

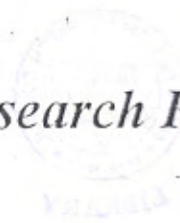
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Joint venture Agreement project  
Undergraduate study.

Approval Sheet

# A Study on Awareness and Attitude of School Teachers of Dharan Towards Teaching Sex-Education in Schools.

## Research Report



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## Approval Sheet



### "A Study on Awareness and Attitude of School Teachers of Dharan Towards Teaching Sex Education in School".

Submitted in partial fulfillment of the 4<sup>th</sup> year course requirement of the B.Sc. Nursing Programme and for the degree of B. Sc. Nursing offered by BPKIHS.

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## ACKNOWLEDGEMENT

This small research project has been completed with the direct guidance unstinted support and valuable suggestions from faculty member and staff of College of Nursing BPKIHS, Dharan in every stage of our research project. Therefore, it is our bounden duty to express at the outset our heartiest gratitude to all the experts who have contributed to the research study.

First of all, we wish to express our sincere gratitude to BPKIHS Authority for providing an opportunity to us to carry out this research study in partial fulfillment of the 4<sup>th</sup> year course requirement of the Bachelors of Science Programme in Nursing.

We find our words are inadequate to express our sense of indebtedness and gratitude to our advisor *Madam Mangala Shrestha* (Department of Nursing) and *Dr. Vijay Garg* (Professor and Head of the Department of Dermatology) for being a constant guiding spirit throughout our study and for their continued encouragement for the research project.

We also take this opportunity to express our sincere gratitude to our *Professor Sharada Bhattacharya* 4<sup>th</sup> year B. Sc Nursing Coordinator (till April 2001), *Professor Shuva das Guta and Mrs. Pushpa Parajuli* (Head of the department Of Nursing) for making necessary arrangements for this research study.

With a sense of honor and pride we place on record our debt of gratitude to *Dr. Indira Singh*, Professor of Nursing Institute of Medicine, Maharajgunj Campus, Kathmandu, for teaching us the concepts of Research, coming all the way to Dharan from Katmandu. Her expert teaching has enabled us in developing the research proposal and then conducting the study to completion we are indeed extremely grateful for her.

Our special thanks go to *Mr. Pramod G.C. and Mr. Ishwari Poudel* from Department of Community Medicine and *Mr. Gopal Khanal*, Legal Advisor of BPKIHS for their useful and valuable suggestions in constructing the research tools.

We would like to pay our heart felt thanks to *Mr. Surya Raj Niraula and Mr. D.D. Baral*, Statistician for helping us in the statistical analysis of the research data and making valuable suggestions in this regard.

We would like to convey our special thanks to all the headmasters and teachers of the school for giving permission and their valuable time to us for carrying out this research study. Without their help and Cooperation, this study wouldn't have been possible.

We wish to extend our deep sense of appreciation to *Mrs. Parista Rai, Mrs. Merina Upadhyay and Mr. Bikash Shrestha* for computer work in spite of their heavy work schedule.

We would like to express our sincere appreciation to all members of the library staff for helping us in searching out the related literature.

Last but not the least, we would like to express our sincere appreciation and graceful thanks to our colleagues who have encouraged and helped us a lot to carryout this study.

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## ABSTRACT:

### Attitude and Awareness of Schoolteachers of Dharan Towards Teaching Sex Education in Schools

A comparative study was conducted to find out the awareness and the attitude of schoolteachers between Government and Private towards teaching sex education in schools. Information was collected from 150 teachers, equal number by randomly selected from Private and Government High Schools of Dharan using semi-structured questionnaires. A majority of the teacher from Government High Schools 74.5%(56) were aware that sex education had already been included and being taught in schools whereas only 42.7%( 32) teachers from Private High Schools were aware about that. And the maximum numbers of teachers from both Government 73.2% and Private High(6 Schools replied that it had been started from Secondary level.

Almost equal percent of Government High School teachers 83.9%(47) and Private High School teachers 84.4% answered that sex education had been combined with other subjects like Health, population and Environment.

While assessing the attitude regarding teaching sex education in school, 93.3%(70) teachers from Government High Schools were in favor of inclusion of sex education in school curriculum in comparison to 86.7%(65) teachers from Private High Schools. Overall 9.3%(14 out of 150) teachers were against the inclusion. 'Lack of resources and dearth of qualified and skillful teachers as well as increased curiosity there by leading towards increased sex practices' as a result of sex education were reported as major reasons for non inclusion of the topic.

The study also showed that 94.3% of the teachers, who were aware that sex education had already been included, had shown a positive attitude towards teaching of sex education in schools. Some of the respondents had felt that topics like Sex Determination, Abortion and its Prevention, Use of Condom, Conception and Pregnancy were unnecessary and to be excluded and topics like Preparation for Better Family Life, Perinatal Care were to be added. About 9.7% teachers expressed that specially trained teacher or Health Professionals could teach sex education. Majority of the teachers from both Private 73.3%(55) and Government 80%(60) were ready to teach sex education if necessary and 56(74.7%) from Government 51<sup>(67%)</sup> from Private High Schools said that they would respond to the questions related to sex asked by their children or juniors.

Above findings showed that awareness about the curriculum on sex education and a positive attitude towards sex education was more in Government High School as compared to those of the Private High School Teachers.

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# CHAPTER-I

## Background

Sex is a natural urge and a part of living. It involves not only the biological aspects of human beings but it is also important for emotional and mental satisfaction; besides, it is essential for continuation of the human race. Sex-being a very sensitive and delicate issue, it should follow a certain set of social code or norm. Unfortunately however, lack of adequate information about sex, sexuality and human risk -behaviour has contributed to the number of consequences ranging form socio-economic repercussions to health hazards like rape, abortions, teenage pregnancies and different kinds of sexually transmitted diseases.<sup>1</sup>

Adolescents and young adults constitute one of the major groups at greatest risk of becoming victims of these problems. Because adolescence is a time of risk taking and ill judged risk taking behaviours in sexual life lead to various sexual hazards. Another fact with the adolescents is that they tend to develop intimate relationships with friends and peers specially of opposite sex which sometimes put them in the risk of sexual experimentation. There are 1.5 billion adolescents worldwide, four out of five are living in developing countries and 7.2 million are in Nepal.<sup>2</sup>

As stated earlier, today's world is facing different kinds of reproductive health problems of adolescents and young adults like rape, abortions, teenage pregnancies, and STD/HIV/AIDS. There are 36.1 million HIV infected people living worldwide, 7,00,000 of which are in Asia and 33,000 are living in Nepal<sup>3</sup>. Half of the total infected people are under 25 years<sup>4</sup>. In Dharan, 76% of drug users of age 14 - 30 years (2453) are HIV positive<sup>5</sup>. Contracting HIV and then developing AIDS while young, means the end of many deeply cherished hopes and ambitions. And an increased diseased young group has a devastating effect on all aspects of development of a nation.

Adolescent abortions are estimated to be between 1 to 4.4 million /year. Globally more than 10% of all births are by women 15 to 19 years. In Kenya, students are dying even before completing their studies and 47% adolescent pregnant schoolgirls had induced abortions<sup>6</sup>. The problem of early marriage (before 18 years) and early pregnancy

(before 20 years) is quite common in Nepal. More than one third (38%) of currently married women in 15- 19 years age group have already given birth once<sup>7</sup>.

So given the vulnerability to young people to sexual hazards, society needs to do more to help children protect themselves and prepare for their sexual life. Even if adolescents are not engaging in risk - behaviour today, they may soon be exposed to a situation that puts them at risk. They need to learn how to handle pressure and take decisions about sexuality earlier in life. Very often they cannot talk easily or at all about AIDS and risk behaviours at times or in their community. However, most of them do attend school at some point of time and school is an entry point where these topics - often difficult to discuss elsewhere, can be addressed through sexuality education<sup>8</sup>. Which helps them acquiring information and forming attitude, beliefs and values about identity relationship and intimacy and also about social norms.

## **Rationale of the Study**

The importance of the reproductive health of adolescents has started to receive increasing recognition particularly in developing countries. In 1994, The International Conference on Population and Development drew attention to these problems and assigned high priority to reproductive health needs of the adolescents. UNESCO, UNICEF, WHO, UNFPA are working on these issues worldwide. Government around the world is building these activities into their school curriculum<sup>9</sup>.

Studies have shown that sex - education program at school delays first sexual intercourse, decreases sexual activities and results in safer sexual practices. A study 'Provision of Sex-education and Early Sexual Experience' found that those respondents (both men and women) for whom school was the main source of information about sexual matters, were less likely to have had intercourse before the age of 16 than those whose source were friends and peers; Infact this study found that with education on sex and sexuality men were less likely and the women no more likely to have had intercourse before the age of 16 years<sup>10</sup>

So Nepal's Plan related to AIDS Prevention and Control has one of the activities to strengthen the school-health education through revision of school curriculum

In spite of this great effort, the school authorities hesitate to include and teach sex-education in schools. The reasons reported are the fear of opposition from parents, already over crowded courses, a sensitive topic and lack of skill to teach<sup>9</sup>. So for the better success of this plan teachers' co-operation is extremely important and attitude of teachers should be assessed to gain their co-operation.

*This study will significantly contribute in following areas*

- a. It explores the existing situation of attitude and opinion of teachers regarding sex-education in school curriculum.
- b. The finding would also be helpful to the curriculum planner while revising curriculum and to those who are in daily contact with students and who know the situation best.

## **Statement of the Problem**

Study on Awareness and Attitude of School Teachers of Dharan towards Teaching Sex-education in school

## **Purpose**

The purpose of our study is to find out the awareness of schoolteachers about sex-education in the school curriculum and to find out their attitude towards teaching sex-education in school.

## **Objectives**

1. Identification of awareness of schoolteachers regarding sex-education existing in school curriculum.
2. Demonstration of the teachers' attitude towards teaching sex-education in school.

3. Comparison of the teachers' attitude and awareness towards teaching sex-education in school between Government teachers and Non-Government schools.

### **Operational definitions**

*Sex education:* systematic way of teaching the students about sex and sexuality according to the level of understanding within the accepted cultural value as a part of school curriculum.

*Attitude:* Attitude in this study denotes beliefs and feelings of schoolteachers towards sex-education, which is exhibited by the teachers' response to the specific question items specially designed for this study purpose.

*School teachers:* All the teachers teaching from Grade I to X in all the high schools of Dharan.

*Awareness:* Teachers' level of knowledge regarding school curriculum related to sex-education age depicted in their response to the specific question items specially designed for this study purpose.

### **Variables**

- Teachers' attitude towards teaching sex-education in school.
- Teachers' awareness about sex-education existing in school.

### **Assumptions**

Demographic variables will affect attitude of schoolteachers towards teaching sex education in school

### **Delimitation**

The following are the delimitation of the study.

.Both the High schools run by Government and Private sector are chosen for this research purpose.

.Both female and male teachers temporary and permanently teaching from Grade 1 to 10 are chosen for this research purpose.

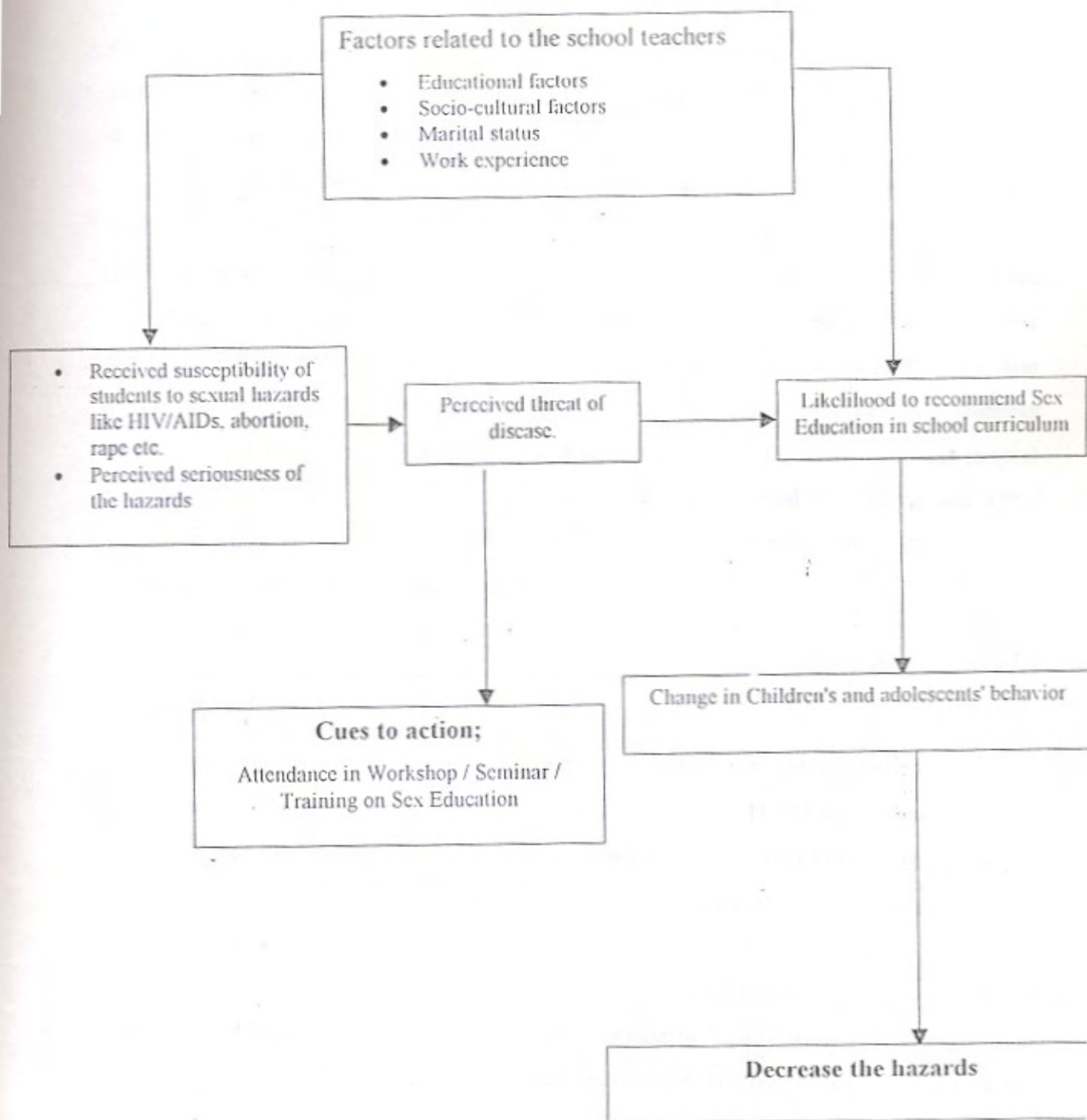
.There are various aspects fall under the opinionaire survey of teachers but only the attitude of them regarding the subject will be included.

## Conceptual Frame Work

Our study is mainly based on 'Health Belief Model by Rosen stock 1966" postulates that "persons generally will not attempt to diagnose or prevent a condition unless they possess minimal levels of relevant health motivation and knowledge, perceive themselves as potentially vulnerable and the condition a threatening are convinced by the efficacy of intervention and see few difficulties in understanding the recommended action. Specifically, the model contains the following elements.

1. The individual's belief that he or she is personally susceptible to illness.
2. The individual's belief that the occurrence of disease would produce at least moderately severe effects on some aspects of his or her life.
3. The individual's belief that the advocated health action would be beneficial by reducing the severity of illness and would not entail overcoming important financial and psychological barriers such as cost pain, inconvenience, embarrassment or a high degree of lifestyle changes.

# Conceptual Model



## CHAPTER - II

### Review of literature

During the course of literature review, many books, articles, journals, med line, news bulletin were searched. Few studies regarding adolescent sexuality, effects of sex education on sexual behaviour and attitude towards sex education in the context of Nepal as well as other countries were found.

Few studies are supporting the fact that adolescents are sexually active even during their schooling. A study in South Africa found that 74.6% schoolgirls were sexually experienced and the use of contraceptives was very low. One third of these schoolgirls became pregnant at least once. Similarly in Peru, 405 night school students (aged 10-24 years) were sexually active, 22% of sexually active women had their first sexual intercourse before the age 15; and this relationships in 24% of these students resulted in pregnancy ending in abortions. The percentage of adolescent students (a total of 91,417) in Uganda who said that they had experienced sexual intercourse was 45%. The problem is also in Jamaica. 59% of females and 75% of males of 15-19 years old reported that they had experienced sexual intercourse<sup>1</sup>.

A study in Nepal also found that the mean age at the first sexual contact of the commercial sex workers (373) was 16 years and almost two third of them had their first sexual contact with their boy friends<sup>12</sup>.

The reason behind this problem of high sexuality among adolescents in these countries was mainly lack of adequate information and knowledge about sex and sexuality. Just one among four Ugandan secondary school students knew correctly, when a woman was most likely to become pregnant during her menstruation cycle<sup>1</sup>. The level of knowledge is further low in Nepal in that, 92.9% of high school girls of Morang do not know the meaning of Reproductive Health. And 84% expressed the need of a Course on Reproductive Health at the high school level<sup>13</sup>. Similarly 73% of teenage mothers had no knowledge about health risk to mother and baby of teenage pregnancy. Majority of the



teen-age mothers expressed the need of imparting Reproductive Health Education to the girls before their menarche.<sup>14</sup>

In fact, education on sexual health should ideally start in primary schools according to WHO, or even before at home<sup>15</sup>. Sex education in school helps the adolescents to gain knowledge towards building a responsible and healthy sex-relationship in their future. Some of the developed countries started giving sex education programmes in schools and also found their efficacy in changing the adolescents' behaviour. A Quasi-experimental study (in California) to evaluate "Cognitive Behavioral Skill Building on STD-HIV Prevention Intervention" on 513 students attending four Urban public high schools found that this intervention was effective at increasing STD knowledge ( $P<0.05$ ) and skill related to prevention of risky behaviour ( $P=<0.05$ ) and drug use ( $P=<0.01$ ) behaviour<sup>16</sup>.

There is existence of wrong information and misconceptions about some of the disease (sexually transmitted) even among teachers and senior secondary school students. In India, a study found that 24.3% senior secondary pupils and 6.3% of trainee teachers thought there was a cure for HIV /AIDS. 27.4% of pupils and 14% of trainee teachers thought that there was a vaccine to prevent HIV. 98.5% pupils and all teachers expressed the necessity of formal education in school<sup>17</sup>. Even in a developed country like USA, only one among four high school teachers perceived themselves as very competent in teaching about homosexuality. This problem was also found with the students. One among five teachers claimed students in their classes often used abusive languages when describing homosexuals<sup>18</sup>.

However, the parents in USA say they want their children to receive education on sexuality in schools. One poll found that 89% of American adults support sexuality education in schools. A majority of Americans want sex education to begin by VI<sup>th</sup> grade with 95% saying the students should learn biology of sex and pregnancy and STDs. Another study finds that 65% of Americans think sexuality education is very effective in helping people avoid AIDS<sup>19</sup>.

Students of IX<sup>th</sup> to XII<sup>th</sup> grade at public school in Minneapolis advocated starting sexuality education in early elementary schools and believed teachers should be specially trained in this area<sup>20</sup>.

In developing countries like India, Indian teachers by and large find the topic embarrassing and avoid it. As a result of the general reticence of adults to address these issues. The main source of information remains the media<sup>21</sup>. A study on "Attitude of Mothers Towards Sex-Education to Adolescent Girls" in India stated that, the mothers were uncomfortable about imparting sex-education to their adolescent daughters. They felt that doctors, health personnel and teachers could impart sex-education; and it should be imparted to girls only after attaining menarche. The physiology of menstruation, conception and maintaining good interpersonal relationship with family members, especially with the husband should be taught to the adolescent girls as perceived by the mother<sup>22</sup>. Among college teachers in India, Mumbai found a different attitude; only 12% of them felt there was no need of sex education for the adolescent group<sup>23</sup>. In another cross sectional study on perception of teachers regarding sex education in National Capital territory of Delhi by Bhasin SK and Aggarwal OP, majority of secondary school teachers 73%(of 476) belonging to both Public schools were in favor of imparting sex education to school children. Regarding content of sex education, 90% agreed to the inclusion of reproductive anatomy, physiology including menstruation and birth control measures likes condoms and oral pills. However a majority of schoolteachers did not want sex education to include topics like abortion, premarital sex and masturbation etc 28.6% of schoolteachers felt that fourteen years of age was most appropriate for imparting sex education. Schoolteachers and doctors were considered by 69.4% and 63.6% of the respondents respectively to be the most appropriate persons for providing sex education.<sup>24</sup>

In Nepal, a survey of schoolteachers regarding inclusion of 'Sex Education and Reproductive Health in Secondary School Curriculum' found that most of the high school teachers had positive attitude to give sex education in schools. However, a small percentage expressed a fear of increasing of irresponsible sexual activities<sup>25</sup>.

teachers who were not in our study sample were asked to fill in questionnaire. Then after the result of this pretested instrument was revised with the help of experts.

### **Ethical Consideration**

Ethical consideration was maintained by keeping the name of the subject anonymous. Information collected were kept confidential and by using these only for research purpose. The teachers signed the informed consent before administering the questionnaire.

### **Procedure for data collection**

Before data collection, request letter were sent to the principals of each of the ten schools by concerned authority of the Department of Nursing, BPKIHS for obtaining the permission for data collection in the respective schools. Data were collected within two weeks. All the subjects from one school who were present at a time were given the questionnaire in front of us. After a brief introduction of the purpose of the study and signing in the informed consent form, the questionnaire was administered to the selected subjects in each school. The filled questionnaires were collected after one hour.

During the process, discussion among the subjects was not allowed. Data from five schools were collected in one week. Except Friday and Saturday, data collection was done from 10:30AM to 3:30 PM. Thus the data collection was completed with in two weeks.

### **Plan for data analysis**

The collected data were analyzed and put in frequency percentage and table form. The results were presented in different diagrams; like: Pie chart, Bar diagram, Histogram.

## CHAPTER -III

### Methodology

*Research Design:* The study was comparative study, where the awareness and the attitude of the schoolteachers of private and government high schools towards teaching sex-education in schools were surveyed.

*Sampling:* The sample was taken from the schoolteachers of both Private and Government high schools of Dharan. The population was all the school teachers (both male and female) of selected Private and Government high schools, teaching permanently and temporarily from grade I to X.

There were a total of 22 Private and Government schools in Dharan. The average number of schoolteachers in each school was 20 making the teachers' population 440 approximately.

*Sampling Technique:* Simple random sampling technique was used for selection of schools as well as the subjects. Names of the schools were listed and 5 Private high schools and 5 Government high schools were picked up separately by lottery. Similarly, all the schoolteachers of the selected schools were listed and 15 teachers from each school were picked up again by lottery method.

*Research instrument:* A 21 item Semi-structured questionnaire was developed with 1 question items on demographic data, and 17 questions on awareness and attitude of schoolteachers towards teaching sex- education in school.

*Content validity* of the instrument was established by taking the opinion of the experts in the area. The designed instrument in English was first given to three experts in the area before converting it into Nepali. Again the translated instrument in Nepali was given to three other experts to retranslate it into English. Then the Nepali and the English versions of the instrument were checked by these experts to determine whether the meanings were matching or not.

*Reliability* of the instrument was established by pretest, which was done on population, with the same characteristic before starting the data collection. For this, ten

# CHAPTER – IV

## DATA ANALYSIS AND INTERPRETATION

### RESULT

A total number of 150 teachers from both Private and Government High school were interviewed through Questionnaire.

**Table No-1**

Age distribution of school teachers in years

N=150

	Government		Private		Total	
	No	%	No	%	No	%
20-25Yrs	6	8	25	33.3	31	20.67
25-30Yrs	14	18.7	32	42.7	46	30.67
30-35Yrs	17	22.7	10	13.3	27	18
>35Yrs	38	50.7	8	10.7	46	30.6
<b>Total</b>	<b>75</b>	<b>100</b>	<b>75</b>	<b>100</b>	<b>150</b>	<b>100</b>

The highest number of Government teachers 50.7%(38) were above the age of 35 years, where as that of Private teachers 42.7%(32) were between the age of 25-30 years and 33.33%(25) in the age of 20-25 years in Government and Private High school respectively. The least number 8%(6) of Government teachers were between 20-25 years as against that of Private teachers 10.7%(8) was >35 years

**Table No-2**

Sex distribution of schoolteachers

N=150

	Government		Private		Total	
	No	%	No	%	No	%
Male	53	70.7	53	70.7	106	70.7
Female	22	29.3	22	29.3	44	29.3
<b>Total</b>	<b>75</b>	<b>100</b>	<b>75</b>	<b>100</b>	<b>150</b>	<b>100</b>

The number of male teachers both private and government High school were equal. There were 70.7%(53) male and 29.3%(22) female teachers in both the school.

**Table No -3**

Distribution of schoolteachers in relation to Religion

N=150

	Government		Private		Total	
	No	%	No	%	No	%
Hindu	70	93.3	56	74.7	126	84
Buddhist	3	4	8	10.7	11	7.3
Christian	1	1.3	2	2.7	3	2
Others	1	1.3	9	12	10	6.7
<b>Total</b>	<b>75</b>	<b>100</b>	<b>75</b>	<b>100</b>	<b>150</b>	<b>100</b>

The maximum number 93.3%(70) of Government teachers were Hindu followed by 4%(3) Buddhists. Only one teacher (1.33%) was Christian  
In case of Private schools 74.7%(56) teachers were Hindus, 12.0%(9) were Kirats, 10.7%(8) were Buddhists and only two (2) were Christians.

**Table No-4**

Distribution of schoolteachers in relation to marital status

N=150

	Government		Private		Total	
	No	%	No	%	No	%
Married	62	82.7	33	44	95	63.3
Unmarried	11	14.7	40	53.3	51	34
Widow	1	1.3	2	2.7	3	2
Divorced	1	1.3	0	0	1	0.7
Total	75	100	75	100	150	100

The highest number 82.7%(62) of Government teachers were married where as the number of married private school teachers were only 44%(33). The maximum number 53.3%(40) of private teachers were unmarried

Out of 64(including divorces and widow) government teachers, 85%(54) were having children. On the other hand, out of 35 married (including divorces and widow) Private teachers, 62.9%(22) were having children.

**Table No-5**

Educational Status of schoolteachers

N=150

	Government		Private		Total	
	No	%	No	%	No	%
SLC	8	10.7	5	6.8	13	8.7
Certificate	16	21.3	26	35.1	42	28.2
Bachelor	44	58.8	30	40	74	49.3
Master Degree	7	9.3	14	18.9	21	14.1
Total	75	100	75	100	150	100

The maximum number 58.8%(44) of Government teachers had completed Bachelors level education followed by 21.3%(16) who had completed certificate level education; the least number 9.3%(7) had post graduate education.

Almost equal number of Private teachers 40%(30) and 36%(27) had completed their Bachelors and Certificate level education respectively. The least number of teachers 6.8%(5) had only SLC level education.

**Table No-6**

Status of teachers in relation to teachers training

N=150

	Government		Private		Total	
	No	%	No	%	No	%
Trained	32	42.7	17	22.7	49	32.7
Not trained	43	57.3	58	77.3	101	67.3
<b>Total</b>	<b>75</b>	<b>100</b>	<b>75</b>	<b>100</b>	<b>150</b>	<b>100</b>

There were 42.67%(32) Government teachers who had had teachers training and 25 out of them had B.Ed degree where as only 22.67%(17) Private teachers had teachers training program, out of which 12 had completed B.Ed.

**Table No-7**

Teaching experience of school teachers

N=150

	Government		Private		Total	
	No	%	No	%	No	%
0 - 5 yrs	15	20	38	50.7	53	35.3
5 - 10 yrs	14	18.7	20	26.7	34	22.7
10 - 15 yrs	11	14.6	15	20	26	17.3
Above 15 yrs	35	46.7	2	2.6	37	24.7
<b>Total</b>	<b>75</b>	<b>100</b>	<b>75</b>	<b>100</b>	<b>150</b>	<b>100</b>

There were 46.7%(35) teachers with experience above 15 years in Government high schools where as in Private High schools, the maximum number 50.7%(38) teachers had 0-5years experiences and least number 2.7%(2) had above 15years experience.

**Table No-8**

Distribution of schoolteachers in relation to the level of teaching

N=150

	Government		Private		Total	
	No	%	No	%	No	%
Primary Level	11	14.7	26	35.6	37	24.7
Lower Secondary Level	21	28	17	22.7	38	25.3
Secondary Level	43	57.3	32	42.7	75	50
<b>Total</b>	<b>75</b>	<b>100</b>	<b>75</b>	<b>100</b>	<b>150</b>	<b>100</b>

Out of 75 Government teachers, 57.3%(43) were teaching secondary level students, which was followed by 28%(21) teaching lower secondary and 14.7%(11) were teaching primary level students.

Similarly, out of 75 Private teachers, 42.7%(32) were teaching secondary level, 34.7%(26) were teaching primary level and the least number 2.7%(20) were teaching lower secondary level students.

**Table No-9**

Distribution of schoolteachers in relation to teaching subjects

N=150

	Government		Private		Total	
	No	%	No	%	No	%
Health related	28	37.33	26	34.67	54	36
Other subjects	47	62.67	49	65.33	96	64
<b>Total</b>	<b>75</b>	<b>100</b>	<b>75</b>	<b>100</b>	<b>150</b>	<b>100</b>

Above table shows that 62.67%(47) of Government teachers and 65.33%(49) of Private teachers were teaching other subjects than health.

**Table No-10**

Attendance in workshop/Training/Seminar

N=150

	Government		Private		Total	
	No	%	No	%	No	%
Attended	19	25.3	14	18.7	33	22
Not attended	56	74.7	61	81.3	117	78
<b>Total</b>	<b>75</b>	<b>100</b>	<b>75</b>	<b>100</b>	<b>150</b>	<b>100</b>

There were 25.3%(19) and 18.67%(14) teachers of Government and Private high schools who had attended workshop/training/seminar on sex education respectively. This was of less than one week of duration.

**Table No-11**

Awareness of schoolteachers regarding sex education in school curriculum

N=150

	Government		Private		Total	
	No	%	No	%	No	%
Aware	56	74.5	32	42.7	88	58.67
Not aware	14	18.7	33	44	47	31.33
Do not know	5	6.7	10	13.3	15	10
<b>Total</b>	<b>75</b>	<b>100</b>	<b>75</b>	<b>100</b>	<b>150</b>	<b>100</b>

The maximum number 74.5%(56) of Government teachers said that Sex education had already been included in their schools where as only 42.7%(32) of Private school teachers said so. The least number 6.7%(5) of Government and 13.33%(10) of Private teachers did not know that whether sex education had already been included or not.



**Table No-12**

Attitude of schoolteachers towards teaching sex education in school curriculum N=150

	Government		Private		Total	
	No	%	No	%	No	%
Positive	70	93.3	65	86.7	135	90
Negative	5	6.7	9	12	14	9.3
Do not know	0	0	1	1.33	1	0.7
<b>Total</b>	75	100	75	100	150	100

The above table shows that Government high school teachers 93.33%(70) give more importance to the inclusion of sex education in school curriculum as compared to the Private High school teachers 86.7%(65).

Likewise, the teachers who answered that they did not want to include sex education in the school curriculum were more in the private high school 12%(9) in comparison to Government high school 6.7%(5).

Chi-square shows that there is no significant difference in the opinion of the teachers between Government and Private high schools.

The reasons forwarded by the respondents who were against the inclusion of sex education in schools were:

*Lack of resources and teachers are not qualified and skillful enough to teach 28.28%.*

*Sex education increases the curiosity about sexual practices 28.6%.*

*Sex education encourages free sex life against religion and custom 14.3%.*

*Sex education increases sexual hazards 7.14%.*

*School students will take only negative aspects of sex education rather than positive aspects 28.6%.*

*Sex education promotes sexual experimentation in adolescents 21.4%.*

*School students are too immature to understand about the sexual matters so sex education is suitable for campus students 14.3%.*

Table No-12a

Attitude towards sex education in school versus Age, Sex, Marital Status and Education

		Agreed		Not Agreed		Do not know		Total	
		No	%	No	%	No	%	No	%
AGE	20-25	26	19.3	4	28.6	1	100	31	27.7
	25-30	40	29.6	6	42.9	0	0	46	30.6
	30-35	27	20	0	0	0	0	27	18
	>35	42	31.1	4	28.6	0	0	46	30.7
SEX	Male	98	72.6	8	57.1	0	0	106	70.7
	Female	37	27.4	6	42.9	1	100	44	29.3
RELIGION	Hindu	111	82.2	14	100	1	100	126	84
	Buddhist	11	8.14	0	0	0	0	11	7.2
	Christian	3	2.2	0	0	0	0	3	2.1
	Kirat	10	7.4	0	0	0	0	10	6.7
MARITAL STATUS	Married	86	63.7	9	64.3	0	0	95	63.3
	Unmarried	46	34.1	4	28.6	1	100	51	34
	Widowed	2	1.5	1	7.1	0	0	3	2
	Divorced	1	0.7	0	0	0	0	1	0.7
EDUCATION	S.L.C	11	8.2	2	14.29	0	0	13	8.67
	Certificate	37	27.4	5	35.71	0	0	42	28
	Bachelor	68	50.3	5	35.71	0	0	74	49.33
	Masters	19	14.1	2	14.29	1	100	21	14

All the 14 respondents who were against inclusion of sex education in school curriculum were Hindus, 57.14%(8) of them were male; 64.3% (9) of these 14 respondents were married. Among these 14 teachers 71.43%(10) had not undergone any teachers training courses and were teaching subjects other than Health. Equal percent of teachers 35.7%(5) of these 14 had completed Certificate level and Bachelors level education.

Out of 88 teachers who answered that Sex education had already been included in school curriculum, 94.3%(83) had shown positive attitude towards inclusion of Sex education in school curriculum. On the other hand, relatively low percent 80.85% of teachers, who responded that Sex education had not been included in school curriculum, gave opinion that there was need of inclusion of Sex education. And only 17% felt that there was no need for the same.

**Table no-12b**

Attitude of schoolteachers towards sex education versus teachers' training, level of teaching and teaching subject

		Yes		No		Do not know	
		No	%	No	%	No	%
Teachers' training	Trained	45	33.33	4	28.57	0	0
	Not Trained	90	66.67	10	71.14	1	100
Level of teaching	Primary	30	22.2	7	50	0	0
	Lower secondary	35	25.9	3	21.4	0	0
	Secondary	70	51.9	4	28.6	1	100
Teaching subject	Health related	50	37.03	4	28.57	0	0
	Others	85	62.97	10	71.43	1	100

**Table no-12c**

Awareness of schoolteachers towards sex education Versus Attitude

	Should be included		Not to be included		Do not know		Total	
	No	%	No	%	No	%	No	%
Aware	83	94.32	5	5.68	0	0	88	100
Not aware	38	80.85	8	17.02	1	2.13	47	100
Do not know	14	93.33	1	6.67	0	0	15	100

**Table No-13**

Awareness of schoolteachers towards Continuing Sex education in school

N=150

	Government		Private		Total	
	No	%	No	%	No	%
Yes	56	74.7	32	42.7	88	58.7
No	19	25.3	43	57.3	62	41.3
Total	75	100	75	100	150	100

The highest number of Government school teachers 74.7%(56) answered that teaching of Sex education had already been started in their schools in comparison to 42.7%(32) Private school teachers.

**Table No-14**

Awareness of schoolteachers towards level of teaching sex education in school N=88

	Government		Private		Total	
	No	%	No	%	No	%
Primary level	1	1.8	1	3.13	2	2.3
Lower secondary level	14	25	10	31.25	24	27.3
Secondary level	41	73.2	21	65.62	62	70.5
<b>Total</b>	<b>56</b>	<b>100</b>	<b>32</b>	<b>100</b>	<b>88</b>	<b>100</b>

Out of 56 teachers from Government high schools, 73.2%(41) answered that sex education had been started from Secondary level which is followed by 25%(14) in Lower Secondary level; where as in Private High schools, 65.6%(21) responded that Sex education had been included in secondary level, followed by 31.25%(10) in Lower Secondary level

**Table No-15a**

Teachers' Agreement with present organization of sex education in school curriculum

N=88

	Government		Private		Total	
	No	%	No	%	No	%
Agree	44	78.6	23	71.9	67	76.14
Disagree	12	21.4	9	28.1	21	23.86
<b>Total</b>	<b>56</b>	<b>100</b>	<b>32</b>	<b>100</b>	<b>88</b>	<b>100</b>

Out of 56 teachers from Government High Schools 78.6%(44) were agreed with present organization where as 21.4%(12) were disagreed. In Private High Schools, out of 32 teachers, 71.9%(23) were agreed and 28.1%(9) were disagreed.

**Table No-15b**

Opinion of teachers regarding appropriate level for teaching Sex education in school

N=21

	Government		Private		Total	
	No	%	No	%	No	%
Primary level	1	8.3	3	33.3	4	19.1
Lower secondary level	8	66.7	2	22.2	10	47.6
Secondary level	3	25	4	44.5	7	33.3
<b>Total</b>	<b>12</b>	<b>100</b>	<b>9</b>	<b>100</b>	<b>21</b>	<b>100</b>

For including Sex education, 19.04%(4) respondents both from Private and Government Schools answer that it should be started at primary level where as 47.6%(10) say at the lower secondary level and 33.3%(7) say at the secondary level.

**Table No-16**

Inclusion of Sex education as separate subject or a subject combined with others subject

N=88

	Government		Private		Total	
	No	%	No	%	No	%
Separate	9	16.1	5	15.6	14	47.67
Combined	47	83.9	27	84.4	74	33.33
<b>Total</b>	<b>56</b>	<b>100</b>	<b>32</b>	<b>100</b>	<b>88</b>	<b>100</b>

Almost equal percent of Government high school teachers 83.9%(47) and private High school teachers 84.4%(27) answered that Sex education had been combined with other subject.

Only one respondent 1.35% said that Sex education was combined with Physical Education in Primary level. Maximum number of teachers 22.97%(17) said that it was combined with Science followed by 18.92%(14) with Health in Lower Secondary level. The majority of the teachers 60.81%(45) answered that it was combined with Population and Environment followed by 40.54%(30) where it was combined with Health in Secondary level.

**Table No -17**

Topics included in Sex education content in schools

N=88

	Government		Private		Total	
	No	%	No	%	No	%
Male reproductive system	39	69.64	24	74	63	71.59
Female reproductive system	40	71.42	24	74	64	72.73
Physical and mental changes in adolescents	34	60.71	22	68.75	56	63.64
Menstruation and Menstrual Hygiene	34	60.71	19	59.37	53	60.23
Sex determination	29	51.78	13	40.62	42	47.73
Conception and Pregnancy	20	35.71	13	40.62	33	37.5
Importance of Sex education	15	26.78	11	34.37	26	29.54
Abortion and its prevention	15	26.78	11	34.37	26	29.54
STD/AIDS	15	26.78	11	34.37	26	29.54
Use of condom	15	26.78	11	34.37	26	29.54

Almost Equal percent of teachers (both from Private and Government) 71.59% answered that Male Reproductive System and Female Reproductive System were included in Sex education syllabus where as a relatively smaller percent of teachers 63.69% and 60.23 % answered that Physical Changes during Puberty and Menstruation and Menstrual Hygiene were also included in Sex education syllabus. Least number of teachers i.e.29.54% said that topics like Importance of Sex education, Abortion and its Prevention, STD/AIDS and Use of Condoms were also included.

**Table No-18**

Topics to be excluded from the teaching contents of sex education

N=88 (multiple response)

	Government		Private		Total	
	No	%	No	%	No	%
No any topic	42	72.41	28	87.5	70	77.8
Abortion and its prevention	5	8.62	1	1.72	6	6.7
Sex determination	6	10.34	3	5.17	9	10
Use of condoms	3	5.17	0	0	3	3.3
Conception and pregnancy	2	3.45	0	0	2	2.2
<b>Total</b>	<b>58</b>	<b>100</b>	<b>32</b>	<b>100</b>	<b>90</b>	<b>100</b>

Out of 90 responses (multiple responses), 77.8%(70) answered that there was no need to exclude any of the topics listed in QN18, 10%(9) felt that Sex Determination was the topic to be excluded, similarly 6.7%(6) stated that the topic on Abortion and Its Prevention was unnecessary. Some of the teachers also gave the opinion that topics like Use of Condom and Conception and Pregnancy should be taken out.

**Table No-19**

Topic to be added to the teaching content of sex education

N=88 (multiple response)

	Government		Private		Total	
	No	%	No	%	No	%
Adequate	43	75.43	19	55.88	62	67.4
Family planning methods	1	1.75	5	14.71	6	6.5
Sexual psychology	1	1.75	0	0	1	1.1
Perinatal care	4	7.02	3	8.82	7	7.6
Safe sex and sexual hazards	1	1.75	4	11.76	5	5.4
Early marriage and its prevention	4	7.02	1	2.94	5	5.4
Preparation for better family life	2	3.51	2	5.88	4	4.3
Practical classes	1	1.75	1	2.94	2	2.21
<b>Total</b>	<b>57</b>	<b>100</b>	<b>34</b>	<b>100</b>	<b>92</b>	<b>100</b>

67.4%(62) responses find that topics mentioned in QN18 are adequate which is followed by 7.6%(7) responses that perinatal care should be added. Some teachers also opined that topics like Safe Sex and Sexual Hazards, Family Planning Methods, Early Marriage and Its Prevention, Preparation for Better Family Life and some Practical Classes for Sex Education to be added.

Table No-20

Teachers' opinion in relation to gender of students receiving sex education N=136

	Government		Private		Total	
	No.	%	No.	%	No.	%
Female	0	0	1	1.52	1	0.74
Male	0	0	0	0	0	0
Both	70	100	65	98.48	135	99.26
Total	70	100	66	100	136	100

Approximately equal number of teachers from Government High schools 100%(70) and private High schools 98.5%(65) concluded that Sex education should be given to both male and female students where as only one respondent from private High school answered that Sex education should be given only to female students.

Table No-21

Suitable teacher for teaching Sex N=136

	Government		Private		Total	
	No.	%	No.	%	No.	%
Science	8	11.4	10	15.2	18	13.2
Physical education	39	57.7	47	71.2	86	63.2
Any teacher	12	17.2	7	10.6	19	14
Other	11	15.7	2	3	13	9.6
Total	70	100	66	100	136	100

Teachers from Government High schools 57.7%(39) and Private high schools 71.2%(47) answered that teachers who were teaching Physical Education and Health were suitable for teaching Sex Education in schools. Similarly, 17.14%(12) teachers from Government and 10.6%(7) from Private High schools offered their opinion that any teacher could teach sex education.

Overall 9.7%(13) teachers said that specially trained teachers or health professionals were suitable for teaching the subject.

Table No-22

Readiness of teachers to teach Sex education N=150

	Government		Private		Total	
	No.	%	No.	%	No.	%
Ready	60	80	55	73.3	115	76.7
Not Ready	7	9.3	17	22.7	24	16
Do not know	8	10.7	3	4	11	7.33
Total	75	100	75	100	150	100

The majority of the teachers from both Government 80%(60) and Private 73.3%(55) High schools were ready to teach Sex education if necessary. Where as only 9.3%(7) from Government and 22.7%(17) from Private High schools expressed hesitation to teach the subject.

**Table No-23**

Teachers' opinion regarding need of Parents' opinion for the inclusion of sex education

N=150

	Government		Private		Total	
	No	%	No	%	No	%
Needed	30	40	31	41.33	61	40.67
Not needed	38	50.67	36	48	74	49.33
Do not know	7	9.33	8	10.67	15	10
<b>Total</b>	<b>75</b>	<b>100</b>	<b>75</b>	<b>100</b>	<b>150</b>	<b>100</b>

Almost equal percent of Government teachers 50.7%(50) and Private school teachers 48%(36) have expressed that there is a need for considering parents opinion before inclusion of sex education in school curriculum.

Over all, out of 150 teachers, 40.7%(61) teachers are in favor of taking parents opinion. The major reasons expressed openly by them are:

*Parents may be against and they may oppose -31.15%(19)*

*To reduce misconception and superstition of parents about sex education 19.67%(12)*

*To get advice and co-operation from experienced parents and to control their children more effectively-11.48%(7)*

Apart from these, some of the teachers have forwarded the reasons like, *Parents have close relationship with their children to understand their needs, to consider social norms and values while providing sex education; parents are the first teachers for the children.*

**Table No-24**

Teachers' opinion regarding need of students' opinion for the inclusion of sex education

N=150

	Government		Private		Total	
	No	%	No	%	No	%
Needed	7	9.33	14	18.67	21	14
Not needed	62	82.67	51	68	113	75.33
Do not know	6	8	10	13.33	16	10.67
<b>Total</b>	<b>75</b>	<b>100</b>	<b>75</b>	<b>100</b>	<b>150</b>	<b>100</b>

The majority of teachers both from Government 82.67%(62) and Private 68%(51) High schools were against taking students opinion before including Sex education in school curriculum. Relatively more number 18.67%(14) of Private High school teachers felt there was a need for taking student opinion than Government high school teachers 4.67%(7).

*The major reasons behind the support as reported openly by the subject are;*

*Curriculum will be more effective if students' level of understanding and their interest are considered-57.14%(12)*

*To avoid opposition from students -19.05%(4)*

*The students have a right to know and they are the ones to be taught-11.05%(2)*

*To determine /ascertain the students attitude towards Sex education.*



**Table no-25**

Opinion of teachers on display Sex education materials on school bulletin board N=150

	Government		Private		Total	
	No	%	No	%	No	%
Agree	38	50.67	26	34.67	64	42.67
Not agree	28	37.33	34	45.33	62	41.33
Do not know	9	12	15	20	24	16
<b>Total</b>	75	100	75	100	150	100

Comparing Private schools teachers' opinion regarding displaying Sex education material in school Bulletin Board with Government schoolteachers, it was found that 50.67%(38) Government schoolteachers and 34.67%(26) Private teachers agreed to display these materials. Majority of Private school teachers 45.33%(34) were against display of materials and 20%(15) said they did not about the matter.

Over all, out of 150 teachers, 64 agreed to display and 62 were against it. The major reasons forwarded by the respondents were against displaying the materials are;

*Further increase of sexual experimentation among students and increase of sexual hazards – 30.65%(19)*

*Increase embarrassment for both students and teachers –19.35%(12)*

*It is not needed for all level of students –4.84%(3)*

*And it will spoil the school environment –4.84%(3)*

*Students are too immature to understand about sexual matters –45.16%(28)*

**Table no -26**

Teachers' response to the Questions regarding Sex asked by their junior family members

N=150

	Government		Private		Total	
	No	%	No	%	No	%
Answer at ease	56	74.67	51	68	107	71.33
Pretend not to hear	5	6.67	11	14.67	16	10.67
Change the topic	14	18.66	13	17.33	27	18
<b>Total</b>	75	100	75	100	150	100

The above table shows that majority of teachers from both Private 68%(51) and Government High Schools 74.66%(56) said that they would easily respond to the questions about Sex asked by their children or juniors. But some of them, 18.7%(14) from Government and 17.3%(13) from Private schools also said that they would change the topic.

**Table No-27**

Teachers' opinion concerning beneficiaries of Sex education

N=136

	Person		Family		Society	
	No	%	No	%	No	%
Government	64	47.06	57	41.91	65	47.79
Private	50	36.76	47	34.56	62	45.59
Total	114	83.12	104	76.47	127	93.38
No response	22	16.18	32	23.53	9	6.62

With regards to the beneficial effect of Sex education, 47.06%, 47.79% and 41.9% of Government teachers stated that this would accrue benefit to persons and society and family respectively.

In case of Private school teachers, 45.59%, 36.76% and 34.56% stated that this would be beneficial for society, person and family respectively.

Taking both Government and Private schoolteachers, it is observed that 93.38% feel that its benefit would accrue to the society.

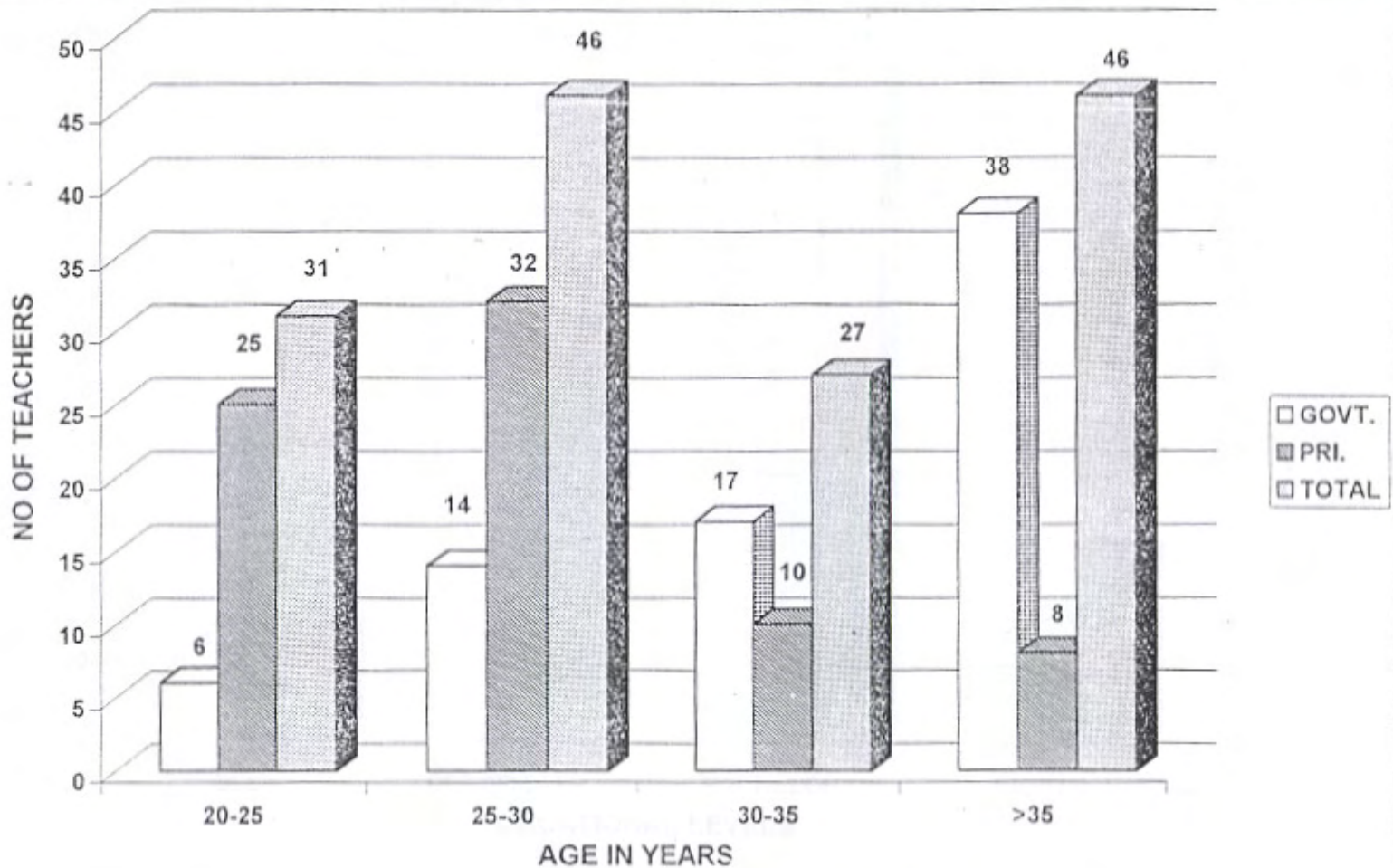


FIG. 1: DISTRIBUTION OF AGE BY TYPES OF SCHOOL

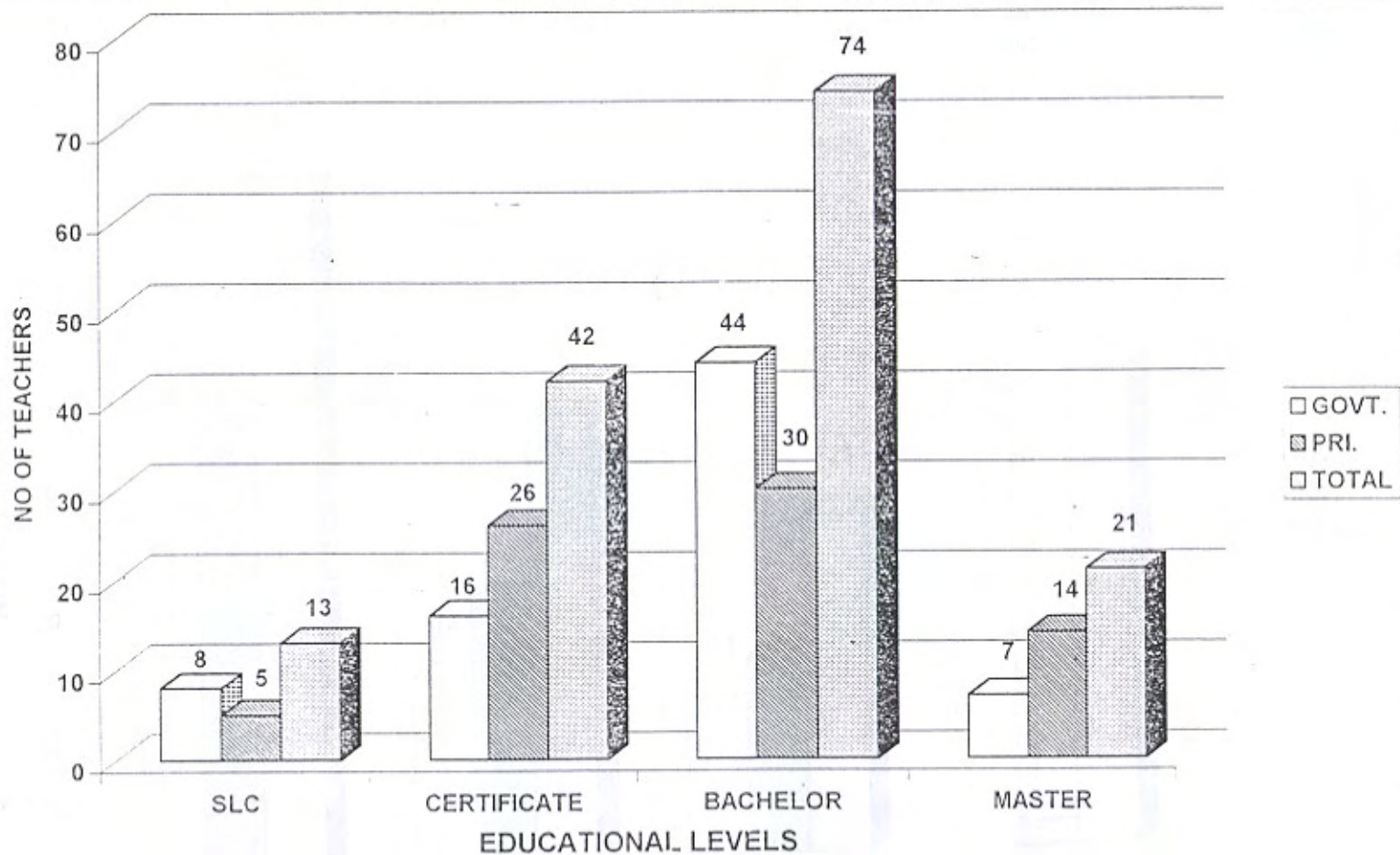


FIG. 2: EDUCATIONAL STATUS OF TEACHERS BY TYPES OF SCHOOL

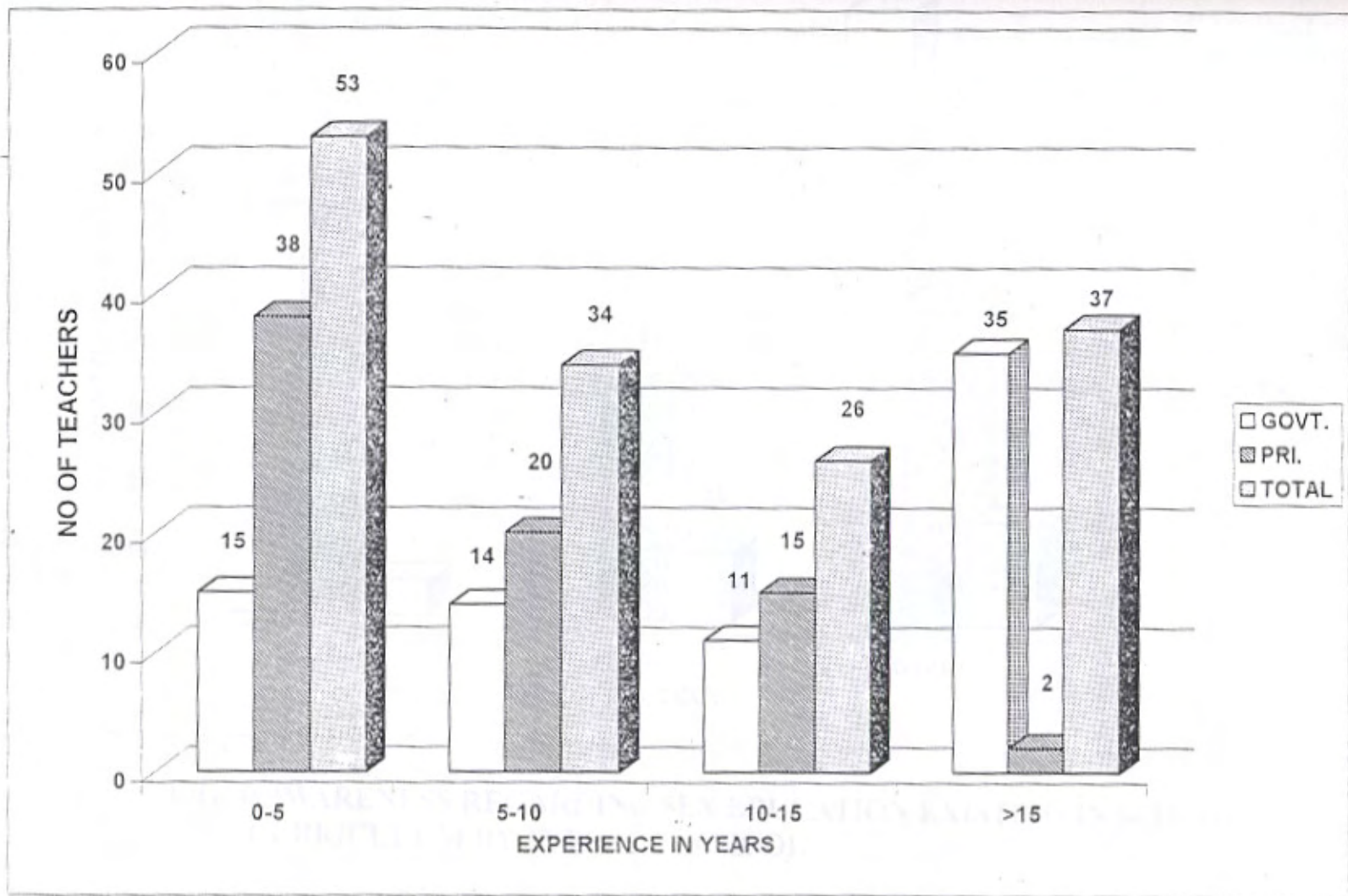


FIG. 3: TEACHING EXPERIENCE OF TEACHERS BY TYPES OF SCHOOL

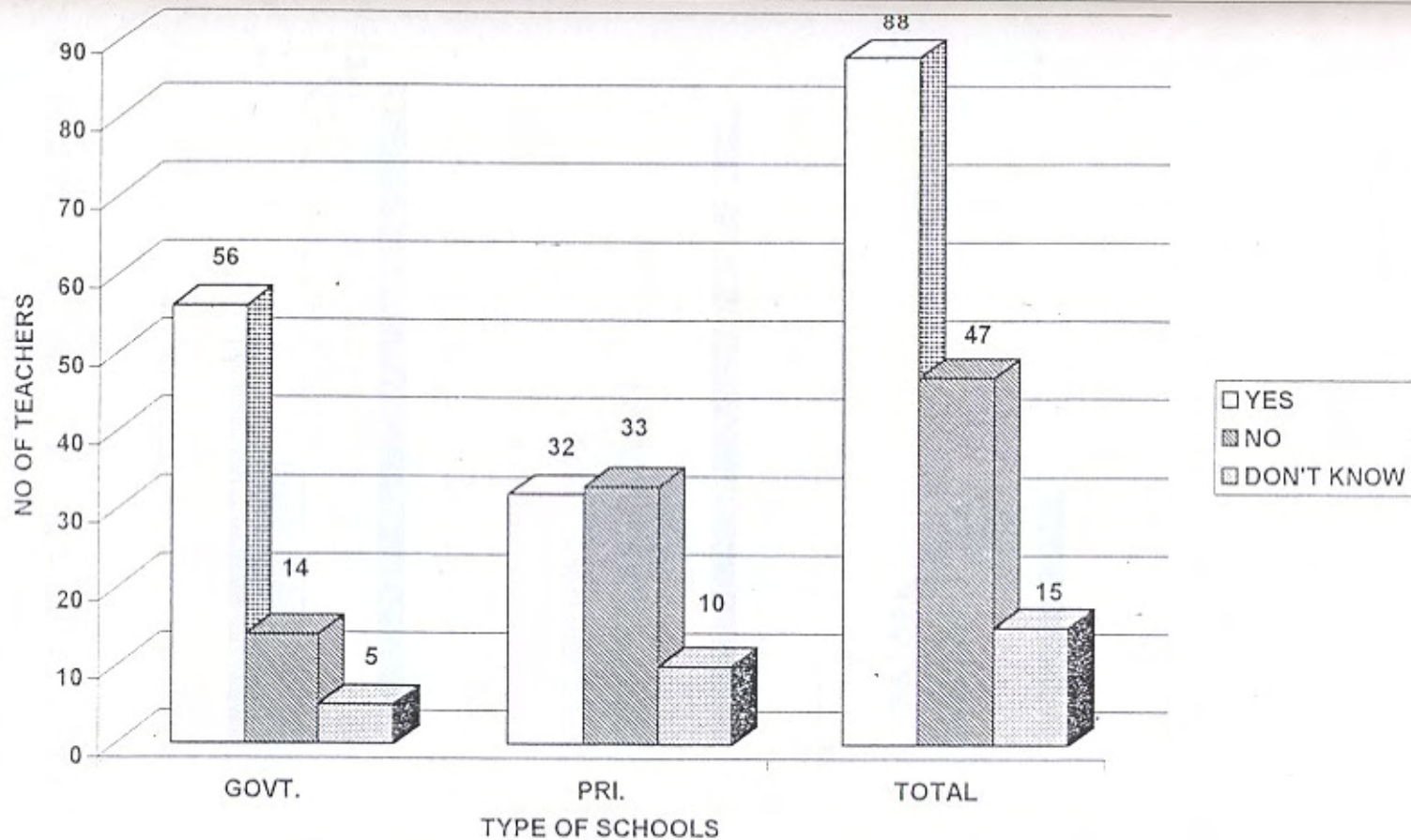


FIG. 4: AWARENESS REGARDING SEX EDUCATION EXISTING IN SCHOOL CURRICULUM BY TYPES OF SCHOOL

NO. OF TEACHERS

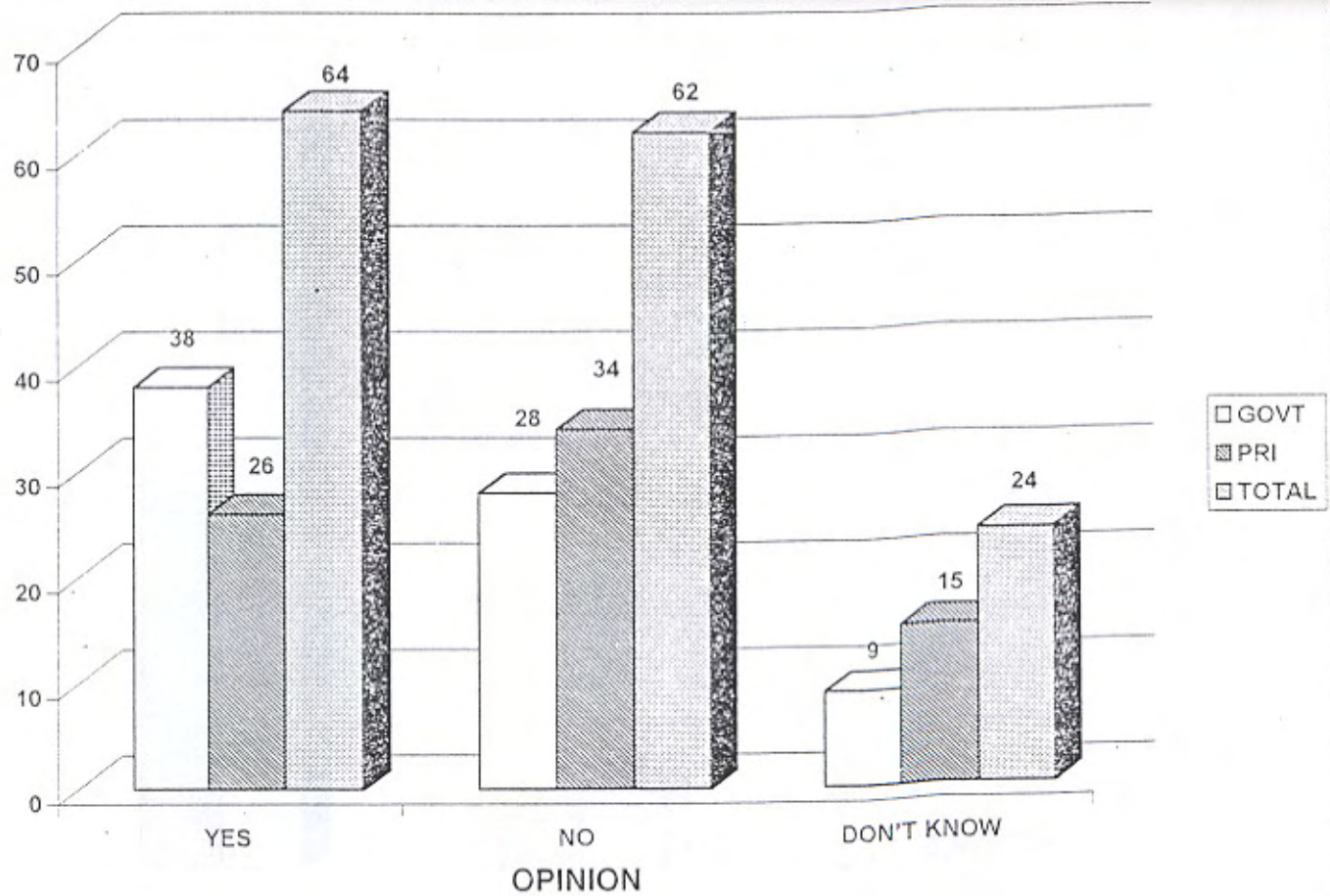
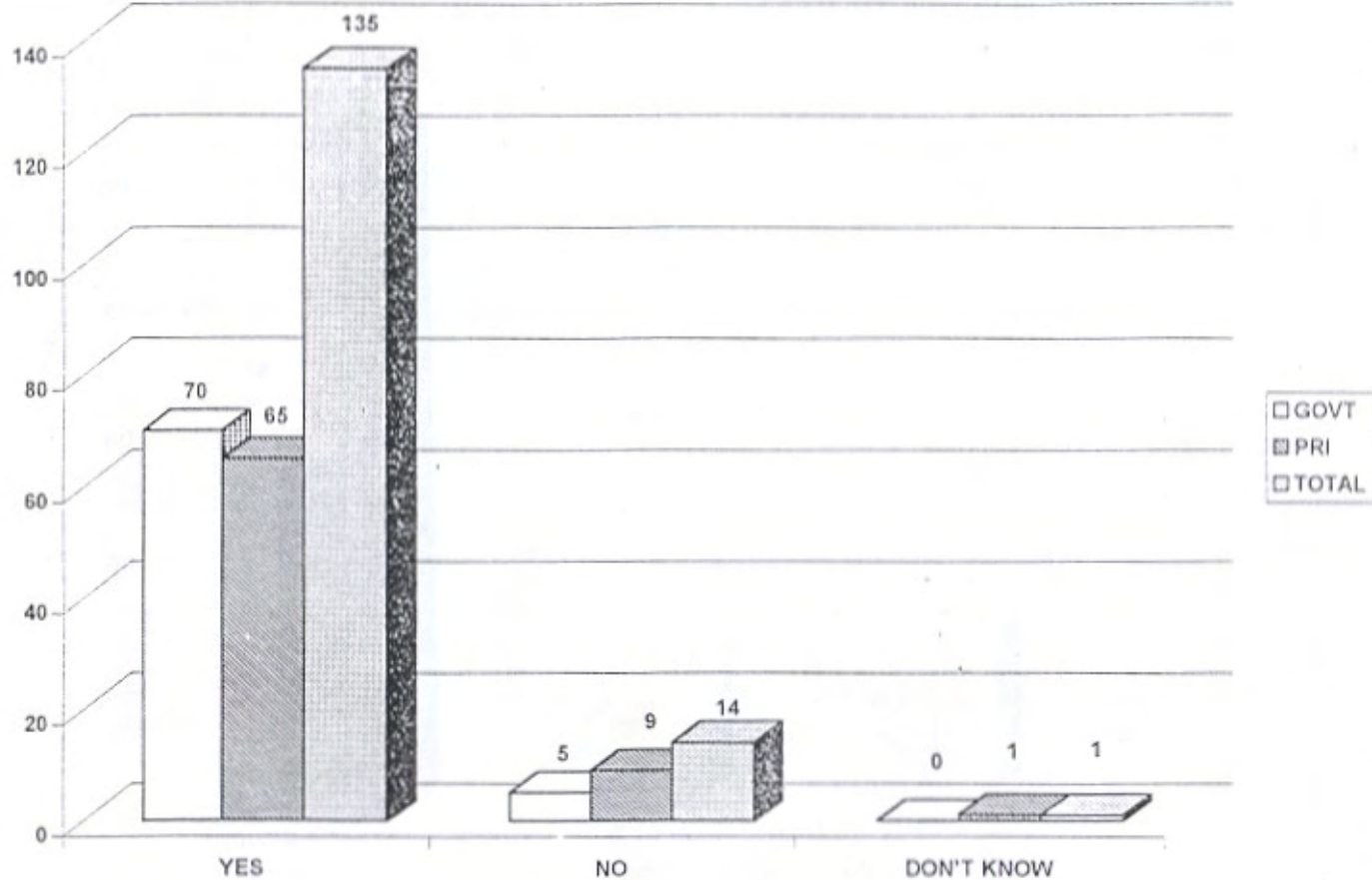


FIG. 6: OPINION REGARDING DISPLAYING SEX EDUCATION MATERIALS BY TYPES OF SCHOOL



**FIG. 5: ATTITUDE OF TEACHERS TOWARDS INCLUSION OF SEX EDUCATION BY TYPES OF SCHOOL**



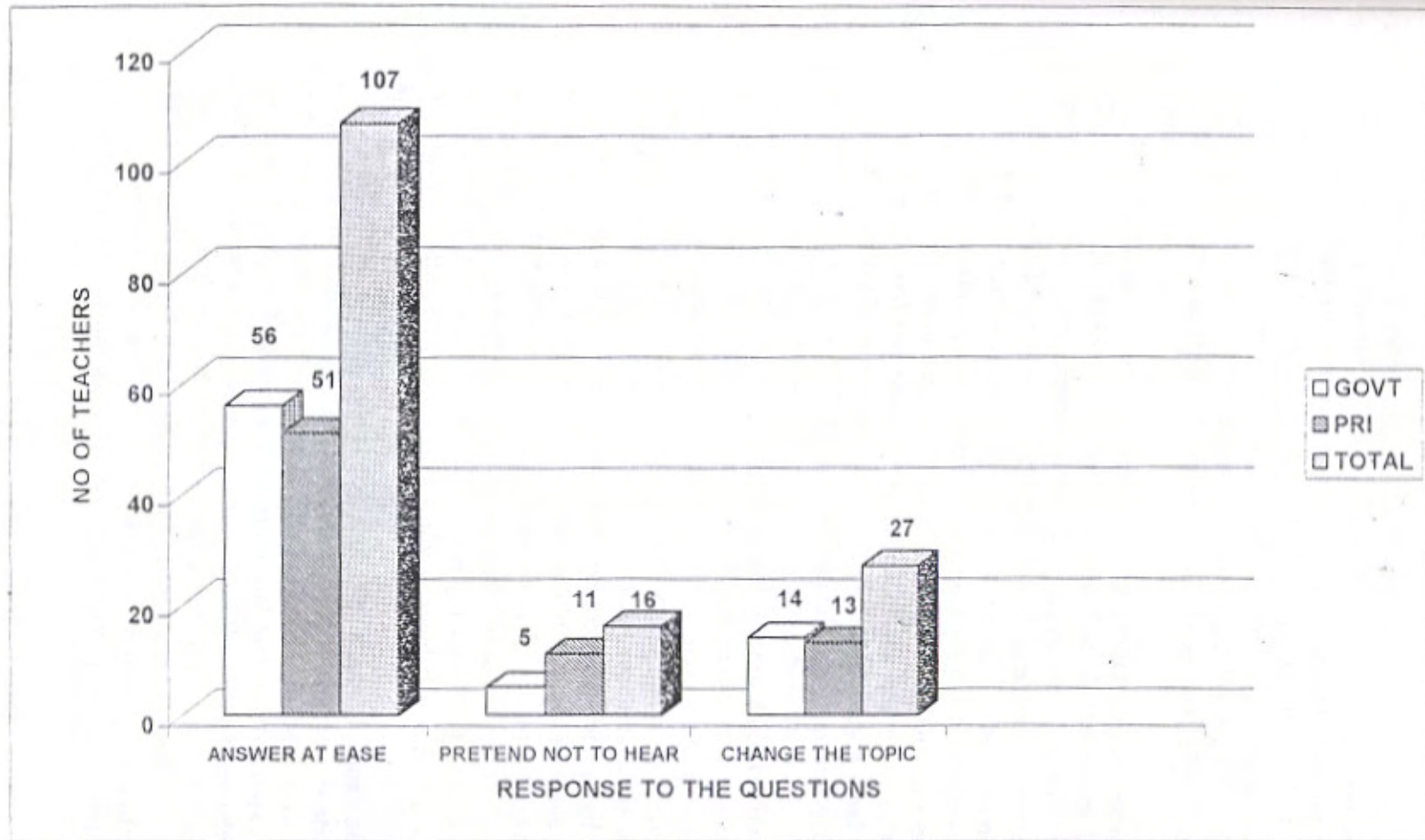


FIG. 7: RESPONSE TO THE QUESTIONS REGARDING SEX RELATED TOPIC ASKED BY THEIR JUNIOR FAMILY MEMBERS BY TYPES OF SCHOOL

## CHAPTER-V

### Discussion

The present study deals with a very sensitive delicate topic of imparting sex education in schools.

In the present study, 74.5%(56) of Government school teachers and only 42.7%(32) of Private school teachers were aware that sex education had already been included in school curriculum and was being taught. This reflects Private school teachers are less oriented about school curriculum may be due to lack of pre-service or in-service education or teachers' training programs before joining as teacher. The majority of the teachers from both Government 73.3%(41) and Private 65.6%(21) schools responded that sex education was started from Secondary level as a subject combined with Population & Environment.

As far as awareness regarding the content of sex education was concerned only 29.5%(26 out of 88) answered correctly that all the topics like reproductive anatomy, physiology including menstruation and menstrual hygiene, birth control process like condom, sex determination, conception and pregnancy, abortion and its prevention and STD/AIDS (mentioned in Q no 18) were included. The reasons might be, all the teachers have not gone through the entire content and are teaching subjects other than Health.

In the present series, 93.3% of teachers from Government and 86.7% from Private schools expressed the need for inclusion of sex education in school curriculum. Overall (including both Government and Private schools) only a small proportion i.e 9.3% were against the inclusion. The reasons behind this opposition as reported were lack of resources and non availability of qualified teachers to teach, fear of increased curiosity about sexual practices, encouragement of free sexual life contrary to religion and customs leading to increased in sexual hazards. These findings of our study are supported by the study on "Opinionnaire Survey of Secondary School teachers Regarding the Inclusion of Sex Education and Reproductive Health in Secondary School Curriculum" by Gautam Kamal, where, 65% of the Secondary school teachers were in favour of inclusion and 35% were against it. The reasons for disagreement forwarded by them were the fear of increased in the irresponsible sexual activities and possible difficulties to teach the subject in the classroom. A similar study done by Bhasin SK, Agarwal OP also found that 73% of secondary school teachers were in favour of imparting sex education. The study of Agarwal et al revealed that 98.5% pupils and 100% teachers expressed the need of sex education in school while another study showed that only 12% of college teachers were against it.

All these studies reveal the fact that although most of the school teachers are supporting the inclusion of sex education in schools, there is still some kind of hesitation and conflict regarding this matter. The hesitation of the school teachers might be due to the lack of proper In Service Education and lack of Teachers' Training Courses before joining as teachers; because in our study, 71.14% of the respondents who disagreed to the inclusion of sex education were untrained teachers. Other supporting literatures concerned this aspect were not available during our research

Another finding of our study have shown that 71.14% of the opponents were from the younger age group i.e less than 30 years. The reason might be that the teachers

belonging to the younger age group are more shy and embarrassed to discuss about the sexual matters in front of elders. But it was interesting to note that 64.3%(9 out of 14) of these opponents were married.

In this study, 78.6%(44 out of 56) from Government and 71.9%(23 out of 32) from Private schools were satisfied with present initiation of sex education, mostly from Secondary level. These findings of ours corroborate with the findings of Gautam Kamal where 55.4% of the teachers pointed out secondary level as the most suitable level to begin courses regarding Human Sexuality and Reproductive Health. In another study by Bhasin SK, only 28.6% of the teachers felt that 14 years of age was appropriate for imparting sex education. This differs from the finding of the poll in America where most of the American adults wanted sex education to begin by the Fifth Grade. According to WHO, education on sexual health should ideally be started in Primary schools or even before, at home? This difference between the findings of American Poll and findings of the studies done in Developing countries may be that, in a developed country like America, people are more advanced but in developing countries they still hesitate to expose their children to sexual matters; cultural and religious taboos also resist them. So considering practicability, inclusion may be appropriate in secondary level or can however, be introduced from the lower secondary level aiming to prepare adolescent for better sexual life before attaining their puberty. In some cultures girls are married while they are very young; for them also this education would be very helpful.

Regarding contents of sex education, 79.55%(70 out of 88) agreed to include reproductive anatomy, physiology including menstruation, birth control measures like condoms, STD/AIDS, sex determination, pregnancy and abortion and its prevention, this is almost similar to the findings of the study by Agarwal and Bhasin, where 90% have agreed to the inclusion of Reproductive anatomy, physiology including menstruation and birth control measure like condom and oral pills. They also found that School teachers and doctors were considered by 69.4% and 63.6% of the respondents to be most appropriate persons for providing Sex education. In the present study, however Physical Education teacher and Health Professionals were considered to be appropriate by 63.2% and only 9.6% of the respondents.

In the same series, 99.26% (135 out of 136) expressed that sex education should be given to both male and female students. This implied that they did not discriminate the male and female student while teaching the subject.

The study done by Dr Shetty Padam et al on 'Attitude of Mothers toward Sex education to Adolescent Girls' found that doctors, health personnel and teachers could impart Sex education and it should be imparted to the girls after menarche. The physiology of menstruation and conception were the topics to be taught to the girls as felt by the mothers. The same study also revealed that the mothers felt uncomfortable in imparting sex education to their daughters before they attained their menarche.

In the study, 80%(60 out of 75) and 73.3%(55 out of 75) of respondents from Government and Private schools were ready to teach Sex education in school if necessary.

Regarding the need for parents' opinion before inclusion of Sex education in school curriculum, almost equal number of teachers 40% and 41.33% from Government and Private schools were in favor respectively. The major reason behind this was "parents

may go against as a result they will not send their children to school". This will have negative impact on the economy of the Private High Schools.

Similarly, the need of students' opinion was necessary as felt by 82.67%(62) and 68%(51) respondents from Government and Private schools respectively. Here the main reason as reported was "curriculum will be more effective by understanding students' level and interest".

While asking about opinion regarding displaying Sex education materials in school bulletin board, 37.33%(28) and 45.33%(34) from Government and Private schools gave negative answer respectively. The main reason felt by them was the immaturity of the students to understand the sexual matter, which would further increase sexual experimentation and sexual hazards. Gautam et al in his study also found the same reason i.e increased irresponsible sexual behavior among students, for non-inclusion.

Another finding of the present study shows, teachers from Government 74.67%(56) and Private 68%(51) high schools express that they will easily respond to sex related questions asked by their children or juniors.

In conclusion, it may be said that the majority of the teachers, both from Government and Private schools were in favour of inclusion of sex education from the Secondary Level of Education

## Summary

This was a descriptive study undertaken to find out the awareness and attitude of the schoolteachers about sex education in school curriculum and attitude towards teaching sex education in school respectively.

The study was confined to 150 teachers covering both male and female teachers as well as teachers teaching temporarily and permanently in randomly selected 10 high schools – 5 Government and 5 Private school of Dhahran.

A pre-tested semi structured Questionnaire was administered to subjects after getting informed consent from them in writing. In the study the Government schoolteachers were found to be more mature and more experience than the private school teachers. The sex distribution however was same between Government and Private school teachers. Awareness of schoolteachers regarding inclusion of sex education in school curriculum was found to be more among Government teachers than the Private schools teacher and almost equal percentage of these respondents from both types of schools said it had been started in secondary level as a combined subject. But awareness regarding the content of sex education was found to be low in both Government and Private school.

As far as attitude was concerned, overall in ninety percent of the teachers were supported inclusions of sex education in school curriculum, where Government teachers were relatively more than the Private school teachers. Teachers were ready to teach sex education subject if necessary. Although only ten percent teachers were against the inclusion, it implies that there was some hesitation regarding this matter, which was again

supported by the finding that nearly half of the respondents were against displaying education materials on the school bulletin board.

But in contrast, majority of the teachers were ready to remove the curiosity of their children about sex and sex related matter. When they were asked about the beneficiaries of sex education 93.38% of teachers felt that society would be benefited more than the person and family. The reason perhaps was due to the fact that benefit to person and benefit to family would ultimately be the benefit of the society.

### **Limitation Of Study**

1. The research could have explored the actual factor whether the age or sex or marital status causing the difference in attitude and awareness of schoolteachers between Government and Private school by using multivariate tables.
2. Time and area of the study are limited.

### **Implication**

As we know, Sex education is already included in school curriculum; awareness regarding Sex education and positive attitude of the teachers need to be reinforced and sustained.

- This study would help the school teachers to make aware regarding Sex education content existing in school curriculum.
- Young teachers feel embarrassed about the topic so more experienced teachers will be suitable for teaching the subject
- Before assigning the teachers to teach the subject, teacher's attitude should be assessed
- The interventions like regular health talk/workshop/seminar /counseling sessions for teachers having negative attitude by Community Health Nurse will be helpful to build up positive attitude towards Sex education.
- Parents have a role in successful imparting of Sex education in schools.
- Especially trained teachers or Health Professionals for teaching Sex education will be helpful for making teaching more effective.

### **Recommendation**

- This type of study may be conducted in schools of different places of the country covering a larger sample size to generalize the results.
- Further research may be undertaken on attitude of parents of schoolchildren towards teaching sex education in school.
- Educational materials for teaching sex education need to be standardized or making this education more effective.
- Further research may be done to find out the effectiveness of present curriculum

- The problems faced by teachers and teacher's opinion needs to be considered while revising content of sex education.

### **Plan for Dissemination**

- One copy of the research report will be kept in Central Library and one copy in the Nursing Department of BPKIHS.
- The report will be sent to Nepal Health Research Council.

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# Annex

B.P Koirala Institute of Health Sciences

Dharan, Nepal

B.Sc. Nursing Programme

2<sup>nd</sup> Batch (1997)

## “Study On Awareness And Attitude Of School Teachers towards Teaching Sex Education In School Curriculum”

### Questionnaires

**Direction:**

The questions here are both single response and multiple responses. Please, encircle the answer or write your opinion where needed.

**Questions:**

1. Age:
  - a. 20-25 years
  - b. 25-30 years
  - c. 31- 35 years
  - d. Above 35
  
2. Sex:
  - a. Male
  - b. Female
  
3. Religion:
  - a. Hindu
  - b. Buddhist
  - c. Muslim
  - d. Christian
  - e. Other specify
  
4. Marital status:
  - a. Married
  - b. Unmarried
  - c. Widow/Widower
  - d. Divorcee

If married, do you have any children?

  - a. Yes
  - b. No
  
5. Which level of education you have completed?
  - a. SLC/10+2
  - b. Certificate
  - c. Bachelor
  - d. Master and above
  
6. Have you completed any formal degree in education?
  - a. Yes
  - b. No

If yes, to which level?

  - a. I. Ed.
  - b. B.Ed
  - c. M.Ed
  - d. Above
  
7. For how long have you been in teaching profession?
  - a. 0-5 years
  - b. 6-10 years
  - c. 11-15 years
  - d. Over 15 years
  
8. At present, which level of students are you teaching?
  - a. Primary
  - b. Lower secondary
  - c. Secondary
  
9. Which of the following subject are you teaching at present-
  - a. Health related subject
  - b. Subject other than health

Did you ever attend short Training /Workshop/Seminar on sex education?

- a. Yes            b. No

If yes, what was the duration of the Training/Workshop/Seminar?

- a. Less than a week  
b. 1-2 weeks  
c. 3-4 weeks  
d. Over 4 weeks

Is sex-education being included in your school curriculum?

- a. Yes            b. No            c. Do not know

In your opinion, should sex-education be included in school curriculum?

- a. Yes            b. No            c. Donot know

If no why sex education should not be taught in school? Give your reason.

.....  
.....

Is it being taught at present?

- a. Yes            b. No

At which level is it being taught?

- a. Primary            b. Lower secondary    c. Secondary

Do you agree with the present arrangement for placement of the sex-education in the course?

- a. Yes    b. No

If no which class should sex education be taught?

- a. Primary    b. Lower secondary    c. Secondary

How is it placed in the curriculum?

- a. As a separate subject            b. Combined with other subject

If combined with which subject?

<u>Level</u>	<u>Subject</u>
Primary	.....
Lower Secondary	.....
Secondary	.....

17. The present curriculum include the following topics in Sex- education
- |    |  |        |
|----|--|--------|
| a. | Structure and function of male Reproduction organ.   | Yes/No |
| b. | Structure and function of female Reproduction organ. | Yes/No |
| c. | Pubertal changes.                                    | Yes/No |
| d. | Menstruation and menstrual hygiene.                  | Yes/No |
| e. | Sex determination.                                   | Yes/No |
| f. | Conception and pregnancy.                            | Yes/No |
| g. | Importance of sex-education.                         | Yes/No |
| h. | Abortions and its preventive measures.               | Yes/No |
| i. | SID and HIV/AIDs.                                    | Yes/No |
| j. | Family planning                                      | Yes/No |
| k. | Proper use of condom.                                | Yes/No |
18. In your opinion, what all are the topics as mention in Q. No 17 to be excluded?  
 .....
19. In your opinion, what all are the topics as mention in Q. No 17 to be added?  
 .....
20. In your opinion sex-education should be taught to  
 a. Female students    b. Male students    c. Both
21. Whom do you think will be appropriate to teach sex-education?  
 a. Science teacher  
 b. Physical education and health teacher  
 c. Any teacher  
 d. Others.....
22. If you were asked, would you be willing to teach sex-education to your students?  
 a. Yes    b. No    c. Donot know
23. Do you think parent's opinion is important for inclusion of sex-education in school?  
 a. Yes    b. No    c. Donot know  
 If yes, why?  
 .....
24. Do you think students' opinion is important for inclusion of sex-education in school?  
 a. Yes    b. No    c. Donot know  
 If yes, why? .....

25. Do you agree to display sex education materials on the school bulletin board?  
a. Yes                      b. No                      c. Donot know
26. If your junior family members ask you questions on sex related topic, how do you respond?  
a. Answer it at ease  
b. Pretend not to hear it  
c. Change the topic  
d. Scold the child
27. In your opinion who will be benefited by sex education? (Multiple Response)  
a. Person              b. Family              c. Society

**THANK YOU**



९. हाल तपाईं कुन विषय पढाउँदै हुनुहुन्छ ?

- (क) स्वास्थ्य सम्बन्धीत विषय  
(ख) स्वास्थ्य बाहेक अन्य विषय

१०. तपाईंले कहिले यौन-शिक्षा सम्बन्धी तालिम वा गोष्ठीमा भाग लिनु भएको छ ? छ छैन  
यदि छ भने, कति अवधिका ?

- क) १ हप्ता भन्दा कम  
ख) १ हप्ता देखि २ हप्ता  
ग) ३ देखि ४ हप्ता  
घ) ४ हप्ता भन्दा बढी

११. के तपाईंको विद्यालयको पाठ्यक्रममा यौन-शिक्षा समावेश गरिएको छ ?  
छ छैन थाहा छैन ।

१२. के तपाईंको विचारमा यौन-शिक्षा स्कूलको पाठ्यक्रममा समावेश गर्नु ठीक छ ?  
छ छैन थाहा छैन

यदि छैन भने, किन विद्यालयमा यौन-शिक्षा दिनु हुन्न भन्ने लाग्छ, कारण दिनुहोस् ?

.....

.....

.....

१३. के यौन-शिक्षा पढाई शुरु भइसकेको छ ? छ छैन ।

१४. हाल कुन तहमा यौन-शिक्षा पढाइ हुन्छ ?

- (क) प्राथमिक  
(ख) निम्न माध्यमिक  
(ग) माध्यमिक

१५. के तपाईं हाल यौन-शिक्षा पढाइने व्यवस्था सँग सहमत हुन्छ ? छ छैन ।

यदि छैन भने कुन तहमा यसलाई पढाउन ठीक पर्ला ?

- (क) प्राथमिक तह  
(ख) निम्न माध्यमिक तह  
(ग) माध्यमिक तह

१६. पाठ्यक्रममा यौन-शिक्षा कुन रूपमा समावेश छ ?

(क) छुट्टै विषयको रूपमा (ख) अरु विषयसँग समावेश भएको

यदि अरु विषयसँग समावेश गरिएको भए, कुन विषयसँग समावेश भएको छ ?

तह विषय  
प्राथमिक .....

निम्न माध्यमिक .....

माध्यमिक .....

१७. वर्तमान पाठ्यक्रममा निम्न के-के शिर्षक समावेश भएका छन् ?

(क) पुरुष जननेन्द्रियको संरचना	छ	छैन
(ख) स्त्री जननेन्द्रियको संरचना	छ	छैन
(ग) वयस्क अवस्थाको शारिरीक तथा मानसिक परिवर्तन	छ	छैन
(घ) रजस्वला र मासिकश्रावको स्वास्थ्य सम्बन्धी	छ	छैन
(ङ) भ्रूणको लिङ्ग निर्धारण	छ	छैन
(च) गर्भधारण र गर्भावस्था	छ	छैन
(छ) यौन शिक्षाको महत्व	छ	छैन
(ज) गर्भपतन र यसको रोकथाम	छ	छैन
(झ) यौन रोग र एड्स	छ	छैन
(ञ) कन्डोमको प्रयोग	छ	छैन

१८. तपाईंको विचारमा हाल भएका शिर्षकहरु मध्ये (प्रश्न नं. १७ मा उल्लेखित) कुन चाहि पाठ्यक्रमबाट भिकिनु पर्ला ?

१९. तपाईंको विचारमा, यौन-शिक्षामा थप अरु कुन कुन शिर्षकहरु समावेश हुनु पर्दछ ?

२०. तपाईंको विचारमा यौन-शिक्षा कसलाई दिनुपर्दछ ?

- (क) महिला विधार्थी
- (ख) पुरुष विधार्थी
- (ग) दुवैलाई

२१. यौन-शिक्षाको विषय पढाउन कुन विषयको शिक्षक उपयुक्त ठान्नुहुन्छ ?

- (क) विज्ञान शिक्षक
- (ख) शारिरीक तथा स्वास्थ्य शिक्षक
- (ग) कुनै पनि शिक्षक
- (घ) अन्य कुनै .....

२२. आवश्यकता परेमा, के तपाईं विधार्थीहरुलाई यौन-शिक्षा दिन राजी हुनुहुन्छ ?

- छ
- छैन
- थाहा छैन ।

२३. स्कूल-पाठ्यक्रममा यौन-शिक्षा समावेश गर्न के अभिभावकको राय लिनु जरुरी छ ?

- छ
- छैन
- थाहा छैन ।
- छ भने, किन ?



२४. स्कूल-पाठ्यक्रममा यौन-शिक्षा समावेश गर्न के विद्यार्थीको राय आवश्यक छ ?

छ छैन थाहा छैन  
छ भने, किन ?

२५. के स्कूलको सूचना पाटीमा यौन-शिक्षाका सामाग्री प्रदर्शन गर्नु ठीक छ ?

छ छैन थाहा छैन  
छैन भने, किन ?

२६. तपाईंको बचाले तपाईंलाई यौन सम्बन्धी प्रश्न सोधेमा तपाईंको प्रतिक्रिया कस्तो हुन्छ ?

(क) सोधेको जवाफ सजिलै दिने  
(ख) नसुनेको जस्तो गर्ने  
(ग) प्रसंग बदलिदिने  
(घ) बच्चालाई हप्काउने

२७. तपाईंको विचारमा, यौन-शिक्षाबाट कसलाई फाइदा हुन सक्छ ? (एक भन्दा बढी जवाफ हुन सक्ने)

(क) व्यक्ति  
(ख) परिवार  
(ग) समाज

## INFORMED CONSENT

This questionnaire is designed to find out your opinion on sex education in school. Your name will be kept anonymous and your response will be kept confidential. The information gathered here by will be used only for research purpose not for other purpose.

The purpose of the study has been explained clearly along with its implications. I hereby, willingly give my consent to participate in the study.

Name

-----  
Signature

### “सहमति पत्र”

"Awareness and Attitude of School Teachers towards Teaching Sex Education in School"  
मा गर्न लागिएको अध्ययन-अनुसन्धानका अनुसन्धानकर्ताले यसका उद्देश्य तथा प्रयोजनहरूको सम्बन्धमा मलाई पूर्ण जानकारी गराएको हुँदा, म यस सहमति पत्रमा सहमत छु भनि सहि गर्दछु ।

नाम

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सहि

## WORK PLAN SCHEDULE

N	ACTIVITIES	CALENDAR MONTH OF THE RESEARCH PROJECT										
		Sept*	Oct	Nov*	Dec*	Jan	Feb	Mar	Apr	May	Jun	July
		***	****	***	***	****	****	****	****	****	****	****
	PLANNING PHASE											
	Identification and selection of problem	*										
	Introduction of the study	***										
	Review of literature	****	****	**					****	***		
	Development of instrument		**	***								
	Proposal presentation			*								
	Proposal submission			*								
	IMPLIMENTATION											
	Pre testing of the tool (pilot study)			*								
	Revising of the instrument			*								
	Data collection			*	*							
	Prepare master sheet						****	***				
	Analysis and interpretation							*	****	**		
3	WRITING THE REPORT											
	Prepare draft 1									*		
	Prepare draft 2										**	
	Final draft										*	
	Submit the report										*	
4	PRESENTATION											*

Key: \* = Week

## Budget

S. No.	Particular	Qty.	Amount
1	Manpower (Data Collector 0	2x10x150	3,000
2	School Principals meeting	10x150	1,500
3	Transportation		2,000
4	Questionnaire and Report writing		2,000
5	Stationery (paper, diskette, transparency pencil, ball-pen etc.)		1,500
6	Data analysis		2,000
7	Contingency		1,000
	Total		14,000