Comprehensive Sexuality Education (CSE)
Integration of CSE in Education Curriculum of Nepal
A Review Report
Right Here Right Now is a five-year programme and global strategic partnership that is active in ten countries and the Caribbean sub region. In Nepal, it is a consortium of 15 like-minded organizations working and advocating towards sexual and reproductive health and rights of young people; focused on three thematic areas: legalization of marriage equality, access to a stigma free and youth friendly safe abortion services and inclusion of all components of comprehensive sexuality education in national curriculum and drafting of a curriculum for out of school children.

YUWA is one of the platform organizations of RHRN Nepal and also serves as the host organization for the RHRN Secretariat for Nepal. Established in 2009, YUWA is a registered not for profit, purely youth-led and youth-run organization working to promote youth participation through empowerment and advocacy. Since its formal establishment, YUWA has concentrated upon holistic youth issues and is especially working on three thematic issues- Sexual and Reproductive Health and Rights, Active Citizenship and Research Development.

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# List of Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Full Form</th>
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<tbody>
<tr>
<td>ASRH</td>
<td>Adolescent Sexual and Reproductive Health</td>
</tr>
<tr>
<td>CDC</td>
<td>Curriculum Development Centre</td>
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<tr>
<td>CSE</td>
<td>Comprehensive Sexuality Education</td>
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<tr>
<td>CSO</td>
<td>Civil Society Organization</td>
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<tr>
<td>FGD</td>
<td>Focus Group Discussion</td>
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<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
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<tr>
<td>HPE</td>
<td>Health, Population and Environment</td>
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<tr>
<td>LGBTQ</td>
<td>Lesbian, Gay, Bisexual, Transgender and Queer</td>
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<tr>
<td>ITGSE</td>
<td>International Technical Guidance on Sexuality Education</td>
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<tr>
<td>KII</td>
<td>Key Informant Interview</td>
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<td>NGO</td>
<td>Non-Governmental Organization</td>
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<td>RHRH</td>
<td>Right Here Right Now</td>
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<tr>
<td>SRH</td>
<td>Sexual and Reproductive Health</td>
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<tr>
<td>SRHR</td>
<td>Sexual and Reproductive Health and Rights</td>
</tr>
<tr>
<td>STI</td>
<td>Sexually Transmitted Infection</td>
</tr>
<tr>
<td>UNFPA</td>
<td>United Nations Population Fund</td>
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<tr>
<td>YPLHIV</td>
<td>Young People Living with HIV</td>
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</table>
Executive Summary

This study is part of a broader advocacy platform, Right Here Right Now (RHRN) which aims to improve the protection, respect and fulfilment of the sexual and reproductive health and rights (SRHR) of young people. This study specifically aims to understand and document the history and trend of comprehensive sexuality education discourse in Nepal; document the history and trend of incorporation of comprehensive sexuality education into national education curriculum, especially with regards to International Technical Guidance on Sexuality Education (ITGSE); discuss with key stakeholders about the current situation, gaps and recommendations for improvement in comprehensive sexuality education; and develop position paper on existing CSE curricula with key recommendations for national stakeholders as well as lessons learnt for other countries associated with RHRN platform.

For the purpose of this study, the methods applied included evidence review of government policies, guidelines, manuals related to sexuality education developed and practiced in Nepal along with media coverage, blogs and events; Key Informant Interviews (KIIs) with academicians, researchers, SRHR advocates, government education officials; and Focus Group Discussions (FGDs) with adolescents studying in Grade 9 and 10.

For data analysis, thematic analysis approach has been used for this study. Some dominant themes were identified during the study inception period. Likewise, some other themes were also identified after the data collection, as shared by the research participants.
Key Findings

Out-of-school children, disabled and LGBTQ issues are not addressed
Currently, CSE is very limited to school children and there are significant number of out-of-school children who require CSE. Likewise, the policies and guidelines are also silent on CSE for disabled and Lesbian, Gays, Bisexual, Transgender and Queer (LGBTQ). These sections of population have been deprived of any orientation or teaching on CSE.

Sub-standard teaching
Overall impression from the evidence reviews and the opinion of stakeholders and students reveal that the teaching is sub-standard. There are issues with the delivery of the content, stapling of the chapters on SRH (trying to avoid teaching those content) which needs to be addressed immediately.

Trainings not enough to improve teacher’s standard
The trainings provided on CSE has helped teachers to some extent but that has not been adequate enough. Some of the trained teachers require refresher trainings and some of the trained teachers have also been transferred elsewhere to other schools or left jobs.

CSE as more of a health and not human rights perspective
CSE has been so far branded as a SRH issue. However, there are other moral values and human rights perspectives as well when it comes to freedom of choice, rights to knowing and understanding about one’s sexuality, which has not been adequately covered by the current CSE curriculum.

School infrastructure and environment affecting openness of students
This study has revealed that the facilities and overall environment of the school affects the openness of the students in the classroom and with their peers to reveal their queries and anxieties related to SRH matters. Schools with counselor, adolescent friendly corner has helped students to open up and discuss on SRH issues.

Weak coordination of schools and CSE initiatives with local government
Local governments or Palikas are not aware or have not documented the CSE practices in schools and therefore, there is a missing link for other schools where CSE is effectively implemented.
Recommendations

Based on the key findings drawn from the study, the major recommendations from the study includes:

**Targeted programming:** Prioritizing the most vulnerable adolescents – the out of school, adolescents with disability and LGBTQs, as well as students in upper primary grades as in many places many girls do not make the transition to secondary school.

**Improvements in school facilities and environment:** Facilities within the school need to be improved such as having a separate counselor, adolescent friendly rooms as well as providing confidence among students to open up about their anxieties and queries really help adolescents in sharing their feelings. Likewise, trainings for the teachers should be a routine capacity building initiative (with periodic assessment of learning abilities), not just one-off activity.

**Making CSE really comprehensive with human rights and moral values components:** Adding gender and rights-based perspectives into current curriculum framework so that adolescents also are aware of their own sexuality and bodily integrity.

**Interventions beyond classrooms:** It is widely considered that healthy living should not be limited to the classroom; rather it should be extended beyond it. Schools and authorities should also understand the rights and responsibilities of the parents and young people with regards to improve sexual and reproductive health.

**High quality research and evaluation on CSE implementation and their effectiveness:** A good quality evaluation research on sexuality education is critical for policy makers and practitioners to understand the needs of sex education and the existing gaps. Such evaluations help schools to identify the need of support by local authority in development and delivery of their policies and findings, and require a realistic amount of time.

**Making local governments accountable to document effective CSE practices as lessons learnt for other schools:** Local governments need to be made accountable for success or failure of CSE implementation in the schools of their area. This will ensure effective documentation of CSE practices as lessons learnt for other schools and this will also bring about healthy competition among schools.
Introduction to the Study and Objectives

This study is part of a broader advocacy platform, Right Here Right Now (RHRN) which aims to improve the protection, respect and fulfilment of the sexual and reproductive health and rights (SRHR) of young people. Implemented in 10 low- and middle-income countries in Africa, Asia and Latin America, and in the Caribbean sub-region, RHRN focuses on: freedom from stigma, discrimination and violence; access to comprehensive youth-friendly services; access to comprehensive information; and space for young people’s voices. RHRN has strategic partnerships with Rutgers, the Asian-Pacific Resource and Research Centre for Women (ARROW), CHOICE for Youth and Sexuality (CHOICE), Dance4life, HIVOS, International Planned Parenthood Federation African Region (IPPF AR), the Latin American and Caribbean Women’s Health Network (LACWHN) and the Netherlands Ministry of Foreign Affairs.

RHRN platform in Nepal has partnerships model among 15 diverse civil society organizations (CSOs) and networks based in five districts that is committed to joint national and sub-national including regional and global advocacy on issues around legalization of marriage equality, youth friendly and stigma free safe abortion and inclusion of comprehensive sexuality education in national curriculum for both in and out of school students. YUWA serves as the platform host for this strategic partnership, which is a youth-led and youth-run organization. The platform host is responsible for sub-granting and all the administrative and financial management of the overall project.

This study specifically aims to fulfill the following objectives:

• Understand and document the history and trend of comprehensive sexuality education discourse in Nepal
• Document the history and trend of incorporation of comprehensive sexuality education into national education curriculum, especially with regards to International Technical Guidance on Sexuality Education (ITGSE)
• Discuss with key stakeholders about the current situation, gaps and recommendations for improvement in comprehensive sexuality education
• Develop position paper on existing CSE curricula with key recommendations for national stakeholders as well as lessons learnt for other countries associated with RHRN platform
Study Methods

Findings from this study have been generated through various methods to gather primary and secondary data.

The methods applied in this study were:

**Evidence Review:** Review of all government policies, guidelines, manuals related to sexuality education developed and practiced in Nepal. Grey literature such as available teacher manuals of Curriculum Development Centre (CDC) was also reviewed for this report. Furthermore, in order to understand the public discourses related to sexuality education, media coverage, blogs and events were documented and reviewed.

**Key Informant Interviews (KII):** To understand the context of the CSE development, evolution, challenges and recommendations with key stakeholders affiliated with sexual and reproductive health, interviews with academicians, researchers, SRHR advocates, government education officials were conducted. 8 KII were taken as part of the study to gather insights and opinions on the overall theme of CSE.

**Focus Group Discussions (FGDs):** It was also important to understand from the perspective of the students/adolescents about what they felt about the necessity and quality of CSE in schools. For which two FGDs in two schools one government and one private were conducted with adolescents studying in Grade 9 and 10 about what they felt about overall quality of SRH education being taught to them, regarding delivery and comfort of both students and teachers.

The stakeholders that we approached for our KII, FGDs and other documents are listed below:

**For KII:**
1. Ram Krishna Parajuli, Development Consultant
2. Anu Bista, Family Planning Association of Nepal (FPAN)
3. Prof. Dr. Ram Krishna Maharjan, Academician
4. Medha Sharma, Visible Impact
5. Manuja Baral, Centre for Education and Human Resource Development (CEHRD)
6. Dr. Rajendra Bhadra, Development Consultant
7. Sushmita Shrestha, Association of Youth Organizations Nepal (AYON)
8. Gita Thapa, LOOM Nepal

**For FGDs:**
1. RatnaRajya Higher Secondary School, Mid-Baneshwor, Kathmandu
2. WITS Academy, Boudha, Kathmandu
Data Management and Ethical Concerns

Before the data collection started, a 1-page explainer was developed and communicated to the research participants about the purpose of the study and their expected role. Then the identified participants were contacted through email and phone for their availability for interview. The collected data were stored in a Google Drive for safety and security. Likewise, KIIs were audio recorded (for those participants who agreed to record the interviews). In case of FGDs, consent was taken from the school administration. The Google Drive link which was used for data management was only made available to the research team and was not shared with anyone else.

Approaches for Data Analysis

After the collection of primary and secondary data, thematic analysis approach was used for this study. Some dominant themes were identified during the study inception period. The dominant theme was Comprehensive Sexuality Education and there were other secondary themes identified. So, the collected data were then categorized into these themes. Likewise, some other themes were also identified after the data collection, as shared by the research participants.

A collection of the themes generated from the thematic analysis have been presented as follows:
Alongside the Thematic Analysis approach, **Intersectionality Framework** was used in sexual and reproductive health whereby analysis of if and how particularly adolescent girls have been discriminated or deprived of their rights to sexual and reproductive health services and information due to their social strata was conducted. Intersectionality as a framework was used to understand how gender, gender identity, race, ethnicity, nationality, socioeconomic class, sexual orientation, disability, religion, and the many other aspects of our identities interact to shape the social, cultural, economic, and political inequalities, oppressions, and privileges that we all—including women, men, transgender, white people, people of color, etc.—experience. (Price, 2017)
1. Comprehensive Sexuality Education and its importance

Comprehensive Sexuality Education (CSE) looks at sexuality from a right and gender-based perspective, where young persons are empowered and capacitated about human development, anatomy and reproductive health, contraception, childbirth and sexually transmitted infections (STIs), including HIV.

Furthermore, it explores and nurture positive values regarding their sexual and reproductive health. Such comprehensive nature of sexuality education also provides scope for discussion on family life, relationships, culture and gender roles, human rights, violence against women, among others. (UNFPA, 2016) Thus, CSE as a concept provides a scope for development of self-esteem, life skills, critical thinking among youth.

CSE is considered pivotal for overall wellbeing of young people primarily due to its human rights component. It provides space for addressing crucial issues such as adolescent pregnancy which can lead girls to drop out of school, depriving them of their right to education. Effective sexuality education can help to achieve school’s aim of providing accurate and relevant information about the physical and emotional changes that young people and children experience throughout their formative years and into adulthood.

Thus, CSE fits well as a multi-disciplinary discourse on overall youth and adolescent wellbeing, aligning with key international rights instruments such as the Programme of Action of the 1994 International Conference on Population and Development and the Convention on the Rights of the Child.

There are also some misconceptions regarding CSE such as understanding about CSE would lead to sexual activity or riskier sexual behavior. On the contrary, it rather reduces risky behaviors as evaluation studies show, CSE showing positive effect on at least one behavioral or biological outcome, such as increased condom use or reduced unplanned pregnancies.

However, given the comprehensiveness of CSE, the content of the curriculum should be rich enough along with effective delivery tailored to diverse contexts of young people. Tailoring CSE requires effective coordination at policy, school, community and household level.
International Technical Guidance on Comprehensive Sexuality Education (ITGSE)

ITGSE was a landmark document that was introduced in 2009 to provide a global policy guidance for effective implementation of CSE. Initially, it was introduced with more of a reaction to HIV prevention, however, addressing the current discourse on empowerment of young people, the revised version of ITGSE has more of a positivist tone. It goes beyond educating about reproduction, risks and disease. It reaffirms the position of sexuality education within a framework of human rights and gender equality, in line with the global commitment of achieving goals in the 2030 Agenda in relation to health and well-being, quality and inclusive education, gender equality and women and girl’s empowerment.

Thus, the revised ITGSE (UNESCO, 2018) highlights key findings of evidence reviews, particularly related to sexuality education:

- **Sexuality education – in or out of schools** does not increase sexual activity, sexual risk-taking behavior or STI/HIV infection rates. They have positive effects, including increasing young people’s knowledge and improving their attitudes related to SRH and behaviors.

- **Using an explicit rights-based approach in CSE programs** leads to short-term positive effects on knowledge and attitudes, including increased knowledge of one’s rights within a sexual relationship; increased communication with parents about sex and relationships; and greater self-efficacy to manage risky situations. There are also longer term significant, positive effects found on psychosocial and some behavioral outcomes.

- **Effective educational interventions transported from one setting to another** have a positive impact on knowledge, attitudes or behaviors, even when they are implemented in a different setting.
However, the report also highlights some limitations of evidence reviews such as:

• Despite many calls for an assessment of the impact of CSE programs worldwide, particularly in low and middle-income countries, only a very limited number of rigorous studies assessing these types of outcomes have been conducted.

• Reviews of evidence should include holistic comprehensive evaluation, including formal and participatory, quantitative and qualitative processes, to shed light on contextual and implementation factors and implications. More high-quality, randomized-controlled evaluations of CSE programs are also needed in low- and middle income countries to test multi-component programs (those with school and community components).

• There is a need to conduct more studies on the effectiveness of curriculum design and implementation, including teacher effectiveness and the learning outcomes of students.

• There is limited information on the impact of CSE curriculum already marginalized groups, including young people with physical and/or cognitive disabilities, YPLHIV and LGBTQ young people. There are very few systematic reviews of studies that feature violence prevention as a component or key characteristic.

• There is need to generate longitudinal evidence on the long-term effectiveness of CSE on sexual and reproductive health outcomes. There is need to generate evidence to demonstrate the link between the demand creation potential of CSE and the provision of youth-friendly SRHR services and commodities.
Thus, ITGSE covers 8 key concepts and topics that addresses youth empowerment presented below:

<table>
<thead>
<tr>
<th>Concept</th>
<th>Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relationships</td>
<td>Families&lt;br&gt;Friendship, Love and Romantic Relationships&lt;br&gt;Tolerance, Inclusion and Respect&lt;br&gt;Long-term Commitments and Parenting</td>
</tr>
<tr>
<td>Values, Rights, Culture and Sexuality</td>
<td>Values and Sexuality&lt;br&gt;Human Rights and Sexuality&lt;br&gt;Culture, Society and Sexuality</td>
</tr>
<tr>
<td>Understanding Gender</td>
<td>The Social Construction of Gender and Gender Norms&lt;br&gt;Gender Equality, Stereotypes and Bias&lt;br&gt;Gender-based Violence</td>
</tr>
<tr>
<td>Violence and Staying Safe</td>
<td>Violence&lt;br&gt;Consent, Privacy and Bodily Integrity&lt;br&gt;Safe use of Information and Communication Technologies (ICTs)</td>
</tr>
<tr>
<td>Skills for Health and Well-being</td>
<td>Norms and Peer Influence on Sexual Behavior&lt;br&gt;Decision-making&lt;br&gt;Communication, Refusal and Negotiation Skills&lt;br&gt;Media Literacy and Sexuality&lt;br&gt;Finding Help and Support</td>
</tr>
<tr>
<td>The Human Body and Development</td>
<td>Sexual and Reproductive Anatomy and Physiology&lt;br&gt;Reproduction&lt;br&gt;Puberty&lt;br&gt;Body Image</td>
</tr>
<tr>
<td>Sexuality and Sexual Behavior</td>
<td>Sex, Sexuality and the Sexual Life Cycle&lt;br&gt;Sexual Behavior and Sexual Response</td>
</tr>
<tr>
<td>Sexual and Reproductive Health</td>
<td>Pregnancy and Pregnancy Prevention&lt;br&gt;HIV and AIDS Stigma, Care, Treatment and Support&lt;br&gt;Understanding, Recognizing and Reducing the Risk of STIs, including HIV</td>
</tr>
</tbody>
</table>
2. CSE in the context of Nepal – an overview

Comprehensive Sexuality Education is not a new concept in Nepal. Components of reproductive health have been incorporated in Nepali school curriculum for almost two decades now. Adolescent Sexual and Reproductive Health (ASRH) topics were covered in grades 9 and 10 in ‘Health and Population Education’ subject and later on also introduced in grades 6, 7 and 8 in 2002. Later on, the National Curriculum Framework (NCF) developed in 2005 paved a way for broad policy framework for curriculum development at the basic and secondary levels. Specific to the CSE, ‘Comprehensive Sexuality Education Project’ was initiated in 2008/9 (UNFPA, 2014).

One of the most important policy frameworks developed by Ministry of Education (2016) on education in Nepal, ‘School Sector Development Plan 2016/17 – 2022/23’ does acknowledge CSE as one of the strategies for improving the health and nutrition of school children:

- Provide pre/in-service training on CSE as a supply subject
- Align non-formal education programs for out-of-school children with the formal school curriculum cycles and revisions on CSE to ensure that out-of-school young also benefit from the Social and Financial Skill package in terms of life skills and financial literacy
- Ensure consistency of the CSE topics linking each grade with age appropriate and culturally accepted information during revision of the curriculum

Teaching CSE

Studies highlight that teaching sexual health in Nepal is often sub-standard owing to teacher’s embarrassment, lack of knowledge and poor teaching techniques. On the other hand, there are conflicting interests among teachers, parents and pupils regarding sex education. Teachers are found to be delivering biological information whereas parents are more interested in moral education. Sometimes perception of teachers also becomes a hindrance if they consider their pupils ‘too young’ to be learning about sex education. (Acharya DR, 2009)

Studies also suggest about using external experts to take sexuality education classes and take the pressure off teachers. Likewise, there is also an observation by RHRN platform that teachers do not use rights-based approach but rather allow their perceptions and attitudes to affect how information is delivered to students and some skips the topic related to sexual and reproductive health rights. (RHRN, 2018)
Inclusion of Sexuality Education in Nepali Education Curriculum

Sexuality Education has been a part of the fundamental education curriculum framework of the Ministry of Education. However, many aspects of the curriculum content and delivery needs to be improved. With regards to adolescence, sexual and reproductive health, the components included in the curriculum are more from the ‘physical’ perspective and not encompassing the social and moral aspects of it. As for instance, the curriculum developed by Curriculum Development Centre (CDC, Essential Education Curriculum (Grades 6-8), 2012) for grades 6 to 8 covering SRH aspects are as follows:

<table>
<thead>
<tr>
<th>Sector</th>
<th>Grade 6</th>
<th>Grade 7</th>
<th>Grade 8</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Adolescence</td>
<td>- Introduction to Adolescence</td>
<td>- Phases of adolescence</td>
<td>- Responsibilities of adolescents of demonstrating responsible sexual behavior</td>
</tr>
<tr>
<td>- Sexual and Reproductive Health</td>
<td>- Bodily Changes during adolescence</td>
<td>- Introduction to sexual intercourse</td>
<td>- Safe abortion techniques</td>
</tr>
<tr>
<td></td>
<td>- Sexual Education and its importance</td>
<td>- Necessity of sexual and reproductive health education,</td>
<td>- Concept and importance of comprehensive sexual education</td>
</tr>
<tr>
<td></td>
<td>- Concept of Sexual and Reproductive Health and its importance</td>
<td>- Wet dreams</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Bodily structure of male and female external reproductive organs</td>
<td>- How semen is produced and how fertilization takes place</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Maintaining hygiene of external reproductive organs</td>
<td>- Process of conception</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Infections that take place around reproductive organs and process of prevention of such infections</td>
<td></td>
</tr>
</tbody>
</table>

The curriculum designed for grades 9 and 10 (CDC, 2014) covers some aspects of reproductive health rights and preventive aspects of sexually transmitted diseases:

<table>
<thead>
<tr>
<th>Sector</th>
<th>Grade 9</th>
<th>Grade 10</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Adolescence,</td>
<td>- Adolescence</td>
<td>- Sexually Transmitted Diseases (AIDS, Syphilis, Gonorrhea, Cancroid)</td>
</tr>
<tr>
<td>- Sexual and</td>
<td>- Sexuality Education</td>
<td>- Safe Motherhood</td>
</tr>
<tr>
<td>- Reproductive Health</td>
<td>- Reproductive Health</td>
<td>- Maternal Health Care</td>
</tr>
<tr>
<td></td>
<td>- Reproductive Rights</td>
<td></td>
</tr>
</tbody>
</table>
Gaps in Curriculum Design and Implementation

Despite having CSE integrated into the Nepali education curricula, there have been some gaps in the curriculum design and implementation. As for instance, Non-Formal Education Centre (NFEC) for out of school young people does not include CSE. Consequently, they are missed out of basic information and right about SRHR. Recently, the Environment Health and Population subject from the curriculum of class 9 and 10 has been made optional, which is a huge step backwards. (RHRN, 2018)

Though it has been made mandatory course for the students in grades 6 to 8, the content does not cover the whole aspects of SRHR. The contents are driven more in health perspectives rather integrating with gender and human rights and doesn’t always contain information about the availability of services and service sites. (RHRN, 2018)

With regards to the content of sexuality education, key concepts include ‘human development’ ‘sexual behavior’ and ‘sexual and reproductive health’ in lower secondary and secondary levels (grades 6-10). However, inclusion of concepts such as ‘relationships’, ‘values, attitudes and skills’ and ‘culture, society and human rights’ was limited. Almost all CSE concepts and topics were not covered in the primary school level (grades 1-5). Menstruation as a topic was taught in grade 7 and Chhaupadi was not included as harmful practice. In the informal school system, a review of the ‘flexible schooling program’ for out-of-school children showed that only the subject of HIV and AIDS was covered in level three. (UNFPA, 2014)

While CSE is considered as suitable for adolescents, there is also a perception to include it from the primary level itself, especially for countries like Nepal where students usually drop out of school before they reach the lower secondary and secondary levels. Another advantage of starting at the primary level is the great deal of flexibility for introducing new concepts by a single teacher in one class. (Ranjit, 2011)

The gaps or weaknesses in curriculum in Nepali education system is not just limited to ASRH but also courtesy broader poor quality in education. Curriculum implementation is poorly linked or aligned with what is intended to teach and how to teach. Teaching and learning practices in school and the classroom is very poor. Most teachers teach without lesson plan but reputed school teachers try to follow their work plan. Listening and speaking skills are not practiced in schools due to resource constraint. Most of the public-school teachers teach science without demonstration and experiment due to lack of scientific equipment and lab in schools. Most of the teachers are not oriented on the implementation of new curriculum and textbooks. (Khaniya, 2015) In such a context, the gaps in curriculum become even severe due to system and resource constraints.
School Infrastructure

There are not enough audiovisual materials to teach sexuality education program in Nepali schools. Teachers have to rely on a textbook which hinders the effective teaching of sexuality education. It has created an uncomfortable situation for them and they want to do better. In order to achieve the key objectives of sexuality education, a more positive attitude is needed to develop effective teaching aids.

Training Teachers on CSE

Improving facilities in schools does not help alone. Teachers also need to be capacitated for effective delivery of the CSE content. In order to do that, training teachers could be a solution. Currently, CSE as a content of the training syllabus has not been included in the in-service teacher training sessions. Most of the training sessions conducted are need based. Even though CSE topics are offered as part of courses given at teacher trainings, those who are trained or specialized are often not hired, or they consider it as a launch pad for their career advancement. (UNFPA, 2014)
3. Stakeholders’ Perspective on CSE in Nepal

Based on the KII with academicians, NGO practitioners and government officials, their perspectives on CSE evolution in Nepal, the capacity of the teachers to deliver the content from the curriculum, the policy environment and the policy implementation have been summarized below:

CSE Evolution in Nepal

CSE used to be taught in the Nepal as sex and relationship education in 2004 and later became sex education. Prior to that, there were few projects related to HIV education projects in schools from 1996. Gradually, this came into school education and later was taught as sex education till 2007. After 2007, UNFPA and FPAN started working further and included these contents in school curriculum as Health, Population and Environment subject. Some of the components of CSE were also included in the subjects like Moral Science and Social Studies as life skills education which further enhanced the necessity of CSE and updating the contents within the CSE.

Several attempts were made and was successful in updating the CSE curriculum and applying them to those targeted populations. In this regard, the changing dimensions of CSE have now also incorporated socio-religious sensitivities like love, affection, homosexuality, diversity, inclusion, among others. In addition to the school curriculum, several other activities in the communities including the radio programs were very instrumental in development of CSE consciousness in Nepal. Among some of the radio programs, Khulduli.com was one of the popular programs which were preferred by the youths to learn more about topics related to CSE. The program really contributed in developing the understanding of the major concerns of youth and adolescence as they had limited knowledge & information about sexuality and reproductive health, family planning, safe abortion etc. The program also dealt with the confusions among the youth at the time of making decision about further education, career development, love, attraction, relationship and physical desires. Apart from the curriculum and such radio programs, internet and social media have also increased the essence of CSE as one of the important things for the youths.

With this development, CSE has been able to incorporate various issues of socio-cultural aspects, religion, social norms and values, moral education, mental health, respect, relationship with family, communal feelings and many more cross-cutting issues within its curriculum.
Capacity of Teachers

The capacity of teachers in delivering CSE is one of the important components which has brought CSE to this level. The role of teachers is really commendable since they have been receiving trainings on including the CSE components and skills while teaching. They have been trying their best to apply their learning and skills which they receive from the training. The training designed for the teachers is of five days where two days focus on the components of CSE.

However, these efforts have not been adequate in seeking the optimum outcome of all the initiatives that have been done to institutionalize CSE in curriculum. The teachers are trained for five days and following the training, they don't receive any refresher training therefore they do not acquire updated knowledge and skills in them. The duration of training also does not seem to be adequate as there are many important components within CSE that needs to be delivered to the students. Having received the trainings in a surficial manner, the teachers won’t be able to deliver them effectively because of shyness and unwillingness to be open to the students regarding the contents of CSE especially on those topics related to sex and sexuality.

In some of the schools it was found that the chapters of the book related to sex and sexuality education were stapled and not taught to the students. Also, some teachers skipped those chapters and did not deal with them. It clearly showed the reluctance of teachers to teach and discuss on those issues with the students. In some cases, the teachers who received the trainings on CSE get transferred which hinders the teaching of such subjects including CSE. The teachers who aren’t related to health and population are also sent for the training which isn’t much effective as received by the subject teachers.

“A male school teacher wasn’t able to teach sex and sexuality education to the students to his school students since he was from the same community and some of the students were close to him in relation. This happens in many schools in the communities.”

– Academician

The training and teaching method are also not friendly for all those teachers attending the training since they represent various backgrounds and cultural traits which hinders them in applying the learning they receive from the training. Most of the trainings are conducted in the headquarters which doesn’t allow all the teachers to participate in the trainings because of location and distance from their places.

There have been a lot of trainings to the teachers but proper monitoring mechanism and assessments haven’t taken place in order to improve and update the curriculum of teachers’ training.

“Had there been sex and sexuality education taught properly to the school children, there wouldn't be problem of early motherhood. Sex is the driving factor of life so it must be taught in a well and effective way.”

– NGO Practitioner on CSE
Policy Environment

The government has come up with different policies in order to nurture CSE in curriculum but also hasn’t been enough to include all the groups. The sexuality issues of disabled and LGBTQ haven’t been addressed by any of the policies till date and also haven’t been of priority for the donors. Importantly, ‘out of school children’ also haven’t been in any of the policies which abstains a large number of children and other students from receiving CSE. The Palikas (or the local bodies), now after the implementation of federalism, can come up with locally designed curriculum which is an opportunity to include CSE. However, unfortunately, local levels have not been engaged on policy making and formulation with regard to CSE curriculum.

Due to the usage of internet and social media, the children have been exposed to more information about sex and sexuality, thus it’s high time to inform the children on all these issues in an effective way. CDC has also been working on integrated education system which includes the components of CSE in their curriculum.

There is also limited manpower or number of teachers who prefer teaching HPE in schools as the discipline (Health and Population) itself, is not much in demand these days. This has hindered in quality teachers in teaching CSE in school levels. CSE in the school subject are included in few chapters which isn’t much prioritized. After the Health, Population and Environment subject being optional in schools, there isn’t guarantee that many of the students get to learn about CSE in schools. There are series of trainings and consultation programs organized in order to sensitize and inform the policy makers to include health education, sex and sexuality education in school curriculum. They have come in effect but the outcomes of such programs are yet to be seen.

“"It takes time for change as the reforms have been made in a hurry. Many jargons or technical terms have been used which is not easily understood by the teachers who have varying experience and expertise. Thus, bottom up approach and adolescent friendly language required to make CSE effective.”

– Government official
Policy Implementation

Many policies have been introduced and are onto implementation in order to enhance the usage of CSE curriculum in schools. Despite all these efforts, there has not been proper and systematic implementation of all those policies. One of the most important issues is about the teaching methods which lack well trained human resources and participatory teaching methods. Since CSE is also difficult to teach and implement because of various social and cultural confinements.

There are also some other challenges like less cooperation and interest of school management committees and school administration which hinders teachers to be updated and skilled on the issues of CSE. It has definitely affected the students in learning whatever is included in their curriculum and beyond that. In some cases, the teachers who received CSE trainings were harassed by their fellow colleagues after returning to their schools. This has discouraged those teachers and affected in delivery during the classes. This is also very much common for the female teachers as they have some sort of reluctance in delivering classes.

Another major implementation gap observed was the periodic and systematic evaluation of all the activities and programs including the impact of curriculum, training for teachers, needs of students, among others. A lot of programs have been organized in last two decades which has seriously lacked systematic evaluation and adequate research.

In addition, the research works and similar activities on CSE have been carried out in a scattered way by different organizations which has challenged the effective implementation and slowed the effective outcomes. There is also lack of community participation and engagement of youth wings of the political parties in implementing CSE in curriculum. There is also not a lot of willingness on the part of local governments in promoting CSE as they totally rely on the federal government for all the policies and implementation guidelines for the technical expertise.

“Some of the efforts have been carried out by UNFPA and FPAN by supporting to make adolescent friendly student corner in public schools where the students can have some reading material on CSE, sex and sexuality education. This corner also enables them to have a peer discussion and in some contexts there is also availability of counselors.”

- Academician
4. Students’ Perspectives on CSE

Based on the FGDs with the students, their perspectives on the HPE curriculum, the capacity of the teachers, school infrastructure and environment, home environment and their recommendations have been summarized below:

**HPE Curriculum:**

Most of the content required to cover health, environment and population aspects is present there but this alone is not sufficient. When it comes to reproductive health, bodily changes, menstruation matters are covered but that alone is insufficient. It is also important to cover other aspects about do’s and don’ts or good sexuality or reproductive health behaviors.

**Capacity of Teachers**

CSE is there in the HPE course but it is not taught properly. Some of the content have not been explained properly such as how conception takes place. It is mainly because of the lack of technical knowledge and delivery skills of the teachers. So, quality still remains a big issue.

On the other hand, gender also remains another major issue when it comes to being comfortable sharing SRH issues especially for the girl students.

**School Infrastructure and Environment**

Facilities within the school in terms of its infrastructure and overall environment of being open-minded and independent also affected students opening up about SRH issues with their teachers or peers. Some of the schools even lacked libraries, let alone having separate adolescent friendly corners.

“I recently participated in CSE Mela. I was thinking that if such content would be there in our HPE course, it would have been much better. Our HPE course is more concentrated on population and environment aspects.”

– Male Participant

“Our HPE course does not cover about online sexual harassment issues but our teachers teach those topics as they are relevant, despite not being covered by the curriculum.”

– Female Participant

“We cannot open up easily to male teachers as we do with female teachers when we discuss sexuality and reproductive health matters. In the case of male teachers, we don’t even ask them, so the confusion remains within ourselves. We ask our peers but don’t express with our male teacher.”

– Female Participant

“We don’t have labs for HPE as such to understand better like we do have in the case of science labs. Library is not functioning. We do not have access to reading materials related to adolescent SRH issues.”

– Male Participant
Furthermore, lack of staff or experts for counselling also is a hindrance for students to learn about SRH issues. However, some schools do have dedicated staff as counsellor and that has helped students a lot.

“We go for counselling sessions especially when we have dispute with friends. We also saw one documentary on menstruation in school. These sorts of additional information really help us to know more about sexuality and reproductive health which we can apply in our real life, apart from learning from the curriculum.”

– Female Participant

Home Environment

Home environment is also pivotal to affect an adolescent’s upbringing and the values they inculcate as per the guidance of their guardians/parents.

During the FGDs, most of the students shared that they were not allowed to use mobile phones.

“I do share some personal experiences with my friends but I am more close to my mother than my friends. So I share all my sexuality and reproductive health related queries and anxieties to my mother as I am most comfortable sharing such feelings with her.”

– Female Participant

Recommendations:

With regards to sharing what could be done to make CSE effective, students highlighted that the curriculum needs to be comprehensive – also including moral values components for safe sexual behavior. Furthermore, they opined that school and home environment should be free enough so that all types of adolescents (also shy and introvert ones) can share openly about their SRH queries, problems or anxieties without any hesitation.

“Due to poverty or other reasons, adolescents could go into wrong track. So, it is very important for us. When we think about sex, we always think it negatively. It is a natural phenomenon and we should treat it that way.”

– Male Participant

“Along with CSE, moral education is also very important. It should be included in detail as children are the pillars of development and they should be knowledgeable of what is right and what is wrong.”

– Female Participant
5. Media and Public Discourses on CSE in Nepal

The discourses on CSE has not been just limited to research and academic circles. It has expanded to media and public discourses as well. We have documented some of the opinions and views shared in the media, especially in key print outlets (both government and non-government). Likewise, non-government organizations have also highlighted about their events in the form of blogs: Some of the interesting observations in news reports and blogs have been presented here:

**News Reports**

Niranjan Kunwar, in The Kathmandu Post (Kunwar, 2019), highlighted that the complex and diverse arena of human sexuality is superficially taught by teachers who are either under-qualified or uncomfortable. Kunwar stressed on the pleasure and diversity of sexuality:

“In fact, SRHR is only one of seven sub-categories of CSE. ‘Pleasure’ and ‘diversity’ are two of the other categories, supporting the notion that sexuality is an intrinsic component to our overall well-being. There need to be open, honest discussions between caregivers and children around this topic so that young minds can develop positive attitudes and values towards sex, which directly contribute to their sense of self and enjoyment in life.”
Likewise, Kunwar also stressed that the lack of proper monitoring and ignoring sexuality education, silencing complaints of sexual abuse is tantamount to neglect and violence when it comes to the welfare of children. He shared examples of how even ‘progressive’ private schools in Kathmandu shy away from the topic, using “our Nepali culture” and “we don’t talk about these things” as convenient excuses.

Another popular English print daily, The Himalayan Times (2017) covered an event, advocacy workshop to journalists on CSE. The news coverage talked about the purpose of the workshop, which was to build understanding on these issues for quality media reporting so that any wrong perceptions policy-makers, young people and the common people might have can be changed. The news quoted Yam Narayan Ghimire, Deputy Director at National Centre for Education and Development under the ministry, who shared that students need comprehensive information about gender roles, reproductive health, HIV/AIDS, adolescent pregnancy and gender equality. He added, “Because there is a gap of information, we are working to provide information to students about how they could manage their sexuality and their sexual lives with the help of teachers.”

The Rising Nepal (2019) also covered a conference on Advancing Youth Sexual and Reproductive Health and Rights (SRHR) Rights Cannot Wait, organized by the Right Here, Right Now in collaboration with the National Youth Council. The news shared about stakeholders recommending the government to collaborate with more youth-based organizations for revision of Comprehensive Sexuality Education.
**Blogs**

International Planned Parenthood Federation (IPPF) (2017) in a blog highlights how CSE has gradually becoming part of the education curriculum in Nepal. The blog highlights how classes are run by youth volunteers – the idea being that they are closer to school children in age and experience, and so more able to empathize and connect with their experience. The volunteers are trained to have honest, open discussions with young people about processes like menstruation and sex – issues that are often shrouded in secrecy and damaging misconceptions.

Likewise, the United Nations Educational, Scientific and Cultural Organization (UNESCO) also cites instances of research findings that when young people grow up, young people face important decisions about relationships, sexuality, and sexual behavior. Experts have pushed for an updated school curriculum from primary to secondary education giving teachers and students a broader understanding of sexuality education.

"Comprehensive sexuality education teaches young people a range of information related to their own sexual anatomy, the act of sex, the use of contraceptives, and the risks of early pregnancy and STDs including HIV," Deergha Narayan Shrestha, UNESCO.

Similarly, IPAS also covered about positive impact of comprehensive sexuality education programs.

"From our projects around the world— including educating female factory workers in Nepal and marginalized students in Mexico City about how to access safe, legal abortion—Ipas knows that a successful comprehensive sexuality education program is more than just a curriculum. Programs must include training key stakeholders—especially teachers, parents and community members—plus a functional system for referring students to health services, available services that are youth-friendly, and strong partnerships with local organizations that work with youth."

Likewise, LOOM (2018) has also documented about public perception during Tweetathonon Comprehensive Sexuality Education (CSE) on 7th February, 2018. Some of the interesting comments on CSE were:

**CSE can facilitate proper information on safe abortion ensuring women’s right to control their own.**
Furthermore, Glocal Khabar (2017) also highlights the importance of CSE for adolescents as they lack the knowledge required to make decisions responsibly, leaving them vulnerable to coercion, sexually transmitted diseases, and unintended pregnancy. The blog also highlighted about the views of key government stakeholders on education:

*Dinesh Shrestha, Regional Education Director of Central Region said, “The government has developed various policies, plans and programs targeting women and girls. These programs have to be implemented effectively.” Likewise, Bishnu Adhikari, Regional Education Director of Western Region stressed the importance of triggering discussions to help identify gaps and provide feedback guiding ministries and stakeholders to mainstream, design and implement Comprehensive Sexuality Education.*
6. Conclusion and Recommendations

The findings from the evidence review, KII and FGDs as well as documentation of media stories and events reveal interesting facts and insights about CSE environment in Nepal. Thus, key findings from the study include:

**Key Findings:**

**Out-of-school children, disabled and LGBTQ issues not addressed:**
Currently, CSE is very limited to school children and there are significant number of out-of-school children who require CSE. Likewise, the policies and guidelines are also silent on CSE for disabled and LGBTQs. These sections of population have been deprived of any orientation or teaching on CSE.

**Sub-standard teaching:**
Overall impression from the evidence reviews and the opinion of stakeholders and students reveal that the teaching is sub-standard. There are issues with the delivery of the content, stapling of the chapters on SRH (trying to avoid teaching those content) which needs to be immediately addressed.

**Trainings not enough to improve teachers’ standard:**
The trainings provided on CSE has helped teachers to some extent but that has not been adequate enough. Some of the trained teachers require refresher trainings and some of the trained teachers have also been transferred elsewhere to other schools or left jobs.

**CSE as a more health and not a human rights perspective:**
CSE has been so far branded as a SRH issue. However, there are other moral values and human rights perspectives as well when it comes to freedom of choice, rights to knowing and understanding about one’s sexuality, which has not been adequately by the current CSE curriculum.

**School infrastructure and environment affecting openness of students:**
This study has revealed that the facilities and overall environment of the school affects the openness of the students in the classroom and with their peers to reveal their queries and anxieties related to SRH matters. Schools with counselor, adolescent friendly corner has helped students to open up and discuss SRH issues.

**Weak coordination of schools and CSE initiatives with local government:**
Local governments or Palikas are not aware or have not documented the CSE practices in schools and therefore, there is missing link for other schools where CSE is effectively implemented.
Recommendations:

Based on the key findings drawn from the study, the major recommendations from the study include:

**Targeted programming:**
Prioritizing the most vulnerable adolescents – the out of school, adolescents with disability and LGBTQ, as well as students in upper primary grades as in many places many girls do not make the transition to secondary school).

**Improvements in school facilities and environment:**
Facilities within the school need to be improved such as having a separate counselor, adolescent friendly rooms as well as providing confidence among students to open up about their anxieties and queries really help adolescents in sharing their feelings. Likewise, trainings for the teachers should be a routine capacity building initiative (with periodic assessment of learning abilities), not just one-off activity.

**Making CSE really comprehensive with human rights and moral values components:**
Adding rights-based perspectives into current curriculum framework so that adolescents also are aware of their own sexuality and bodily integrity.

**Interventions beyond classrooms:**
It is widely considered that healthy living should not be limited to the classroom; rather it should be extended beyond it. Schools and authorities should also understand the rights and responsibilities of the parents and young people.
High quality research and evaluation on CSE implementation and their effectiveness: A good quality evaluation research on sex education is critical for policy makers and practitioners to understand the needs of sex education and the existing gaps. Such evaluations help schools to identify the need of support by local authority in development and delivery of their policies and findings, and require a realistic amount of time.

Making local governments accountable to document effective CSE practices as lessons learnt for other schools: Local governments need to be made accountable for success or failure of CSE implementation in the schools of their area. This will ensure effective documentation of CSE practices as lessons learnt for other schools and this will also bring about healthy competition among schools.
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