studying together so they suggested for separate classes for boys and girls. They believed that would increase the comfort level in students. In a group discussion, boys shared the similar idea. They believed that teaching boys and girls separately will be more effective than co-education.

" I would suggest for separate class for boys and girls. That would be more effective than the current system of education because the comfort level with same gender is high, especially for girls. Girls can share their problems and talk openly if there is separate class for them. That will be greatly assisted if they have a female teacher" (FGD1)

Added to that, boys asked for male teacher and girls asked for female teacher. A female participants put her views as

" If we have female teacher, we can talk openly. Only a female knows about another female's problem. Sir feels awkward to talk about girl's problem" (PI10, Female)

Contrary to that, a female respondent had other ideas. She was not sure whether teaching girls and boys in separate class would have better impact.

" Teaching boys and girls separately could have been different than the current system. But I don't know about the better results. Let me tell you one thing. At my home, I can talk about menstruation or other things with my dad and uncle. So it all depends on your view towards that subject. If you are comfortable towards that topic and can be open to talk, it does not matter who teaches you. If I feel easy on the topic, I can put things in front of boys easily. If not, I may not be able to put things in front of girls also. I think it all depends on your thinking towards that subject" (PI3, Female)

5.5.2 Improved teaching practices

Most of the students said that they followed books and did not get outside information from teacher. They felt that practical things must be included rather than just the theoretical paragraphs. A male student explained why practical is important.

"(...) Not only follow books. There are many things to follow behind books. Sir can give information on things that helps us as we grow like different life skills and ways of handling the issues as they come. Different news and findings of related to sex and reproductive health can be given to students. Practical things can be added. For example, demonstration of proper use of condoms, different pills as contraceptives etc. Such things are rarely done in the class. I know it is hard for teacher because they are not comfortable and students are also not comfortable. We only read about condoms or pills or such things but we don't know what they are in real and how they are used" (PI5, Male)

Some students thought that teacher should make efforts to comfort students and make student understand the importance of the education. A female participant shared her views on what teacher can do to improve teaching.

" Teacher should make an effort where all students listen to him, teacher should cover more and more students. Teacher should make students understand the importance of this course later in life. He should make them aware of the practical importance of the course. Teacher should try to reduce the negative thinking of students towards sexual and reproductive health education " (PI2, Female)

5.5.3 Effective teaching materials

Almost all students said additional teaching materials are very necessary to make the education more effective. Students felt that book alone is not sufficient. Students said the teacher rarely provides information outside of the book. They felt materials from internet, audio visual materials can help in better understanding of the matter.

" Extra medium like visual methods or chart can be added in addition to book. The content in the book was sometimes not understandable. For example, while studying, there was difficulty in understanding the menstruation period and different phases. If it was shown in audio-visual way, that might help us to understand the matter." (PI5, Male)

A male participant in a group discussion had a similar view. He believed that book content are not sufficient and are not understandable at times. He felt visual materials can be helpful to understand the content easily.

"Book alone cannot give all information. Sometime we don't understand everything written in the book. If visual materials are available to describe such things, it will be of great help" (FGD, Male)

A female respondents described how visual materials are important in education. She said,

" Sir follows book. There are no visual materials. As it is said that we remember the things longer when seen than the things that are listened, visual materials can be really useful. School can add visual materials in teaching. They can show us contraceptive devices. We read in the book but we don't know in reality. Diagram, charts are important in teaching." (PI8, Female)

Another male participant stated that use of visual materials can help but he saw the negative aspects to it.

" Use of charts or poster can help us understanding the things in context. Some are in the books but if such things are taught through charts and visual materials, it will be easy for us to understand. On the other hand, use of visual materials related to sex organs can cause more embarrassment. Girls get more embarrassed" (PI6, Male)

5.5.4 Changes in mentality

Many students felt that there should be a change in the way we think about sex and sexual education. Some of the participants said that our society is such that they do not talk or discuss about sex related topics open.

A female respondent felt that people should not think negative about sex. She further said that it is not only about students, teachers should also feel comfortable and easy while talking about sex education in the class.

"First of all, we should not think negative. When we say the word sex , we start to bite a tongue. We should be open to discuss such things. We must change our mentality in looking at sex. Similarly, teacher also should be comfortable, should be able to explain the things easily and efficiently" (PI8, Female)

A female participant shared her view on why being open is a problem for girls in the society. He talked about the consequences of talking about sex openly.

"(...) I know that we should be open to discussion. Especially girls must be open to talk. But our society is such that we cannot talk about sex openly. If we talk about sex openly, we are looked with bad intentions. Everyone starts talking bad about us" (PI10, Female)

In a group discussion, participants argued that students must take sex education in positive way and must know the importance of education. They also felt that students should be mentally prepared to such education. They stressed on teacher extra effort in preparing students ready.

" Boy: All students should take this course in positive way. They should understand that this course is going to help them in their life. It is not only about passing the exam and getting good marks. For this, teacher should make an effort. They should make students feel the importance of this education in their life "

"Girl: In addition, students should be prepared for this course. They should have mentality that they are prepared for this course to study together in the class. They should change the current mentality of being shy or laughing at things that was being taught." (FGD)

A male participant raised an important issue of not realizing the importance of not only sex education but education in general. He said how family can affect the whole situation. He shared his observation and his views on this as,

" Some students do not understand the importance of this education. They get married so early and drop out from the class, especially girls. This could be due to pressure from her family. Within a year of their marriage, they will have baby. Having child so early in their life does not help them to have a better life. They are not matured properly, they cannot think properly. When they get married, they are under pressure from husband and family to have child soon. This affects her health as well as child's. They regret later. I have seen so many cases in my society" (PI6, Male)

5.6 Summary of findings

Student's understanding of sexual and reproductive health was more focused on future like child bearing, good family structure, body changes that occur as they grow. Reproduction was more focused. It was seen that students put high stress on future importance of sexual and reproductive health education. Students talked limited on how the education can help them in the present. Most of the responses from students were theoretical and technical. Perhaps it is down to what they are being taught. A small commentary has been presented about the course content in the discussion section. Though students felt the education is useful and perceived useful, there are some difficulties for students. Students, especially girls felt uncomfortable to study together

with boys. Presence of opposite gendered teacher has not helped the cause either. Students had dissatisfaction at getting limited bookish knowledge and not having teachers with better teaching capabilities and strategies. They suggested for different classes for boys and girls, same gendered teacher, improved teaching materials and called for openness to talk about sex and sexuality by bringing change in thinking in topics like sex, sexuality and reproductive aspects.

CHAPTER 6: DISCUSSION

Findings from the study shows that teaching sexual and reproductive health education in school is a complex process. It involves various actors like students, teachers, environment, content and educational policies. As we saw, the process is affected by student's perception of the content being taught, by whom they are taught, how they are taught, the environment where it has been taught, the culture and social norms that we follow and so on. In this chapter, I start discussion with student's understandings of sexual and reproductive health and their perception on SRH education. This is followed by discussion on student's attitudes and behavior towards sex education in the class. After that teachers influence on sex education and his teaching practices is discussed.

6.1 Understandings of sexual and reproductive health and SRH education

Participants in the study appeared to understand sexual and reproductive health in wide range of concepts. This study specifically did not measure the knowledge of sexual and reproductive health concepts using quantitative parameters but they associated sexual and reproductive health to different concepts, for example: marriage at proper age, child bearing, family planning, changes that occur as they grow, safe sex and use of contraceptives and different STIs, HIV and AIDS. But one of the previous study in Nepal (Pokharel, Kulczycki, and Shakya 2006, 158) showed that reproductive health knowledge was poor among students (n= 451) . That study showed that only half of the students knew the purpose of family planning was to space birth or prevent birth. Most of the students, mainly from the government schools appeared to know nothing about it while only 43 percent of the students knew about contraceptives. This poor knowledge or lack of it along with lack of interest might be reason why very few students from public schools wanted to participate in this study and were less expressive.

Most of the participants in this study linked sexual and reproductive health to future. They believed good sexual and reproductive health is necessary for healthy life. Focus on future was perhaps due to the course they are being taught. I have commented about the

content of sexual and reproductive health education later. Female participants appeared to contact their mother and sister for sexual and reproductive health problems while boys stated that they consult to seniors and peers for any suggestions on sexual or related problems. Family and peer support was found important for the students rather than health care professionals. Sexual and reproductive health education appeared to help them in understanding sexual and reproductive health concepts and its importance. The sexual and reproductive health education can reduce risky sexual behavior, helps to eradicate fear and stigma associated to menstruation and sex, unwanted and unplanned pregnancy and infections of STIs, HIV and AIDS. Studies show that there are association between receipt of school based sex education and lower reporting of negative sexual health outcomes, as well as strong association of between unplanned pregnancy and receipt of sex education from sources other than school suggesting to education's positive effect on health outcomes (Pound, Langford, and Campbell 2016, 2).

Students in this study had responses which were more theoretical, technical and most of them were non critical responses. All the students associated importance of this education to future and did not talk much about importance of this education at the present. Students showed dissatisfaction at getting bookish information and not being sufficient for them. This gives rise to few important questions which need to be considered. Is the current teaching practice and the course ideal? What are they being taught? what is the content of the course?

In Nepal, students of class 6 to 10 are taught about sexual and reproductive health in a chapter called 'Adolescence, Sex and Reproductive Health' under the subject Health and Physical Education. In class 6, students are taught about development of male and female reproductive organs, production of hormones and a little discussion on 'curiosity'. Basically, grade 6 covers anatomical and biological aspect of human. Grade 7 course covers stages of adolescence, changes that occur in boys and girls which is 'wet dream' in boys and 'menstruation' in girls. Grade 7 students are also taught about sexual orientation, pregnancy, adolescent marriage and its disadvantages. Grade 8 students are taught about personal responsibilities, safe sex behavior, abortion, methods to abortion and extended sexuality education and its scope. Grade 9 students are taught about adolescence and

changes, reproductive system where they are explained about male and female reproductive organs for reproduction. Reproductive health was taught in terms of planning of a family and family planning, safe motherhood, infant and child health care, control of unsafe abortion, infertility etc. Added to that they are given definition of sex education and its objectives and reproductive rights. Grade 10 students are taught about sexually transmitted diseases that includes HIV and AIDS, safe motherhood, risky conditions for pregnancy and maternal and child health care. Looking at the course of grade 6 to 10, clearly the content of the course is more focused on anatomical and biological aspects of human reproductive system, pregnancy and abortion, child bearing, and STIs. Interestingly the students at the age of 15 or 16 are taught about pregnancy, child bearing, maternal and child care, abortion, what safe and unsafe abortion is etc. Though there have been cases of early marriages and child bearing in Nepal, especially in remote areas, the course content cannot focus on such negative aspects and the things that are contrast to their reality. The current sex education in Nepal clearly lacks focus on life-skilled education that adolescents need at present. Life skills is considered as a set of competencies which helps young people to make responsible decisions, critically think about health risks and communicate effectively thus can have positive impact on their health. Young people although apparently aware of STIs and HIV risks, do not necessarily translate this awareness to safer sex practice. Such knowledge of preventive practices and negotiation skills necessary to refrain from unprotected sexual practices are provided by life skilled sex education (Regmi, Simkhada, and Van Teijlingen 2008, 69)

Different studies have shown that there have been conflicting interests among students and what is being taught. In Nepal, students are looking to acquire more insights into life skill based sex education while teacher often deliver biological information (Acharya, Van Teijlingen, and Simkhada 2009, 446). So there is a need to move away from superficial biological information to more coverage of students interests. World health organization in its bulletin about adolescent's health writes about a representative story of young Nepalese where it talks about how the current sexual and reproductive health education has not been sufficient enough to answer all the questions of adolescents. The bulletin writes about Radha, a 15 year old girl from Kathmandu who read about sexual and reproductive health in her school textbook but it did not answer all her questions.

When she asked the questions to her parents at home, they did not want to discuss this traditionally taboo topic. The bulletin further adds that adolescents are shy about asking questions and learning sexual and reproductive health problems in classroom and they don't always get the support at home.(WHO 2017)

Similarly, other studies carried in other part of world showed the education not meeting expectations of students. A qualitative synthesis of young people's views and experiences in the United Kingdom (UK) reported that school based sex and relationship education (SRE) becoming too biological, irrelevant, narrowly focused and starting too late in the school (Pound, Langford, and Campbell 2016). It reported that young people disengaged themselves from sources of information that do not match their own experiences and certainly appeared to be collision between SRE and young peoples' reality. They wanted SRE to reflect their emotional and sexual maturity, their autonomy and sexual activity. They showed their dissatisfaction at SRE being hetero normative, homosexuality not being taken in to account thereby rendering lesbian, gay, bisexual and transgender students. The students wanted SRE to discuss homosexuality and normalize it.

Many disliked the emphasis on abstinence which was contrary to their reality. Young students wanted more openness in SRE, wanting to talk more about sex, what sex involves and how to have sex. Young people wanted information on anxiety about not being able to 'perform' and shared their disappointment that SRE did not help them. Some students wanted to talk about sexual pleasure in SRE while other felt this might be too personal (Pound, Langford, and Campbell 2016, 6-8). These studies showed that there are gaps at what they are being delivered in school versus what they actually want in their life. The content of the course is theoretical, non practical and insufficient, not meeting the interests and needs of young people.

Premarital sex has been discouraged in Nepal by its cultural norms and certain boundaries. Despite that, studies have shown that adolescents have engaged in sexual relations, often engaging in risky sexual behavior. That puts significant proportion of young peoples' life vulnerable to risks of unwanted pregnancy, STIs etc (Regmi, Simkhada, and Van Teijlingen 2008) . The content of the course fails to accept this

reality that some of these young people are sexually active and fails to discuss issues relevant to sexually active young people. I believe, school sex education should focus on the needs and interests at the present rather than the future anticipated events.

6.2 Students' attitudes and behaviors towards sex education

All the students participating in this study believed the education is important and useful for them. Future was more focused than the present. Students believed the education is important for better family, good family structure, healthy life which is free from STIs, HIV and AIDS, proper understanding of physical and emotional changes as they grow and so on. Such reasoning are comparable to other studies. For example, a study carried out in Haryana, India to study knowledge, attitude and perceptions of sex education among school going adolescents of class 9 to 12 (n= 743) showed 93.5 percent of adolescents favoring sex education. The study also found that adolescents from urban areas, from private colleges and higher age group and higher socio economic status favored sex education more. They believed sex education can prevent the occurrence of AIDS, removes myths about sex, believing that knowledge on sex makes future life easy and protection from other diseases. When the attitude was compared between boys and girls, boys (97%) were more likely to favor sex education compared to girls (89.7%) (Kumar et al. 2017, 3).

Another study from Ethiopia showed similar results. About 97% of the students (n=394) showed positive attitude towards importance of sex education in school. The study also reported that females appeared to have unfavorable attitude towards the content of sex education than boys. Female with no access to listening romantic radio program had unfavorable attitude towards sex education (Fentahun et al. 2012, 103). This variation in attitudes among boys and girls towards sex education can be explained by cultural and social barriers that bind girls more than boys. Sex remains primarily a male domain and women are stigmatized for being informed (Kaufman, Harman, and Shrestha 2012, 328) or are ridiculed for having interests in content related to sex.

Despite perceived importance and positive attitude among study participants towards sex education, student's behavior in the class was negative. Students laughed, felt discomfort,

embarrassment and uneasy. Most of the girls felt discomfort and had their head down while boys laughed, giggled and put girls in an uneasy situation. Boys used laughing as a means to mask discomfort. Studying sexual and reproductive health in the class was an awkward and unpleasant experience for the students. A former Nepali student shared his experience of studying sex education in a digital magazine as "*(...) after doing a chapter called Reproductive System in EPH in Class 8, my understanding of sex did get better, but the word 'sex' used to make me confused, ashamed, and feel awkward. In a class if the teacher mentioned the word, it would be followed by endless laughs and pranks amongst my friends who were as clueless as I was. I was ashamed and quite awkward about approaching this topic at school or at home.*" (Gautam 2016).

Different studies have shown that girls and boys react to sex education differently. Students reported embarrassment, discomfort and feared humiliation in front of the class, boys showing more negative behaviour towards the education. One study reported that boys becoming disruptive, uncontrollable and laugh in the class. The article stated that boys were expected to be sexually knowledgeable and competent in the class and they were reluctant to reveal themselves as sexually inexperienced, fearing humiliation. Some boys stated that such disruptive behaviour from students was used as a means to mask anxiety (Pound, Langford, and Campbell 2016).

In a focus group discussion with English boys and girls, both boys and girls expressed the view that boys' disruptive behaviour and disengagement of the course was partly due to sex education not being able to address important issues considered by boys to be important. This was a major criticism of boys towards sex education (Strange et al. 2003, 208). In my study, disengagement of students from the class was more due to discomfort caused because of lack of openness towards sexual content thereby not being able to talk freely. This barrier was one of the reasons for students' negative behaviour towards sex education.

Single sex class versus mixed sex class debate

Students who participated in the study had mixed opinions on what the classroom structure should be in regard to gender. Majority of the students believed that boys and girls studying together had negative outcome in students' comfort level and behaviour in the class. Only a few students, including some girls believed studying together, which they termed 'coeducation' is a good practice to follow. They opined that coeducation system allowed them to learn about life skills, gives them a chance to know about boys' views which they believed will help to know about opposite sexes better. Similar views were expressed by some of the English students where they said that mixed sex groups allowed them to share their views with the other sex and that enabled them to learn about and understand each other better (Strange et al. 2003, 206).

On the other hand, most of the participants in my study believed that teaching boys and girls separately could increase the comfort level and could discuss things freely. Students were very clear that they were not comfortable to study together about the sexual content which put them to discomfort and shame. Added to that, boys' behaviour sometimes did not help them either. Boys' disruptive behaviour were also expressed by young women in the UK. They said that they took the course seriously but in mixed classes young men often discouraged their participation by verbally abusing them and attacked their sexual reputation if they engaged in the class (Pound, Langford, and Campbell 2016, Strange et al. 2003).

Acharya and colleagues talked about the need to explore complexities between gender and sex education. Like any other aspects of life, work or culture, sexuality is also gendered in Nepal. The differences that are associated with gender will affect attitudes and behaviour of students towards sex education. Hence there is need for better strategies to reach boys effectively and also maintain girls' interests (Acharya, Van Teijlingen, and Simkhada 2009, 446). With this, few questions arise. Where does the comfort come from in sex education? Is coeducation system a barrier to effective sex education? Students in my study clearly said that being together with opposite sex in the class has affected their comfort level. Girls were embarrassed and disengaged from the class. They wished for

separate classes for boys and girls and showed preference to female teacher. Boys also preferred separate class and preferred male teacher. However, current system of education in Nepal does not advocate for single sex classes in school. Similar views were expressed by Scottish and Ugandan young girls. Female teachers and single sex classes were considered very important as this makes them feel more comfortable and less embarrassed (Cook 2010, 530). Young women from the UK also expressed preference for single sex classes but most young men wanted mixed sex classes, which is in contrast to Nepalese young men. Various studies have reported that girls responded better in single sex classes and described those in single sex classes being engaged, interested, involved in discussion without being embarrassed (Strange et al. 2003, 202). It has been clear that these students need the arena where they can talk, discuss about without being embarrassed. Providing opportunity to single sex classes seemed to be one solution. How the sex education is taught also affects student's behavior towards sex education. Students perceptions to current teaching practices and influence of teacher is discussed in the following section.

6.3 Student's perception of teacher and teaching practices

Students in the study were dissatisfied with the way their teacher taught them sex education. They were dissatisfied with his teaching practices, strategies and his sources of information. Book was the only source of information in the class. They rarely had any supplementary materials. Students stated that same traditional didactic approach was used to teach the course. Many of the students believed that the course had been covered superficially, lacked in-depth discussion and explanation unlike other subjects like science.

Some of the students reported at teacher himself not having enough comfort and confidence to teach sex education. Many of them said that the teacher starts laughing while teaching. A former student has shared his experience of how his teacher behaved while teaching sexual and reproductive health education in Nepal. He remembered the strange way his teacher would behave while reading and labeling the male and female reproductive organs. He also recalled that once his environment, population and health

(EPH) teacher used the term 'wet dreams' from the book with minimal discussion. Students when asked for explanation, the teacher responded with a smile and asked to read the chapter at home. After that, that word was never mentioned and discussed in the class. He also recalled that the teacher did not have a health science education background, rather he was an account teacher to his seniors (Gautam 2016). This clearly showed that the teacher was not comfortable to teach and perhaps incompetent for sex education. Similar instances where teachers were embarrassed and awkward in delivering sex and relationship education are reported (Pound, Langford, and Campbell 2016). Interestingly, most teachers from both private and public schools in Nepal are reluctant to discuss sex education owing to embarrassment and lack of confidence to teach. Ongoing professional development through appropriate skills training and boosting confidence can help teachers in delivering effective sex education (Upadhyay-Dhungel et al. 2013, 30).

It has been reported that there have been continued attempts to teach the subject just like others. There has been insufficient account of distinctive nature of sex as a topic. It includes strong emotions, reactions and feelings, yet prevailing approach within schools appear to deny that there is anything special about the topic (Pound, Langford, and Campbell 2016). There have been arguments that teaching sex education has been exam oriented and has overlooked feelings, stress and relationships that sexual and reproductive health carries. So how can teaching be better?

Students in the study felt that book as the only teaching material was insufficient for them to gain all the information needed. Students believed supplementary teaching materials that includes visual materials, diagrams and explanations, demonstrations and discussions can help them better understand about sexual and reproductive health matters. Gender of the teacher also played role in maintaining comfort level. Most students preferred same gendered teacher as that enables them to be open, talk and discuss the things that they could not with opposite gendered teacher.

These findings from Nepal bears similarities with similar studies elsewhere. Young people in the UK wanted SRE in the safe and confidential environment where they could participate uninhibited and without being singled out. They suggested group discussions,

skills based lessons, demonstration and activities in a small group. Class control was deemed necessary and it was easy in small groups or class (Pound, Langford, and Campbell 2016) . Importance of group discussion was largely emphasized by Ugandan and Scottish female students. They felt that discussion within small groups of friends is better than lectures. The Scottish participants found lectures boring while Ugandan students felt they learnt more through discussion opportunities. Both groups felt discussion among friends increases their confidence for talking openly and asking questions (Cook 2010, 530).

Who should deliver sex education?

There have been different arguments on who should deliver sex education in school. In this study, most of the students preferred same gendered teacher while some did not have any preferences. They were comfortable to any of the teachers while a few wished that schools invite doctors or other health care professionals to teach sexual and reproductive health education. Some of them also talked about including seniors from the school in trainings or other related activities so they can later help juniors to understand about sexual and reproductive health. The idea of same sex teacher and single sex class can be tried to test out the effectiveness as most of the students in this study desired which is slight different to English students. For English students, particular personal characteristics and values were more important than the sex of the teacher. Both sex students liked teachers who they felt they could relate to, who they perceived to hold similar values to their own and who are open, fun and could have a laugh (Strange et al. 2003, 207). The idea of same gendered teacher from students in this study could be due to expectations because their teacher had past experiences of the potential problems that they are going to face and it also allows students to be more open to questions and thus provide more comfort when they have same gendered teacher and friends.

It is also important to consider if the use of an outside expert from health or related backgrounds can be effective to increase the comfort level of students. In this study, students did not talk about their relationship with the teacher but in another study, student- teacher relationship was found to affect the effectiveness of sex education.

Scottish and Ugandan female students said that some students do not have a good relationship with their teacher and the teacher might 'judge' them. Thus, they preferred visitors teaching to school teachers and said that visitors are often more knowledgeable (Cook 2010, 530). Use of such visiting professionals is common in some countries but bringing in the 'expert' is not always the right call. They might have particular knowledge but might not be able to control a class and enthuse students. It has been argued that with sensitive materials some students might feel intimidated with non teacher. There is also counter argument that students feel more relaxed, find it easy to talk to the outsider (Hilton 2001, 37) and students do not have to worry about their image and reputation with teacher whom they have to face often in the school. On the other side, substituting health workers for teachers is not the obvious solution because health workers are not trained to teach sex education in the school. In a study conducted in Nepal, focus group discussion among adolescents showed that most of the adolescents believed health care providers being judgmental towards them. So bringing in health experts or professional visitors carries its own negative aspect.

6.4 Summary of discussion

Government of Nepal has designed a curriculum which provides basic education on adolescence, sexual and reproductive health for all students from grade 6 to 10 which basically gives biological and physiological information to students. School based sex education is a medium for adolescents to learn knowledge, attitudes and safety sexual behavior. Since school based sex education can influence and change negative sexual and reproductive health behavior, it is important to address the challenges of school based sex education. This study showed that school based sex education remains a challenge in Nepal. The challenges are not only to students negative behaviors in the class but also lack of enough teaching aids beside books, lack of life skilled education which is age appropriate. Students are not comfortable studying together being taught by opposite gendered teacher, neither are the teachers comfortable. Schools often lack student friendly environment where they can participate and discuss with friends and teachers uninhibited. Students also said that they did not have enough teaching materials having only to follow books. The content of the course has not meet the need and expectations of

the students. Current sex education aims at providing knowledge of the body and its functions thereby treating sexual behavior as a biological phenomenon. This is void of emotional, developmental and social sides of sexuality. Age appropriate sex education which helps students in developing life skills and competencies are the real need.

CHAPTER 7: CONCLUSION AND RECOMMENDATIONS

It can be said that school based sex education involves many actors; students, teachers, education system, teaching environment, norms and policies. Findings of this study showed that students understood sexual and reproductive health in different concepts. Such concepts are more future oriented. Students talked less about how the education is important in the present. Perhaps this was down to what was being taught. As I commented about the content of course from grade 6 to 10, the whole educational scheme has been set in the frame of health and health policy. The education is focused on biological phenomenon and the teaching sex education is exam oriented. As long as the sex education is focused on biological information or is treated in the scheme of health, it is not expected to be effective as expected because sex education is not merely a biological phenomenon to be taught as a part of health.

Social construction of sex and sexuality has also affected both learning and teaching process. It has been constrained by social and cultural taboos on discussing sex. Sex is confined behind the closed doors which is rarely discussed and can have huge consequences if discussed open. Such consequences can be shame, downgrade of prestige and social status, personal segregation, moral punishment or prejudices etc. Due to this, students and teacher cannot openly discuss about sex and sexual behavior. Social construction of gender, social expectations of how two gender would carry out in the society has resulted in differences of how two gender interact and act. Those social frameworks of expectations, norms and boundaries have affected girl's interaction and communication, thereby affecting their participation in the class. When sex is attached with stigma, that hurts girls. When they are taught about sex and sexual behavior, they symbolically interact and communicate through laugh or shame. Hence the need for them is less embarrassing sex education.

When a conveyed knowledge of human biology is planted in to a framework of social construction of shame, morality, norms and traditions, proper behavior and social expectations, we cannot expect the sex education to be effective and bring changes or improve people's behavior. It is because, as seen in social constructionist perspective,

people's action are guided by the way they perceive the world, not by the knowledge or lack of it. The environment where the people interact and operate plays a big role. Knowledge can only partially influence people's perceptions.

Students in the study found the course very important and useful for their future. Despite perceived importance and usefulness in their life, students behavior in the class was not positive overall. Boy's and girl's behaviors towards sex education were different. Boys were disruptive in the class, they laughed and cause embarrassment to girls. In order to make the education more effective and useful, one has revisit if the current curriculum and current ways of teaching are doing the job and are enough to meet the expectations and needs of young people. If the aim of the education is to educate young people for a better sexual health in the future, the education perhaps should start with the social and symbolic world of today's youth rather than the old conventional approach. It should be learning based rather than exam oriented.

As students talked a lot about teacher's teaching strategies and showed dissatisfaction at conventional approach of teaching sex education, perhaps one need to think about other pedagogical approach for sex education. When students are taught about sex, sexuality or reproductive organs, they feel discomfort and embarrassed as we know that being confronted directly about personal issues in public or in group can cause embarrassment. So sex education can shift the attention away from being personal and use a 'third person' or perhaps some 'cases' for students to discuss in the class. It can be presented in a story or a film or as such so that students do not make it personal. In that way, this can be less embarrassing, more interactive and engaging. This allows students to move the focus from themselves to someone else, will ease communication and discussion will enhance learning. What it ensures is the teaching will be learning based. Such approach will be less embarrassing and more interactive. As seen in social constructivism perspective, students will learn by constructing knowledge based on their interpretation and understanding of the environment they live in. Rather than just acquiring knowledge, they construct it through contextualization. Further, such meanings are developed through social interactions as explained by symbolic interactionism. Students develop symbols or ways to interact and communicate with each other based on cognition, attitudes, motives,

positions and role etc. Such interactive products developed can undergo modifications as they are interpreted while dealing with the reality which means such knowledge and meanings can change depending on the circumstances. This way of teaching will enhance biological and cultural as well as social learning. The biological or health perspectives which has been the focus of current teaching will thus become just one of many. These other perspectives are also equally necessary to address sexuality which is so interconnected in all parts of our lives.

Social constructionists have argued for implementation of social constructivism in teaching and learning in class room. Social constructivism is based on social interactions a student in the class can make along with the personal critical thinking process. According to Vygotsky, cooperative learning is an integral part of creating a deeper understanding and a part of creating a constructivist classroom. When students work in groups, they have a lot to offer for one another. When students complete a project or activities in the group, the internalization of knowledge occurs for each individual according to their own experience. This internalization of knowledge is more effective when there is social interaction (Powell and Kalina 2009). Vygotsky firmly believed that social interaction and cultural influences have a huge effect on students and how learning occurs. Teacher thus should recognize the diversity of the class and embrace the differences. Such differences can be in ethnicity, identity, biological differences that give varied experiences and understanding to each individual. Hence social constructivism will engage students in activities creating relationships that will directly affect learning. They need collaboration and they need activities which help them to express their personalities. For example, in a group projects students can pick the piece that represents their interests. To make this happen, teacher should develop psychological or strategic tools to create constructivist environment for all students. Teacher's role in the class should be of a facilitator or guide not a dictator. Teachers and students must communicate if learning is to take place (Powell and Kalina 2009). In current methods of teaching, there seems to be one way communication where teachers teach but somehow lack two way communication. This aspect of teaching needs to be improved so that learning is improved.

This analysis shows that there are challenges to sex education in Nepal. One of the barriers to effective sex education in school can be listed as inappropriate content of the course. The curriculum is not age appropriate and does not fulfill the needs of young people. It just delivers biological information. Another barrier is construction of society and its expectations towards people. People are expected to interact and act within the boundaries set by norms within society. Different frameworks like morality, good behavior, shame and expectations have affected teaching and learning of sex education. Construction of gender, sex, sexuality fall within aforementioned frameworks. Another barrier is conventional teaching method. This has impaired students learning process. Hence barriers to sex education are social, pedagogical and socio-cultural norms.

The suggestions to improve current sex education in school are change in curriculum and make it appropriate for the need of the students. Rather than just biological perspectives, the curriculum should aim to include socio cultural perspectives as well. The curriculum should be age appropriate and treat sex as an important aspect of young people. The curriculum should address social life of youth, attitudes and behavior, skills and good decision making process. Another suggestion is adopting alternative pedagogical approach in which personal focus is shifted towards third person so that students feel comfortable and are not embarrassed. Learning based approach should be adopted so that students can create knowledge through their own reality rather than just implanting some information. Education should start with the social and symbolic world of youth in order to educate youth for improved or proper behavior.

This study was basically conducted to find out students' perceptions about the sexual and reproductive health education, what difficulties they faced during the course and what did they expect during the course in their school. This study had objectives of finding out in depth the students' understanding of sexual and reproductive health, and their perception towards the sexual and reproductive health education they had in school. This study also aimed to find out students suggestions to improve current sex education in school. By exploring this, the study aimed at analyzing the barriers to sex education and ways to improve sex education in school.

This study fulfills the objectives it had set. It has explored students' understanding of sexual and reproductive health through different concepts and perceptions towards sex education. This study has also been able to point out some ways to improve sex education in school as suggested by student themselves. After analysis, I have presented some barriers that had negative impact to students and some possible solutions to improve it. In the following section, I have presented some recommendations on further research and how the students can be reached better in terms of sexual and reproductive health education.

7.1 Recommendations

This study focused on exploring students' perceptions on sexual and reproductive health education. This study did not include teacher as study participants. Since teacher are important part in delivering sex education, their views and perceptions are very important to take into consideration. Some studies report about teachers not being able to explain things in detail, incapable of controlling the class and being uncomfortable (Pokharel, Kulczycki, and Shakya 2006, Pound, Langford, and Campbell 2016). One study on SRH education conducted in Nepal reported that teaching sexual and reproductive health education is uncomfortable for teachers also. Teachers were reluctant to discuss sexual and reproductive health in detail with their students, they did not want to deal with such sensitive topics fearing censure from colleagues and society. Some had their own prejudices about teaching the course. Some teachers believed that sexuality is a private matter and it is unpleasant to discuss such personal matters. They also believed that students are too young to discuss this topic (Pokharel, Kulczycki, and Shakya 2006).

With such negative reactions and attitudes towards sex education from teachers, it would not be unfair to say that they are not capable of delivering effective sex education. In this study also, students reported about teacher being uncomfortable to teach the course. Hence some studies should be conducted to find out teacher's perceptions towards current course on sexual and reproductive health, what are their expectations from the course, what can be better ways to teach sex education, how can they feel more comfortable to teach sex education and so on. Interestingly, some teacher also argued for

separate class for boys and girls to teach sex education which they believed, will increase comfort level. Some teacher also argued for inviting guest lecturers such as health workers and some complained of not having sufficient teaching aids (Pokharel, Kulczycki, and Shakya 2006). Hence it becomes imperative to look into these aspects in order to make sex education better and effective.

Students in this study, especially girls reported that they consult their mother and elder sisters when they have some sexual and reproductive health problems. Parental and community support seems very important not only to their children but also for schools which offer sex education. So there is a need for a constant communication between schools and parents about sex education, what their child is taught in the school so that does not create any discomfort to children and parents at home. Students in this study talked about the necessity to be open and change in thinking when it comes to sexual and reproductive health matters. This is only possible when they are supported by parents, seniors and community. On the other hand, this cannot be as straightforward as it is said since sex is very confined and is not discussed openly. Hence, continued efforts should be made to create an environment where students can be open to discuss their sexual and reproductive health matters without any discomfort. For this parents and community should also be informed and engaged to make them understand the importance of this education to their children's life.

The study shows that a major issue regarding sex education seems to be comfort or lack of it. Students are not being able to discuss sexual and reproductive health matters with their teacher. They fear for embarrassment and anxiety. We must create arena where students should feel comfortable to talk about sex, so is the case for teacher. One recommendation is school can set up anonymous letter box where students will be able to drop their problems and teacher can discuss and suggest for possible solutions. Such letter box can ensure anonymity among students so the fear of disclosing identity is removed. This gives students a sense of security and promotes practice of discussing health problems with teachers. What it ensures is that the discussion of problems and related matters goes beyond friend circle and teacher perhaps can suggest better solution

than their friends provided that teacher is capable, comfortable and ready to discuss such problems.

As suggested after analysis, another recommendation is that the effectiveness of education can perhaps be increased by change in curriculum. I personally believe current curriculum on sexual and reproductive health education is inappropriate, does not match the requirements of students. For example, students are taught about abortion, types of abortion and so on. Rather it can focus on safe sex behavior or abstinence programs which discourages sex at young age, until the young people are matured enough to take good decisions by themselves. For this students should be taught life skill education which helps students to develop certain skills, beliefs, attitudes and values about sexuality and relationship within a moral and ethical framework (Acharya, Van Teijlingen, and Simkhada 2009). Young people need good decision making competencies and skills for responsible decisions which have impact to their health. Current course does not address such needs of young people, rather provides superficial information. Hence change in curriculum, availability of sufficient teaching aids, improvement in teaching environment where both teacher and students can feel comfortable and can discuss sexual and reproductive health issues without any fear and embarrassment is needed to increase effectiveness of sex education.

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APPENDICES

Appendix 1: Course content outlines

Class 6

Growth

Physical growth

- a. Development of senses
- b. Production of hormones
- c. Development of reproductive organs: male and female reproductive organs
- d. Curiosity
- e. Attraction or repulsion of opposite sex

Mental growth

Cleanliness and importance of sex organs

Class 7

Adolescence

Stages of adolescence

Changes in boys: wet dreams/ night fool

Changes in girls: menstruation

Sexual orientation

Conception and pregnancy

Adolescent marriage and its disadvantages

Need of reproductive health education

Course content outlines

Class 8

Personal responsibilities

Safe sex behavior

Reproductive health

Safe abortion

Methods of safe abortion

Methods and means of preventing pregnancy: contraceptive methods

Services and facilities for reproductive health

Extended sexuality education

Scope of extended sexuality education

Class 9

Adolescence

Changes of adolescence

Sex education

Reproductive health

Aspects of reproductive health: Planning of family, family planning, safe motherhood, infant and child health care, control of unsafe abortion and consequences, reproductive problems

Reproductive system: Male and female internal reproductive organs

Reproductive rights

Course content outlines

Class 10

Sexually transmitted diseases

- a. HIV and AIDS
- b. Syphilis
- c. Gonorrhea
- d. Cancroids

Safe motherhood

Maternal and child health and measures of MCH care

Benefits of breast feeding

Immunization

Appendix 2: School approval letters

School approval letter 1

School Code No.: 400320036/4012

Tel.: 061-460476
061-460884



छोरेपाटन उच्च माध्यमिक विद्यालय

पोखरा-१७, छोरेपाटन, कास्की

CHHOREPATAN HIGHER SECONDARY SCHOOL

Pokhara-17, Chhorepatan, Kaski

पत्र संख्या:

चलानी नं.:

मिति (Date):

8th January 2017

Confirmation letter

We hereby confirm that Mr Harihar Pokharel who is currently enrolled as a master student in International Social Welfare and Health Policy at Oslo and Akershus University College, Oslo is granted permission to carry out his study in our school for the fulfillment of his master thesis.

We understand that his project aims at exploring students' perspectives on sexual and reproductive health education. We wish all the best for his study.

Principal

Laxman Thapa

Principal

A Complete Logical Education with Responsibility and Accountability

"अवरोधविध्वंशं च अवाक्यदेहितासहितको पूर्ण शिक्षा"

School approval letter 2

Regd. : 18274/058/059

Tel: 061-460921



VIDYA NIKETAN SECONDARY SCHOOL

Pokhara-17, Birauta

Ref. No.

Date :

8th January 2017

Confirmation letter

We hereby confirm that Mr Harihar Pokharel who is currently enrolled as a master student in International Social Welfare and Health Policy at Oslo and Akershus University College, Oslo is granted permission to carry out his study in our school for the fulfillment of his master thesis.

We understand that his project aims at exploring students' perspectives on sexual and reproductive health education. We wish all the best for his study.

Principal

Narayan Prasad Sharma

Email : vniketanss@gmail.com

School approval letter 3



Fishtail Academy Higher Secondary School

Pardi, Pokhara

Tel: 061-461164, 461998

E-mail: fishtail@fishtailacademyhss.com

Website: www.fishtailacademyhss.com

POKHARA, NEPAL



Date- 8th January 2017

Confirmation letter

We hereby confirm that Mr. Harihar Pokhrel who is currently enrolled as a master student in International Social Welfare and Health Policy at Oslo and Akershus University College, Oslo is granted permission to carry out his study in our school for the fulfillment of his master thesis.

We understand that his project aims at exploring students' perspectives on sexual and reproductive health education. We wish all the best for his study.

Principal

Principal

Chinu Ranabhat

Appendix 3: Interview guides

Interview guide in English

Gender: _____ Date _____

Grade: _____ Time and place: _____

1. Introduction

Reproductive health plays important role in morbidity, mortality and life expectancy. Reproductive health problems are major cause of women's ill health and mortality. A child's health is determined by a mother's health. Sexual and reproductive health education is a good medium to increase knowledge and changing risky sexual behaviour, avoid unintended pregnancies, avoid any sexually transmitted diseases, HIV and AIDS.

2. Perception on sexual and reproductive health and education

You recently attended classes on sexual and reproductive health education. I would like to hear your experiences from the class and your ideas on sexual and reproductive health education.

Why do you think you are studying sexual and reproductive health (SRH) education?

Do you think these are things that need to be taught? If yes, why?

Is it important to you?

Who teaches you ? Who you prefer?

Are there any things you missed in the class?

You, boys and girls have been studying SRH education together in the same class. How do you feel about that?

Were all boys and girls present in the class when you had SRH classes?

What have you learnt about SRH from the classes?

Are there things that you did not like or were uncomfortable with?

Are there any things you believe are lacking?

If you are allowed to change , what would you do to change current sex education program?

Do you have any ideas on how to improve sex education in school?

In the end: Are there any things you want to talk that we did not talk about?

Do you want to add something?

Interview guide in Nepali language

लिङ्ग : मिति :
तहः समय र ठाउँ :

परिचय

प्रजनन स्वास्थ्यले मृत्युदर तथा जिवन आयु जस्ता कुरामा महत्वपूर्ण भूमिका निर्वाह गर्दछ । महिलाहरुको कमजोर स्वास्थ्य अवस्था र मृत्युदरमा प्रजनन स्वास्थ्यले निर्धारक भूमिका निर्वाह गर्दछ । कतिपय अवस्थामा बालबालिकाको स्वास्थ्य अवस्थासमेत आमाको स्वास्थ्य अवस्थामा निर्भर भएको हुन्छ । अनिच्छित गर्भाधारण रोक्न, यौनजन्य सरुवा रोगहरुको रोकथाम तथा एचआई/एड्स सम्बन्धि ज्ञान अभिवृद्धि गर्न तथा जोखिम निवारणको लागी लैगिक तथा स्वास्थ्य शिक्षा राम्रो माध्यम हो ।

प्रजनन स्वास्थ्यप्रतिको दृष्टिकोण तथा शिक्षा :

तपाईंले भर्खरै लैगिक तथा प्रजनन स्वास्थ्य सम्बन्धि कक्षामा सहभागीता जनाउनु भएको छ । म तपाईंसँग लैगिक तथा प्रजनन स्वास्थ्य सम्बन्धित तपाईंको अनुभव र विचारहरु जान्न चाहन्छु ।

तपाईंहरुले किन लैगिक तथा प्रजनन सम्बन्धि कक्षा लिई रहनु भएको ठान्नु भएको छ ?

यस्तो शिक्षा दिनु आवश्यक ठान्नु भएको छ ? छ भने किन ?

तपाईंलाई यो मत्वपूर्ण छ ?

कसले तपाईंलाई सिकाउँदै छ ? तपाईं कसलाई सिफारिस गर्नुहुन्छ ?

तपाईंले कक्षामा केही छुटाउनु भयो ?

तपाईं केटा र केटीहरु सँगै कक्षामा अध्ययन गरि रहनु भएको छ, यसमा कस्तो महशुस भईरहेको छ ?

कक्षामा केटा र केटीहरु सबै उपस्थित थिए ?

कक्षामा लैगिक र प्रजनन स्वास्थ्य सम्बन्धमा के सिक्नु भयो ?

कक्षामा तपाईंलाई मन नपरेको वा असजिलो महशुस भएको केहि थियो की ?

केही अभाव भएको महशुस गर्नुभयो ?

यदि तपाईंले गरेर हुन्थ्यो भने हालको लैगिक शिक्षा कार्यक्रममा तपाईं के परिवर्तन गर्नुहुन्थ्यो ?

स्कूलमा लैगिक शिक्षा कसरी सुधार गर्ने भन्ने तपाईंसँग कुनै तरिका छ ?

अन्तमा, हामिले नसोधिएका कुनै कुरा भन्नु छ ? तपाईं केही थप गर्न चाहनु हुन्छ ?

Appendix 4: NSD approval



Randi Wærdahl
Institutt for internasjonale studier og tolkeutdanning Høgskolen i Oslo og Akershus
Postboks 4, St. Olavs plass
0130 OSLO

Vår dato: 06.09.2016

Vår ref: 49425 / 3 / BGH

Deres dato:

Deres ref:

TILBAKEMELDING PÅ MELDING OM BEHANDLING AV PERSONOPPLYSNINGER

Vi viser til melding om behandling av personopplysninger, mottatt 11.08.2016. Meldingen gjelder prosjektet:

| | |
|----------------------|---|
| 49425 | <i>Student's perspectives on school based sex education in Nepal</i> |
| Behandlingsansvarlig | <i>Høgskolen i Oslo og Akershus, ved institusjonens øverste leder</i> |
| Daglig ansvarlig | <i>Randi Wærdahl</i> |
| Student | <i>Harihar Pokhrel</i> |

Personvernombudet har vurdert prosjektet og finner at behandlingen av personopplysninger er meldepliktig i henhold til personopplysningsloven § 31. Behandlingen tilfredsstillter kravene i personopplysningsloven.

Personvernombudets vurdering forutsetter at prosjektet gjennomføres i tråd med opplysningene gitt i meldeskjemaet, korrespondanse med ombudet, ombudets kommentarer samt personopplysningsloven og helseregisterloven med forskrifter. Behandlingen av personopplysninger kan settes i gang.

Det gjøres oppmerksom på at det skal gis ny melding dersom behandlingen endres i forhold til de opplysninger som ligger til grunn for personvernombudets vurdering. Endringsmeldinger gis via et eget skjema, <http://www.nsd.uib.no/personvern/meldeplikt/skjema.html>. Det skal også gis melding etter tre år dersom prosjektet fortsatt pågår. Meldinger skal skje skriftlig til ombudet.

Personvernombudet har lagt ut opplysninger om prosjektet i en offentlig database, <http://pvo.nsd.no/prosjekt>.

Personvernombudet vil ved prosjektets avslutning, 31.05.2017, rette en henvendelse angående status for behandlingen av personopplysninger.

Vennlig hilsen

Kjersti Haugstvedt

Belinda Gloppen Helle

Kontaktperson: Belinda Gloppen Helle tlf: 55 58 28 74

Vedlegg: Prosjektvurdering

Dokumentet er elektronisk produsert og godkjent ved NSD's rutiner for elektronisk godkjenning.

Personvernombudet for forskning

Prosjektvurdering - Kommentar
Prosjektnr: 49425

INFORMATION AND CONSENT

The sample will receive written information about the project, and give their consent to participate. The letter of information is well formulated.

The sample consists of youths from the age of 14 to 17 years old. The Data Protection Official agrees that youth from the age of 15 to 17 can give their own consent to participate in the project. We have emphasised that it's important for the purpose of the project to get information from the pupils themselves, that there is no sensitive personal information being gathered and that the project period is short.

All participants that are under the age of 15 have to get parental consent to participate. This is clarified with the student (cf. email correspondence 05.09.16).

We presuppose that the student collects approval from the school management to conduct the research project.

FOCUS GROUP INTERVIEWS

While conducting focus group interviews it's important the the questions are formulated in such a way that they can be answered in plural (this is especially the case when the topic are of a personal character).

INFORMATION SECURITY

The Data Protection Official presupposes that the researcher follows internal routines of Høgskolen i Oslo og Akershus regarding data security. If personal data is to be stored on portable storage devices, the information should be adequately encrypted.

THE END OF THE PROJECT

Estimated end date of the project is 31.05.2017. According to the notification form all collected data will be made anonymous by this date.

Making the data anonymous entails processing it in such a way that no individuals can be recognised. This is done by:

- deleting all direct personal data (such as names/lists of reference numbers)
- deleting/rewriting indirectly identifiable data (i.e. an identifying combination of background variables, such as residence/work place, age and gender)
- deleting digital audio and video files

Appendix 5: NHRC approval



Government of Nepal
Nepal Health Research Council (NHRC)



Ref. No.: 1378

12 February 2017

Mr. Harihar Pokhrel
Principal Investigator
Oslo and Akershus University College
Norway

Ref: **Approval of Research Proposal entitled Student's perspectives on school based sexuality education in Kaski district, Nepal**

Dear Mr. Pokhrel,

It is my pleasure to inform you that the above-mentioned proposal submitted on 21 November 2016 (Reg. no. 424/2016) has been approved by Nepal Health Research Council (NHRC) National Ethical Guidelines for Health Research in Nepal, Standard Operating Procedures Section 'C' point no. 6.3 through Expedited Review Procedures.

As per NHRC rules and regulations, the investigator has to strictly follow the protocol stipulated in the proposal. Any change in objective(s), problem statement, research question or hypothesis, methodology, implementation procedure, data management and budget that may be necessary in course of the implementation of the research proposal can only be made so and implemented after prior approval from this council. Thus, it is compulsory to submit the detail of such changes intended or desired with justification prior to actual change in the protocol.

If the researcher requires transfer of the bio samples to other countries, the investigator should apply to the NHRC for the permission.

Further, the researchers are directed to strictly abide by the National Ethical Guidelines published by NHRC during the implementation of their research proposal and submit progress report and full or summary report upon completion.

As per your research proposal, the total research amount is **NRS. 2,50,000.00** and accordingly the processing fee amounts to **NRS-10,000.00**. It is acknowledged that the above-mentioned processing fee has been received at NHRC.

If you have any questions, please contact the Ethical Review M & E Section at NHRC.

Thanking you,


Dr. Khem Bahadur Karki
Member- Secretary

Appendix 6: Consent forms

Consent form in English

For personal interview and focus group discussion.

Request for participation in the research project: "Students perspectives on school based sex education"

Purpose

Adolescents and youth consist of about one third of Nepal's population. Early marriage and early child bearing is still very common in Nepal which puts both mother and child at risk. In addition, adolescent's pre-marital sexual activities are increasing, many of which are unprotected, unplanned and risky. It leaves adolescents at the high risks of transmitting STIs including HIV and AIDS. This highlights the importance of sexual and reproductive health education in school. This study aims to explore your perceptions on sexual and reproductive health education in school. This study is a part of master degree program named International Social Welfare and Health Policy in Oslo and Akershus university college of applied sciences, Oslo Norway.

What does this study entail?

Personal interviews and focus group discussions will be conducted to learn about your perceptions and understandings of sexual and reproductive health education in school. I would like to hear about your experiences from the current sexual and reproductive health education and your ideas on ways to improve sex education in school. FGD and interviews will be conducted by me and research assistant and they will be recorded on your consent. The recordings will be deleted after use.

What will happen to the information you give?

All the data will be analyzed and they will be presented in the findings chapter of the report. The contact address will be kept safe and they will not be used in the report so it will not be possible to identify you. There are no direct advantages and disadvantages to

you. However, this study can potentially help to improve sex education in school in the longer term.

Voluntary participation

Participation in the study is voluntary. You can withdraw from interview/FGD any time without any justification. You can withdraw from study even after you give consent to participate. You can contact me for any questions or information on person or at 009779841425475. If you agree to participate, please sign in the declaration of consent in the end of this form.

Consent for participation

I am willing to participate
study

.....

(Signature/date)

I confirm I have given all information about the

.....

(Signature/ role/ date)

Consent form in Nepali language

व्यक्तिगत अन्तर्वाता/समूह छलफल

अनुसन्धान कार्यक्रममा सहभागीहुन अनुरोध : विद्यालयमा आधारित लैंगिक शिक्षा प्रति विद्यार्थीहरूको दृष्टिकोण

उद्देश्य

नेपालको जनसंख्याको एक तिहाई संख्या युवा तथा वयस्कहरूको छ । बालविवाह हालसम्म पनि प्रचलनमा रहेको छ जुन आमा तथा बच्चा दुवैको लागी हालसम्म जोखिमपूर्ण रहेको छ । साथै, वयस्कहरू बीच विवाह पूर्वको शारिरिक गतिविधिहरू बढी रहेको छ जसमध्ये अधिकांश असुरक्षित, योजनारहित र जोखिमपूर्ण छन् । जसले गर्दा वयस्कहरू बीच एचआईभि एड्सको सरुवा हुने सम्भावना प्रबल भएको छ । यसले पनि स्कुलमा स्वास्थ्य शिक्षाको महत्व कति धेरै छ भन्ने पुष्टि गर्दछ । यस अध्ययनले लैंगिक तथा प्रजनन स्वास्थ्य प्रति तपाईंको हेराई कस्तो रहेछ भनी थाहा पाउने लक्ष्य राखेको छ । यो अध्ययन International Social Welfare and Health Policy in Oslo and Akershus university college of applied sciences, Oslo Norway को स्नाकोत्तर तहको अभिन्न अंगको रूपमा रहनेछ ।

यस अध्ययनले के महत्व राख्दछ ?

व्यक्तिगत अन्तर्वाता र समूह छलफलमार्फत् विद्यालय तहमा लैंगिक तथा प्रजनन स्वास्थ्य प्रति तपाईंको दृष्टिकोण र बुझाईबारे जानकारी हुनेछ । तपाईं हालसालैको अनुभवहरू र विद्यालय तहमा लैंगिक शिक्षामा सुधार गर्नुपर्ने तपाईंका विचारहरू म जान्न चाहन्छु । समूह छलफल म र मेरो सहायकमार्फत् सञ्चालन गरिनेछ र तपाईंको सहमति अनुसार अभिलेखित गरिनेछ । यसको प्रयोजन समाप्त भएपश्चात् उक्त अभिलेख नष्ट गरिनेछ ।

तपाईंले दिनुभएको सूचना के गरिनेछ ?

सम्पूर्ण तथ्यांकहरू विप्लेषण गरिनेछ र अध्ययनको finding परिच्छेदमा समावेश गरिनेछ । तपाईंको सम्पर्क लगायतका कुराहरू गोप्य राखिनेछ जसले गर्दा तपाईंको विचार भन्ने पहिचान गर्न सकिने छैन । यसबाट तपाईंलाई प्रत्यक्ष वा अप्रत्यक्ष लाभ हुने छैन । तर दिर्घकालिनरूपमा विद्यालय तहको लैंगिक शिक्षामा महत्वपूर्ण योगदान पुऱ्याउन सक्नेछ ।

स्वेच्छिक सहभागीता

यस अध्ययनमा सहभागीता स्वेच्छिकरूपमा हुनेछ । तपाईं कुनै पनि बेला आफ्नो अन्तर्वाता वा समूह छलफलबाट कुनैपनि कारण बिना आफुलाई हटाउन सक्नुहुनेछ । तपाईंले सहभागी हुन सहमत भै सके पश्चात् पनि आफ्नो सहभागीता नजनाउन सक्नुहुनेछ । तपाईंले कुनै पनि सोधपुछ गर्न वा जानकारीको लागि व्यक्तिगतरूपमा मलाई ९८४१४२५४७५ मा सम्पर्क गर्न सक्नुहुनेछ । यदी तपाईं सहमत हुनुहुन्छ भने यस फारमको अन्तिममा रहेको सहमति मा सहि गर्नुहुन अनुरोध गर्दछु ।

सहभागी हुनको लागि सहमती

म सहभागी हुन ईच्छुक छु ।

.....

सहि गर्ने

मिति :

म यकिन गर्दछु की मैले यस अध्ययन बारे पूर्ण जानकारी दिएको छु ।

.....

सहि गर्ने

मिति :