YANGON UNIVERSITY OF ECONOMICS
DEPARTMENT OF APPLIED ECONOMICS
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AN ANALYSIS OF TEACHERS' PERCEPTION ON COMPREHENSIVE SEXUAL EDUCATION IN MYANMAR (CASE STUDY IN MIN HLA TOWNSHIP)

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A thesis submitted as a partial fulfillment of the requirements for the degree of Master of Public Administration (MPA)

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This is to certify that this thesis entitles "**An Analysis of Teachers' Perception on Comprehensive Sexual Education in Myanmar (Case Study in Min Hla Township)**" submitted as the requirement the Degree of Master of Public Administration has been accepted by the Board for of Examiners.

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ABSTRACT

This study investigates the teachers' perception on comprehensive sexual education in Myanmar, case study in Min Hla Township. The study applied the qualitative approach and a descriptive research method. The data was collected by using semi-structured questionnaire and analyzed by quoting method. The study found that sexual education would be more effective and beneficial for students when it can deliver at younger age because they are more comfortable to teach for school teachers. In fact, teachers need special training on sexual education in order to mitigate their anxieties about the sexual education and getting rid of negative cultural belief. Although teachers believed that comprehensive sexual education (abstinence plus curriculums) for school curriculum is good, most of the teachers desire to provide abstinence-only education at the school levels. Therefore, teachers agreed that health care providers should provide appropriate sexual health care services and health knowledges in once a month at schools. Moreover, teachers recommend that the sexual education should be evaluated through appropriate approaches to be more effective and adaptive to the local context.

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LIST OF ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
CSE	Comprehensive Sexuality Education
HIV	Human Immunodeficiency Virus
MDGs	Millennium Development Goals
MOE	Ministry of Education
NGO	Non-profit Organization
SE	Sexuality Education
SLS	Secondary Life Skills
SRH	Sexual and Reproductive Health
STDs	Sexually Transmitted Diseases
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Funds for Population Activities
UNICEF	United Nations Children's Fund
USDP	Union Solidarity and Development Party
WHO	World Health Organization
YMBA	Young Men's Buddhist Association

CHAPTER 1
INTRODUCTION

1.1 Rationale of the Study

According to World Health Organization (2006), sexuality is a central aspect of being human throughout life and encompasses sex, gender identities and roles, sexual orientation, pleasure, intimacy and reproduction (WHO, 2006). The epidemic of unplanned pregnancies and sexually transmitted diseases among adolescents has been a major social problem since the 1970s (Kirby, 1984). Adolescence is a period of life between childhood and adulthood during which puberty occurs. It is a period filled with excitement and the desire for sexual release (Achille et al., 2017). Transition from childhood to a young person is a challenging period for many young people and usually happens when most of them are still attending school (Mturi, & Bechuke, 2019). Sexual education is very necessary at this stage to help such adolescents receive information on how to channel their sex drive to other creative activities until they are fully matured for it (Akpama, 2013).

In the Standards, the concept of sexual education is defined as learning about the cognitive, emotional, social, interactive and physical aspects of sexuality. Sexual education starts early in childhood and progresses through adolescence and adulthood (Michielsen & Ivanova, 2022). It provides the information to adolescents to prevent them from negative risk about sexual behaviors such as dating practices, courtship, mate selection and social roles (Esu, 1990, as cited in Akpama, 2013). The primary goal of sexual education is that young people are equipped with the knowledge, skills and values to make choices about their sexual and social relationships affected by HIV and AIDS (UNESCO, 2009). Over the last few decades, there has been evidence that teaching about the cognitive, emotional, social and physical aspects of sexual can have positive impacts on children and young people's sexual and reproductive health (Picken, 2020).

However, many young people lack the information which they need to be better prepared to prevent adverse sexual and reproductive health outcomes such as early marriage, sexual coercion and violence, unintended pregnancy, unsafe abortion, and sexually transmitted infections. In these settings, school-based comprehensive sexual education (CSE) can help adolescents with the knowledge and practical skills to make safe and informed choices with regards to their sexual and reproductive lives (Keogh et al., 2018). It can also help young people to develop communication skills as well as enhancing their self-esteem and capacities in making decisions (UNESCO, 2012). Thus, the introduction of sexual education in school curriculum will partly reduce from unwanted pregnancies, illegal abortions, child sexual abuses and sexually transmitted diseases.

According to UNESCO, comprehensive sexual education (CSE) is a curriculum-based process of teaching and learning about the cognitive, emotional, physical and social aspects of sexuality (UNESCO, 2017). It aims to equip children and young people with knowledge, skills, attitudes and values that will empower them to realize their health, well-being and dignity, develop respectful social and sexual relationships, consider how their choices affect their own well-being and that of others, and understand and ensure the protection of their rights throughout their lives (UNESCO, 2018).

The effectiveness of school-based comprehensive sexual education depend on, among the factors, the effectiveness of teachers who implement it. Furthermore, it has been argued that the extent to which teachers implement the school-based sexual education curriculum is largely depend upon and influenced by their attitudes towards it. Although most people agree that sexual education should be taught in schools, there is still a great deal of controversy around the topics that should be dealt with. Studies have shown that, although teachers in different countries generally support the teaching of sexual education in schools, they encounter several obstacles (Mkumbo, 2012).

In fact, parents and teachers are also their children's primary educators so that they must help to decrease adolescents' sexual risk taking behaviors by discussing with or teaching them about sexuality (Noe et al., 2018). However, Myanmar parents also think that if teachers teach sexual education, they will encourage children to become sexually active (The Guardian, 2018). Therefore, depending on their social

and cultural backgrounds, Myanmar parents and teachers are frequently cautious in discuss sexuality with their children (Noe et al., 2018).

In Myanmar, the teaching of sexual education in school curriculum becomes a debatable issue. It should be given or not given that is a topic of discussion among teachers and parents. Furthermore, arguments are raised on what, when and how the message of sexual education should be given to adolescents. Among them, teachers are important role of program implementation about the sexual education curriculum. It is important that they should have a positive attitude towards sexual education in the school curriculum (Toor, 2012). Therefore, this study explored the teachers' perception on comprehensive sexual education in Myanmar and will investigate the difficulties and challenges they faced.

1.2 Objectives of the Study

1. To determine the teachers' perception on comprehensive sexual education.
2. To investigate the difficulties and challenges for school teachers when implementing the comprehensive sexual education in school level.

1.3 Method of Study

This study is a descriptive research and determines the teachers' perception on comprehensive sexual education in Myanmar. Qualitative research method was applied in this study in order to understand deeply about the perceptions of state high school teachers. The qualitative data collection methods such as in-depth interview and key informant interview were applied in this study and the collected data will be analyzed by quoting method. In-depth interview method was used to investigate deeply about the teachers' understanding on comprehensive sexual education and the difficulties and challenges faced by school teachers when implementing it.

The Key informant interview was conducted with head of the schools to clarify the impact of sexual education and to understand the whole picture of sexual education in the township level. The respondents were selected by using simple random sampling method. The secondary data was collected from the various academic sources such as journal articles, books, and governmental and organizational reports.

1.4 Scope and Limitations of the Study

This study selected Min Hla Township for case study. This study focuses only on the teachers' perception on comprehensive sexual education in Myanmar. The interview was conducted with 50 state high teachers from 6 state high schools in Min Hla Township and did not include private schools. In addition, six headmistresses were interviewed to understand the whole picture of the implementation of comprehensive sexual education in township level.

1.5 Organization of the Study

This study is organized into five chapters. Introduction presents in chapter 1 which includes rationale of the study, objective of the study, method of study, scope and limitations of the study, and organizations of the study. Chapter 2 emphasizes the review on previous literature from various academic sources. Then, chapter 3 expresses adolescents and comprehensive sexual education in Myanmar. Chapter 4 describes the findings from case study. Chapter 5 ends up with conclusion and recommendations.

CHAPTER 2
LITERATURE REVIEW

2.1 Sexual Education: History and Background

Sexual education was first introduced in 'Western' school curricula in the late 1950s as part of biology lessons (Sida, 2016). Starting from Europe and the United States, and then spreading around the globe, nation-states looked to their burgeoning educational systems to describe, explain, and especially control sex. By the 1970s, nearly every country in the Western world had instituted some form of sexual education; most nations in the developing world would do the same during the HIV/AIDS crisis of the 1980s and 1990. Starting in the early twentieth century, adults around the world worried that youth sexual behavior was spinning out of control (Princeton University Press, 2015).

In developing countries, adolescents face the same complex choices about sexual activity, with the additional constraints of lower availability of information about safe sexual practices and restricted access to reproductive health services (Chong et al., 2013). Additionally, these include sexually transmitted diseases (STDs) and unintended pregnancies caused by engaging in risky sexual behaviors. Research has found that the age group 15 to 24 year olds to be at a much higher risk for STDs due to at-risk behavioral practices, which include unprotected intercourse and sex practices (U.S. Department of Health & Human Services, 2009 as cited in McConkey, 2014).

In recent decades, there is an increased international focus on sexual education as a means of improving gender equality, human rights and well-being of individuals - especially children and young people. It is recognized by many international bodies that all children and young people should have access to age-appropriate sexual education (Picken, 2020).

Early sexual activity among teenagers is an increase in many societies of the world today. This may be as a result of ignorance, lack of appropriate guidance and counseling, faster biological development and lack of moral education, inadequate

parental care, and bad role model of parents, certain cultural influences and practice. However, traditional belief and taboos relating to assumption that sexual education could lead to early knowledge of sexual matter and practice has resulted in resistance to teaching sexual education in schools (Esohe & peterinyang, 2015).

UNFPA and WHO (2016) claimed that sexual education does not encourage children and young people to have sex (UNFPA & WHO, 2016). Furthermore, this not only focuses exclusively on sexual intercourse and reproduction but also consider all aspects of life which are related with sexuality (Toor, 2012). In fact, sexual education aims to develop and strengthen the ability of children and young people to make conscious, satisfying, healthy and respectful choices regarding relationships, sexuality and emotional and physical health. The importance of sexual education at an early age has been increasingly emphasized in the literature due to the acceleration of elementary school students' physical and mental growth (Shin, Lee, & Min, 2019).

By the 1980s, the argument about sexual education shifted from whether schools had a role to play to what type of sexual education was appropriate. Various studies also affirmed that delivering sexual education to children and adolescents at school can have a positive effect on larger societal issues, such as gender equality, human rights, and the well-being and safety of children and young people (Kantor, Santelli, Teitler, & Balmer, 2008). Therefore, in many low and middle income countries, sexual education is increasingly seen as being important for young people to gain better knowledge of both the physical and emotional aspects of sex and reproduction (Sida, 2016).

2.2 Sexual Education and Culture

In almost every country, the implementation of sexual education in schools has faced legal, cultural and religious barriers. Parents, teachers, health care providers and government officials know it difficult to teach sexual education (Gahn, 2002). Sexual health and sexuality are hardly discussed due to people's cultures and religious beliefs. Open discussion of sexual matters between parents and their children or teachers with students is usually absent at the very time when it is most needed (Isirabahenda, 2017). Moreover, controversies over sexual education curriculum fueled by national religious groups that pressured policymakers to support abstinence-only approaches to sexual education (Kantor, Santelli, Teitler, & Balmer, 2008).

Sometimes sexual health and sexuality are ignored or not mentioned in different societies due to religious and culture ideologies. The ability of young people to achieve sexual health and wellbeing depends on teachers being able to access comprehensive information about sexuality, knowledge about the risks they face their vulnerability to the adverse consequences of sexual activity; access to good quality sexual health care and promotes sexual health (Isirabahenda, 2017).

Adolescents can differ in their level of sexual knowledge and culture in which they were born and raised (Nctsn, 2008). Different cultures perceive sexual education differently due to differences in attitudes and beliefs leading to significant diversity in the management of sexual education among different societies across the globe (Almahbobi, 2012). Cultural influences can impact on the sexual health of young people from culturally diverse backgrounds (Rawson & Liamputtong, 2009). For example, discussing sex or sexual abuse with fathers may be seen as disrespectful. Racial identity, ethnicity, religion, socioeconomic and other cultural factors impact individuals' and families' receptivity and response to treatments or services (Nctsn, 2008).

Diversity in the background cultures will influence the success and direction of sexual education programs. The sexual education program focuses specifically for adolescents who really could benefit from an appropriate sexual education program. Believers of traditional cultures view sexual education as a platform to encourage sexual activity among teenagers. Ignorance of sexual education increases the chance of unwanted pregnancies and the prevalence of teenage parenthood (Almahbobi, 2012). Policymakers and public discussions on adolescent sexual education are frequently fueled by religious, social, and cultural values, while receiving scant scientific attention (Khubchandani, Clark, & Khumar, 2014).

Sexual education reform requires support and collaborative effort. Basic elements of successful education programs in a modern society require knowledge of diverse cultures and related beliefs about sexual education (Almahbobi, 2012). Teachers' cultural perspectives influenced their practice of teaching sexual education to adolescent learners. Notably, culture provides the context for the primary socialization of the child, determining appropriate male/female behavior and values regarding sexuality (Msutwana, 2021).

2.3 Type of Sexual Education Programmes

Sexual education is the systematic attempt to promote the healthy awareness in the individual on matters of his or her sexual development, behaviors and attitudes through direct teaching (Frimpong, 2010 as cited in Ochilo, 2013). Durojaiye (1972), essen (1994) in their studies revealed that the introduction of sexual education in the school curriculum is to give their adolescents the sexual information which they require to help them function well in the society (Akpama, 2013). Sexual education curricula aims to provide lifesaving education to young adults who will potentially carry and safely practice the knowledge learned for the rest of their lives. Thus, young people need to be given the opportunity to acquire essential life skills and develop positive attitudes and values (Msutwana, 2021).

A recent nationwide data of middle school and high school parents in United State found that 90% believed that sexual education should be taught in school, whereas 7% of parents did not want sexual education to be taught. Only 15% wanted an abstinence-only form of sexual education. Parents thought it was appropriate to provide high school and middle school youth with broad information on sexual issues, including sexually transmitted infections (Santelli et al., 2006).

There are two forms of sexual education programmes in many schools around the world.

(1) Abstinence-only SE programmes and

(2) Comprehensive SE programmes.

2.3.1 Abstinence-only SE programmes

The Abstinence-Only SE program promotes abstinence from sex, discussions of values, character building, and refusal skill, and do not teach that many teenagers become sexually active, as the only option for unmarried people (Fentahun, Assefa, Alemseged, & Ambaw, 2012). It provides education on sexual and reproductive health education, particularly regarding birth control, STDs and safe sex practices (McConkey, 2014). These activities are presented only from the perspective of their negative consequences and abstinence is presented as the only safe way of avoiding those. Children are not provided with information about using and obtaining condoms, and other contraceptive methods (Popa & Rusua, 2015).

Abstinence from sexual intercourse is an important behavioral strategy for preventing human immunodeficiency virus (HIV), other sexually transmitted diseases

(STDs), and pregnancy among adolescents. Public opinion suggested strong support for abstinence as a behavioral goal for adolescents (Santelli et al., 2006). The teaching of abstinence-only is supported by religious institutions that may influence community and school leaders' attitudes about school-based sexual education curriculum decisions (Millner, Mulekar, & Turrens, 2015).

Abstinence-only SE program teaches that sex should be delayed until marriage, and discussion of birth control methods is typically limited to statements (Kohler, Manhart, & Lafferty, 2008). Implementation of abstinence-only programs does not help young people postpone sexual behavior or practice safer sex once they initiate sexual behavior (Kantor, Santelli, Teitler, & Balmer, 2008). Comprehensive reviews of abstinence-only curricula have consistently noted that they contain false or misleading public health information (Beh & Diamond, 2006).

Abstinence-only curricula contain wrong information about the effectiveness of contraceptives and risks of abortion. Many of the curricula misrepresent the effectiveness of condoms in preventing sexually transmitted diseases and pregnancy. Another teaches that a pregnancy occurs one out of every seven times that couples use condoms. Serious and pervasive problems with the accuracy of abstinence-only curricula may help explain why these programs have not been shown to protect adolescents from sexually transmitted diseases and why youth who pledge abstinence are significantly less likely to make informed choices about precautions when they do have sex (Waxman, 2004).

2.3.2 Comprehensive SE Programmes

On the other hand, the comprehensive SE programs acknowledge that abstinence is the best method for avoiding sexually transmitted diseases (STDs) unintended pregnancy and also teach about contraception and condom use and discussions about abortion (Fentahun, Assefa, Alemseged, & Ambaw, 2012). This programme is also called abstinence-plus SE programme. There is significant evidence that a comprehensive approach to sexual education promotes sexual health among young people by reducing sexual risk-taking behavior (Planned Parenthood, 2016).

A comprehensive approach entails acquiring knowledge, developing attitudes and skills that are supposed to contribute to the sexual and reproductive health of a person and to an enhanced quality of life. These programmes describe abstinence as

the safest method in preventing negative and unwanted consequences associated to sexual activity, but this description is not their sole primary goal (Popa & Rusua, 2015).

Comprehensive sexual education curricula involves for avoiding unintended pregnancy and STDs, but incorporates age-appropriate, medically accurate education on a broad set of topics related to sexuality including human development, relationships, decision-making, contraception, and disease prevention (McConkey, 2014). It also provides students with opportunities for developing skills such as interpersonal and communication skills and explore their own values and goals (Advocates for Youth, 2001, p.1 as cited in McConkey, 2014).

Comprehensive programs include abstinence messages but also provide information on birth control methods to prevent unwanted pregnancy and condoms to prevent STDs (Kohler, Manhart, & Lafferty, 2008). Research findings support the effectiveness of CSE programmes and suggest that there are insufficient data to support abstinence-only programmes as successful in encouraging teenagers to delay sex until marriage. Consequently, there is no sufficient data in avoiding pregnancy and STD infection (Francis & DePalma, 2013).

These two methods may be taught in many schools throughout the world. There are many challenges for policy makers and administrators in deciding which type of sexual education to present to students in the public school system. Early debates focused on whether or not to teach sexual education in the schools, while current debates become to address the type of sexual education to teach (Wiley, 2002 as cited in Pittman & Gahungu, 2006). Abstinence-only curricula emphasize abstinence as the only option when it comes to sex before marriage, and includes discussions on values and character building. Comprehensive sexual education also educates many teenagers about contraception and disease-prevention methods (Collins, Alagiri, & Summer, 2002 as cited in McConkey, 2014).

2.4 Adolescents and Reproductive Health Education

Sexuality is an essential component of healthy development for adolescents (Shtarkshall, Santelli, & Hirsch, 2007). Adolescence is defined as the phase of life stretching between childhood and adulthood. Adolescence encompasses the biological growth and social roles transitions, but both of which have changed in the past

century (Sawyer, Azzopardi, Wickremarathne & Patton, 2018). Therefore, adolescence is an appropriate period to set foundations with suitable guidance for healthy and adult-life.

Sexual health is a fundamental part of human health and wellbeing which requires minimizing risks, avoiding misconceptions about sex and ability to control (Health in site, 2007 as cited in Tugli, Mokonoto, & Morwe, 2013). Puberty is the beginning of reproductive capabilities and hormonal changes that it can increase sex drive (Singh, 2016). Adolescents may face many sexual and reproductive health risks stemming from early, unprotected and unwanted sexual activity (WHO, 2012 as cited in Janet, 2017). Sexual and reproductive health is based on the ability of all individuals to decide over their own bodies, and to live healthy and productive lives (Sida, 2016). However, children seek information about sexuality from other sources such as their peers and the media. This has led to an increase in teenage pregnancies and HIV/AIDS infections (Mchunu, 2007).

School-based sexual education programmes can have an impact on health-related knowledge and attitudes. Providing sexuality education does not lead to an increase in sexual activity, risk-taking behavior or STDs/HIV rates in young people (Piken, 2020). Adolescent require right information and education on sexual and reproductive health. They should understand their sexual and reproductive health as they grow in order to make sound choices, enjoy health and positive lifestyle. This will enable them avoid undesired consequences. They are also encouraged to have responsible behaviors such as abstinence and delay in sexual involvement (Ochilo, 2013).

Young people have individual rights to control their reproductive choices and made commitments to providing sexuality education and counseling for young people (Tarshi, 2019). As an increasing number of adolescents are subject to sexually transmitted diseases (STDs) and HIV/AIDS, unplanned pregnancies and unsafe abortion, the need for inculcation on sexual and reproductive health (SRH) for adolescents acquires a new urgency (Gahn, 2002). Comprehensive sexual education was thought to be one of the key recommendations to fast track the HIV response and end of the AIDS epidemic among young people (Nyimbili et al., 2019).

The risk behaviors can incur adverse consequences such as violence including HIV and AIDS (Tugli, Mokonoto, & Morwe, 2013). Key factors for this issue are lack of access to sexual education, and to accessible, affordable, and appropriate

contraception (WHO, 2012). Moreover, young people lack right information on sexual health and sexuality and endanger their lives. Lacking information on sexuality and sexual health creates particular difficulties for young people and therefore can face numerous challenges (Isirabahenda, 2017).

Adolescent sexual and reproductive health has become a major concern to public health (Janet, 2017). Reproductive health deals with the reproductive processes and system at all stage of life (Isirabahenda, 2017). Sexual health problems cause negative externalities from contagious diseases and public expenditure burdens from teenage pregnancies (Chong et al., 2013). Thus, the notion of sexual health implies a positive approach to human sexuality, and the purpose of sexual health care should be the enhancement of life and personal relationships (WHO, 1975 as cited in Planned Parenthood, 2016).

Therefore, sexual and reproductive education coupled with access to a variety of contraceptive methods and health services is the proven most cost-effective way of solving sexual problems. To achieve these goals, it is of a vital importance to engage everyone in the community for positive social environment including young people, parents, elders, religious and business leaders, health care providers, and other opinion leaders and policy makers. This multi-level approach is essential and the importance of sexual and reproductive health needs of young people and increasing their access to protective health services (Myanmar Partners, 2015).

2.5 The Importance of Teachers Participation in Comprehensive Sexual Education

The demands of contemporary society introduce challenges for teachers as key actors in formal educational systems (Nunez, 2018). School-based sexual education holds the potential to reach a great number of young people and enable them to develop sexuality-related knowledge (UNESCO, 2018). Among them, teachers are key players in the provision of school-based sexual education, influencing how sexual education is delivered, and fundamentally shaping students' competences with respect to sexual health and wellbeing (Xiong, Warwick, & Chalies, 2020). Providing the information on sexuality to children that is scientifically accurate, age-appropriate and complete, as part of a carefully phased process from the beginning of formal schooling (including kindergarten and pre-school) is something from which children can benefit (UNFPA & WHO, 2016).

Teachers should be the primary sexuality educator of their children. However, the teachers may need support and expertise from schools and other organizations. That it is important that young people received sexual health information and develop practical skills which are appropriate with their age (Esohe & Peterinyang, 2015). Qualities of the teacher and classroom environment are associated with increased knowledge of health education, including SE for students (Pound et al., 2017 as cited in Mchunu, 2007). Moreover, as teachers directly associate with their students on a daily basis, in principle they can understand better than policy makers what young people really want and advocate for young people's needs (Xiong, Warwick, & Chalies, 2020).

Teachers in many countries do not receive good quality training and thus support them in dealing with the challenges they encounter in classrooms. Teacher's training impacts on student learning outcomes in sexual education. Well-trained teachers can build a supportive classroom culture and engage students in a participatory way which can strengthen students' competences in communication, critical thinking and problem-solving ability which are considered important as part of comprehensive sexual education (UNFPA 2014 as cited in Xiong, Warwick, & Chalies, 2020).

Moreover, the\ economically disadvantaged communities, especially people living in rural areas, townships and informal settlements bear the heaviest burden of lack of sexual knowledge. It is understandable that issues around sexuality may be difficult to discuss because they are personal and there is a great diversity in how they are perceived and approached (Mchunu, 2007).

Mwanakatwe's a point of view (1974) states that traditional education did not discuss sexual related matters to children except when that children reached the right age to hear such discussions (Nyimbili et al., 2019). However, school-based sexual education should be developed within the context of the traditions, beliefs, values and educational norms of the society. It must address the needs and concerns of young people themselves as well as those of communities and teachers (UNAIDS/WHO/UNESCO, 1999 as cited in Gahn, 2002).

For teachers, delivering sexual education involves both new concepts and new learning methods and thus specialized training is important. This training should have clear goals and objectives, should be based on the curriculum that is to be implemented, should provide opportunities to rehearse key lessons in the curriculum.

All of this can increase the confidence and capability of the educators (UNESCO, 2009). Many educators feel anxious or tentative in tackling the topics of sex, sexuality and sexual health. Moreover, they may feel overwhelmed about where to start or confused about what to teach and when to teach it. Some teachers do not approve the inclusion of sex education in the school curriculum for fear that it would lead to promiscuity and there are some who are not willing to offer sex education to adolescents (Esohe & Peterinyang, 2015).

Effective sexual education starts early before young people reach puberty, and before they have developed established patterns of behavior. Primary school boys and girls are likely to continue to engage in premarital sex with or without sexual education. Sexual education would help the youth to know more about the biological development of their bodies (Wanyonyi, 2018). Mainly, to be effective sexual education should be a gradual process with appropriate information and skills conveyed at different ages (Gahn, 2002).

Effective sexual education also requires a clearly-defined sexual education approach with a clear link with the school curriculum and includes a team of trained teacher educators (Ollis et al., 2013 as cited in Nunez, 2018). Good quality sexual education is grounded in internationally accepted human rights, in particular the right to access appropriate health-related information (UNFPA & WHO, 2016). Then, comprehensive sexual education must be age-appropriate and consistent with young people's capacities, needs to be culturally relevant and scientifically accurate (Nunez, 2018). Therefore, there is an international consensus that sexual education can have a positive impact on young people's sexual health. (Picken, 2020).

2.6 Reviews on Previous Studies

Akim J. Mturi1 and Andre L. Bechuke (2019) explored that Challenges of Including Sex Education in the Life Orientation Programme Offered by Schools: The Case of Mahikeng, North West Province, South Africa. A qualitative approach of inquiry was used to investigate challenges faced by schools offering sexuality education in Mahikeng, South Africa. The results showed that although learners are very much interested in the subject matter, there were no qualified teachers and the content of the curriculum is very shallow. In addition, schools paid very little attention to this subject since it is not considered for admission into tertiary

institutions. The appropriate age-specific topics on sexual matters for learners should also be revised and the qualification of teachers considered.

Vicki Pittman and Athanase Gahungu (2006) investigated Comprehensive Sexuality Education or Abstinence-Only Education, Which Is More Effective? It pointed out that comprehensive sexuality education appeared to be more effective than abstinence-only sexuality education. In addition, it may be worthwhile to examine program effectiveness through those who have participated in both abstinence-only sexuality education and comprehensive sexuality education for a better comparison.

Friday Nyimbili, Rossa Mainza, Luciano Mumba and Brian Katunansa (2019) made a study on teacher and parental involvement in the provision of comprehensive sexuality education in selected primary schools of Kalomo district of Zambia. These study findings revealed that parents in schools supported the teaching and learning of comprehensive sexuality education by allowing relatives to help pupils answer the question on sensitive pregnancy, childbirth and sex itself. The study recommended that both parents and teachers should impart correct knowledge on comprehensive sexuality to the future generation by breaking the cultural barriers which hinder the smooth delivery of Comprehensive Sexuality Education knowledge in the community.

Namisile Joyce Mchunu (2007) conducted to explore teacher's perceptions of the teaching of sexuality education in secondary schools. It was found that 30% of the teachers had no training and only 20% had tertiary training for delivering sexuality education. Half were trained via Departmental workshops but as far as the teachers were concerned, this training was not adequate and left them feeling uncomfortable teaching certain topics. 90% of the sample felt that their school does not have sufficient resources to assist in the teaching of sexuality education and only a third of respondents indicated that the school management supported them in teaching sexuality education. Female educators were more positive confident about the beneficial effects of sexuality education for boys and girls.

Ziyin Xiong, Ian Warwick and Sebastien Chalies (2020) make a study on understanding novice teachers' perspectives on China's sexuality education: A case study based on the national pre-service teacher education programme This study found three specific capabilities teachers valued regarding the delivering sexuality education in the classroom. Additionally, four main constraints limiting teachers to deliver sexuality education were identified, and the interplay of these constraints with

gender and broader sociocultural factors is illustrated. These results suggest that policy actions need to be taken in the education sector to reorient the current exam-dominated culture.

CHAPTER 3
ADOLESCENTS AND COMPREHENSIVE SEXUAL EDUCATION IN MYANMAR

3.1 Introduction to Comprehensive Sexual Education in Myanmar

In Myanmar, sexual education was first introduced in 1998 as part of a Unicef-supported extracurricular programme along with information on HIV, nutrition, and hygiene (DW NEWS, 2020). The National Life Skills Education curriculum in Myanmar developed by the Ministry of Education (MOE) in collaboration with UNICEF in primary schools since 2006 and middle schools as a compulsory co-curricular subject in 2008. A 2012 assessment of Life Skills Education in middle school found that student's knowledge on reproductive health is low because of cultural sensitivity and lack of teaching training (UNESCO, 2017).

In 2016, the Myanmar government integrated sexual education into the life skills subject in high school core curriculum and textbooks were gradually revised (Myanmar mix, 2020). Head of UNESCO Myanmar and Ministry of Education also welcomed to introduce comprehensive sexual education into the education system (UNESCO, 2017). Mainly, sexual education is taught to young people between the ages of 10 and 16 as secondary life skills (SLS) curriculum, which covers social skills, emotional intelligence to disease prevention, reproductive health and adolescent relationships, sexually transmitted diseases and drug use. This curriculum was revised between 2006 and 2011 and it is as a co-curricular which means do not need to take exam on this subject (Michaels, 2014).

Sexual education textbook mainly includes about reproductive health including the issues of puberty, HIV and STDs, contraceptive use, and disease prevention and nutrition (Myanmar Mix, 2020). This topics covers the tright information, what is pregnancy?, can you take responsibility for these?, how to prevent negative sexual consequences. Reproductive health is introduced in grade-6 with lessons on physical growth and emotional changes due to puberty. Young people

also learn about HIV transmission at this time. As grade-7 students, they learn to consider boy-girl relationships to determine an age-appropriate level of closeness, and in grade-10 and 11, the curriculum provides how to prevent unplanned pregnancies and STIs, with abstinence promoted as the most effective method. Moreover, they could learn the most effective method for preventing negative risks about sexuality, such as the use of condom (Michaels, 2014). Furthermore, the amended curriculum was set up to introduce several units such as adolescent health, substance abuse, pollution and environmental hazards (Thu, 2020).

In addition, a new textbook involves a frictional same sex- couple and young students who find themselves attracted to the opposite sex. This issued a statement arguing that the LGBT couple featured in the textbook would make students more accepting of same-sex relationships (DW News, 2020). Moreover, a new text book included scenarios such as teenagers feeling intimate over homework, a gay couple whose condom breaks and a customer at a karaoke bar offering waitress money for sex (AFP, 2020).

In 2018, UNFPA is also working with governments and partners to embed comprehensive sexual education into school curricula and out-of-school activities (UNFPA, 2018). Out-of-schools, telephone advice hotlines have been launched not only by the Myanmar Medical Association but also by the government's Department of Medical Research and a radio program on Shwe FM about youth issues which includes HIV/AIDS, unintended pregnancy, family problems, adolescents' sexual issues and risk (Michaels, 2014). In Myanmar, UNFPA is providing technical and financial support to the government's new youth policy that for education to cover sexual and reproductive health. UNFPA also advocates for all young people to have access to comprehensive sexual education (UNFPA, 2018).

Moreover, at the 2019 UNESCO - led policy seminar discussed the ways in which to introduce comprehensive sexual knowledge and related life skills to current and future generation of children and young people in Myanmar. Then, it also involves other discussions that comprehensive sexual education should be age-appropriate and strengthened to the basic education curriculum (UNESCO, 2017).

In addition, although sexual education exists in state schools curriculum, parts of the new textbook reached social media before the classroom (The Guardian, 2018 & Myanmar Mix, 2020). In fact, many adolescents in Myanmar usually get sexual information mainly from peers and the online media (Oo et al., 2015). Therefore,

comprehensive sexual education is a controversial subject that should be taught or not at Myanmar schools (Onedharma, 2020).

After that, Buddhist monks and conservative parents protested the distribution of the life skills textbook that is immoral and a threat to Burmese culture. Moreover, the Union Solidarity and Development Party (USDP) member's request to reject the new curriculum content has been rejected by parliament. As a result, the Ministry of Education said that it would consider revising the life skills curriculum by altering the language used in the course. Nevertheless, the director of general of Ministry of Education (MOE) said that they will revise the words and case studies that received criticism from the people who do not like the lessons in that curriculum (DW NEWS, 2020). Thus, sexual education was not taught as a separate subject in most of the schools in Myanmar, (Reuters, 2020).

3.2 Multi-stakeholders Perception on Sexual Education

Recently, Myanmar made a headline over a newly proposed school curriculum which would include the topic on sexual education. The announcement also drew criticisms from mostly conservatives and religious folks for sexual content and concern over its potential to encourage premarital sex (Myanmar Mix, 2020). When sexual education is taking off in Myanmar, where local women also say that there is still a staggering amount of ignorance about their bodies and sexual health (Lavoipierre, 2015).

A rector of the public university's perception, teaching sexual education would not be convenient if same-sex case studies are in the textbook as it hasn't been culturally accepted in Myanmar. This subject of sex is still considered a taboo topic in the largely conservative Buddhist-majority country. Moreover, his suggestions are that sexual education should be convenient if doctors are sharing sexual education information with students, but not the teachers. It would be awkward if teachers are teaching it to their students because of Myanmar culture (DW NEWS, 2020).

Deputy Director General of the Education, Research, Planning and Training Department of the Ministry of Education, numerous consultations and deliberations have been made to be more relevant to the students about the sexual education. Another important is that teachers will also be trained properly prior to teach this subject (Thu, 2020). Moreover, some physician about teaching sexual education made a debate in Mandalay that sexuality education should be started with the translation

into Myanmar language. Since then, the result doesn't want to accept sex education as a textbook topic because they consider the term sexual education rude in Burmese society and culture (DW NEWS, 2020).

There is social stigma existing in Burmese community to speak about sexual health especially adolescents and young people because they are too shy to talk about it (United Nations Myanmar, 2022). According to religious leader's opinion, if teachers deliver students sexual education, it will encourage teenagers to have sex and more teenage pregnancies. It will lead to more bad than good, which is why I have to protest against this curriculum (Myanmar mix, 2020).

The Secretary General of Young Men's Buddhist Association (YMBA)'s perception, teaching sexual education is not necessary, students will naturally learn as the age. The idea of teaching sexual education was also argued that the topics should only be discussed within the family no involvement of schools is needed. However, the majority of the Myanmar family never talks about safe sex practices which sounded shameful, and the end result of this is that unreliable sources such as peers (Thu, 2020).

Myanmar adolescent girls have traditionally received sexual education from a female family member, generally an adult aunt or a grandmother who taught them about female hygiene and abstinence only about sex. Parents are likely to use religious instruction rather than direct communication on sexual and reproductive health. Moreover, some parents in Myanmar are too busy to take time to discuss this topic with their adolescents, which creates a sexual and reproductive health communication barrier. Mainly, traditional norms and religious views in Myanmar are assumed to forbid adolescents to get discussing sexual and reproductive health (Noe et al., 2018).

According to local NGO worker' attitude, the most people' view are that the women are lower than men because of their menstruation periods which lead to some strange and discriminatory practices. Another situation is that don't wash together with men clothes and women's clothes. Most people think that if they touch together, men will lose their glory or power or status (Lavoipierre, 2015). In addition, much of the country is still under the sway of superstition that women wash their hairs when menstruating could be fatal. Moreover, women's underwear must be washed separately from men's underwear (Lorcan Lovett, 2020). There are the consequences of being influenced by culture and lacking sexuality education (Noe et al., 2018).

Thus, it is the main causes of gender inequality in Myanmar. For example, menstrual blood is very dirty and rotten because it is not a fresh blood. When this blood is dirty, women are considered to be lower than men (Lavoipierre, 2015).

Another person who from local NGO said that knowing about our sexuality and bodies does not harm our life so that it makes benefits for us (Lavoipierre, 2015). Finally, UNFPA's Representative in Myanmar said that comprehensive sexual education should teaches children and young people the emotional, physical and social aspects of sexuality. More importantly, young people can make informed and safe choices about their bodies and their lives, young people need knowledge (UNFPA, 2018).

3.3 Adolescent's Reproductive Health Knowledge

Adolescents in Myanmar face different social and cultural barriers to get right information about sexual and reproductive health and rights complications (United Nations Myanmar, 2022). The access to reproductive health services and information is that there is very limited for young people in Myanmar, particularly in rural communities. This is due not only to inadequate knowledge and expertise among health and medical care providers but a lack in the number of providers themselves (JICA, 2004). As a result, the likelihood of heinous crimes such as the "Victoria" child rape case is increased because of the lack of sexual education (Myanmar Mix, 2020).

Some parents expressed that it is difficult to have conversations on sexual and reproductive health with their children because they are afraid that discussion might make sexual activities seem attractive. Some parents explained that they didn't confer with their children about STDs including HIV/AIDS, early pregnancy, and use of condoms because they thought that their children learned everything through advanced science and technology. Some Myanmar parents feel their children that they are not mature to understand sexual and reproductive health (Noe et al., 2018).

According to United Nations Children's Fund (Unicef) Myanmar, many young people in the country still have a limited understanding of sexual and reproductive health (DW NEWS, 2020). In Myanmar's society, open discussions do not usually take place between adolescent children and parents. Sometimes parents do not feel free to initiate conversations on sexual health issues even if they think it is necessary to discuss it with their children (Oo et al., 2015). To address these issues, UNESCO in

collaboration with the Ministry of Education held a policy seminar on 22 March, 2019. More than 50 representatives from government and non-government organizations discussed together to share good practices and identify opportunities for strengthening sexual education policy, curriculum and teaching in Myanmar (UNESCO, 2022).

In Myanmar, a 2019 survey of 1000 unmarried adults aged 18 to 45 revealed that three out of four had never had sex education. Half of the respondents believed that sometimes a boy has to force a girl to have sex if he loves her. The overwhelming majority 97% believed that women should remain virgins until marriage and 76% thought the same for men (Lorcan Lovett, 2020).

Without having access to sexual and reproductive health information including family planning, young people in Myanmar tend to experience consequences such as unwanted pregnancy and unsafe abortion, leading to other life-threatening complications (United Nations Myanmar, 2022). Early marriage is still widespread in most parts of the developing world particularly in Myanmar. Only a minority of young people has correct knowledge about HIV/AIDS and then, young women aged 15-19-years old are less likely to use modern contraceptives than women aged 20 to 24 in Myanmar (Tint et al., 2008).

Studies in Myanmar show similar situations where young people were vulnerable to reproductive health problems (Tint et al., 2008). As a result, Myanmar also has one of Asia’s highest rates of adult HIV (DW NEWS, 2020). In fact, adolescents are at risk of adverse reproductive health outcomes such as unplanned or unwanted pregnancy, unsafe abortion, maternal health complications, and sexually transmitted diseases including HIV/AIDS in Myanmar. It is estimated that 40 % of HIV infections occur among 15-24 year olds (Oo et al., 2015).

Approximately 10% of young people in urban areas and 35% in rural areas of Myanmar are out of school, and socio-economic reasons were the main causes for leaving school early. There is a reason that out-of-school young people from lower social group families are more likely to have risky behaviors because reproductive health programs for adolescents are usually school-based. Nevertheless, reproductive health services in Myanmar are targeted to married women of reproductive age group (Tint et al., 2008). Therefore, the inequity of access to reproductive health knowledge between married women and unmarried women and those living in urban and rural areas are an issue of high priority (Zaw et al., 2012).

Many young people in Myanmar are engaging in risky sexual behaviors, which include introduction to sex at an early age particularly under 15 years, multiple sexual partners, not using condoms, and sex under the influence of alcohol. These behaviors may be related to sexually transmitted diseases including HIV/AIDs, unwanted pregnancies, unsafe abortions, early child births, low birth weight babies, maternal and child deaths (Noe et al., 2018).

Firstly, reproductive health education due to Myanmar's culture should be begun with abstinence only that is the only completely certain way for young people to protect themselves against negative consequences. To successfully practice abstinence, young people need skills including decision making, communication, negotiation and refusal skills (Myanmar Partners, 2015). Thus**,** all young people in Myanmar have their own rights to access available reproductive health services and achieve a healthy reproductive life which is also a keystone to achieving the Millennium Development Goals (MDG target 5b) (Zaw et al., 2012). Therefore, in order to make healthy, responsible decisions, young people in Myanmar need accurate information about puberty, reproduction, relationships, the consequences of unsafe sex, and how to avoid negative situation. (Burnet Institute, 2017).

3.4 Teenage Pregnancy and Maternal Mortality

Globally**,** adolescent pregnancy is the second leading cause of mortality in the 15 to 19 years old age group and is major public health problem (Sychareun et al., 2018). Every year, 2800 women in Myanmar die in pregnancy and childbirth (UNFPA, 2012). The increase in proportion of sexually active adolescents and insufficient use of effective contraceptive methods contributed to an increase in unintended teenage pregnancy and abortion among adolescent in Myanmar (Myintzu et al., 2019). Teenage pregnancy rate in Myanmar is also nearly 10 times higher than those in developed countries in Asia (Myanmar Partners, 2015). Therefore, the decline in adolescent pregnancy rates can be attributed to increased pregnancy health literacy (Lat & Mya, 2022).

In addition, most sexually active adolescents among Myanmar society do not want to have children when they are studying, young or not married. So, they can face the risk of unintended pregnancy and induced abortion unless they are using an effective contraceptive method (Myintzu et al., 2019). As a consequence, adolescent mothers due to teenage pregnancy also tend to leave school early and loss of future

employment opportunities (Sychareun et al., 2018). In addition, adolescents are more likely to die from the causes of unwanted pregnancy and childbirth compared to reproductive-aged women due to Myanmar culture (Zaw et al., 2012).

According to 2014 Myanmar Population and Housing Census, the fertility rate of females aged 15-19 was 33 births per 1,000 women (United Nations Myanmar, 2022). Fertility rate is also slightly higher among women in rural areas (2.4) than women living in urban areas (1.9). Fertility also varies by state/region, from a low of 1.8 in Magway Region and Yangon Region to a high of 4.6 in Chin State (Htay et al., 2000). The data highlights the needs to enhance protection and promotion of sexual and reproductive health among women and young people (United Nations Myanmar, 2022).

Currently, the fertility rate for Myanmar declined from year to year, means that 17.519 births per 1000 people in 2019, 17.339 births per 1000 people in 2020, 17.158 births per 1000 people in 2021 (Macrotrends, 2022). In 2021, fertility rate for Myanmar was 2.2 births per woman. Over the last 50 years, fertility rate of Myanmar was declining at a moderating rate of shrink from 5.6 births per woman in 1972 to 2.2 births per woman in 2021 (Knoema, 2022).

Young people represent the potential of Myanmar's future development so that lack of family planning in Myanmar society also leads to unplanned pregnancies, which may result in unsafe abortion (Myanmar Partners, 2015 & Bercow, 2019). Every year estimated 246,000 women make unsafe abortions, making it the third largest cause of maternal deaths in Myanmar. Moreover, although induced abortion is illegal in Myanmar, it is a large contributor to maternal mortality (Zaw et al., 2012). Clearly, poorly educated women have issues with contraception (UNFPA, 2014). Lack of access to family planning, insufficient knowledge about family planning methods or fear of using the contraceptive methods are all possible reasons for low use of any kinds of contraceptive methods in rural Myanmar. Consequently, a family with a large number of children makes more difficult escape from poverty.

Next, maternal mortality had generally been recognized as a serious health problem in Myanmar (Htay et al., 2000). It refers to deaths among women while pregnant, during delivery or within 42 days of delivery from any cause arising from the pregnancy or its management (UNFPA, 2014). Adolescent maternal mortality is estimated to be about a third higher among adolescents than among 20- to 24 year olds (Sychareun et al., 2018). According to World Bank's data, Myanmar maternal

mortality rate continuously increased from year to year such as 0.4% in 2015, 0.41% in 2016 and 2.04% in 2017 (Macrotrends, 2022). However, millions of mothers in Myanmar remain at risk during pregnancy and delivery due to the inability to afford healthcare costs and difficulty accessing a facility (Lwin & Punpuing, 2022).

Moreover, complications of early pregnancy and childbirth become major causes of death among adolescent girls in Myanmar (Pyone, 2021). Thus, the majority of the Myanmar population (70%) lives in rural areas so that pregnant women in rural areas commonly seek maternal healthcare from the local health centers. The maternal mortality level of the rural population in Myanmar was higher than urban areas (310 vs 193), according to the 2014 Myanmar population and housing census (Lwin & Punpuing, 2022). Therefore, low accessibility to and utilization of reproductive health services have been shown to contribute to high morbidity and mortality rates, especially in Myanmar (Zaw et al., 2012).

CHAPTER 4
SURVEY ANALYSIS

This chapter describes the background information of the study area and the profile of the respondents of this study. Based on the information gathered from various key informants and in-depth interviewees, this chapter introduces the background information and profile of Min Hla Township. The general information collected from the in-depth interview with high school teachers presents as the profile of the respondents in this chapter.

4.1 Survey Profile

Min Hla Township is located in Tharrawaddy District, Western Bago Division as shown in Figure 4.1. According to Myanmar Population and Housing Census 2014, it has 122,491 of total population in Min Hla Township and it occupied with 92 males per 100 females. The majority of the township populations live in rural areas while only 9.5% of the population lives in urban areas (Myanmar Population and Housing Census, 2014).

This research focused on teachers who are currently in service in the state high schools within Min Hla Township. Teachers from state high schools within Min Hla Township are selected as the study area in this research. In Min Hla Township, there are a total number of 12 state high schools namely Ka Nyin Pin, Min Hla, Htan Pin Kone, Sein Kant Lant, Wet Hla Gyi, Kaing Pyin Gyi, Shwe Laung,Tuu Myaung, Tha Yet Ta Pin, Sitkwin, U To and Thar Yar Kone. Among these 12 state high schools, 6 state high schools such as Min Hla, Sein Kant Lant, Kaing Pyin Gyi, Tha Yet Ta Pin, Sitkwin and Thar Yar Kone were selected as the sample for this study. The focus of this study emphasizes the teachers' perception on comprehensive sexual education (CSE) in school curriculum because the researcher assumed that teachers might have their own understanding on CSE and they might face the challenges in delivering CSE at school.

Table (4.1) Characteristics of the Respondents

Respondents' Profile						
No	**Age**	**Gender**	**Marital Status**	**Class**	**Subject**	**Years of Teaching**
1	39	Female	Married	Grade-11	Eco, Phys, Myan	17
2	34	Female	Married	Grade-10,11	Chem, Phys	15
3	57	Female	Married	Grade-10	Eng, Life Skill	35
4	43	Female	Married	Grade-10	Myan, Maths, Life Skill	24
5	38	Female	Single	Grade-11	Eng, Chem, Life Skill	18
6	36	Female	Married	Grade-10,11	Maths,Chem, Life Skill	10
7	31	Female	Married	Grade-10,11	Eng, Bio, Life Skill	11
8	38	Female	Single	Grade-10,11	Phys, Life Skill	18
9	28	Female	Single	Grade-10	Maths, Myan, Science	4
10	37	Male	Married	Grade-11	Myan, Maths	15
11	53	Female	Married	Grade-10,11	Bio, Phys	35
12	38	Female	Married	Grade-9,10	Eng, Maths	18
13	38	Female	Married	Grade-9,10	Myan, Phys, Life Skill	20
14	40	Female	Married	Grade-9,10	Maths, Myan	18
15	45	Female	Married	Grade-10,11	Eng, Bio, Life Skill	19
16	37	Female	Single	Grade-11	Myanmar	18
17	35	Female	Single	Grade-10,11	Phys, Life Skill	10
18	32	Female	Single	Grade-10	Myan, Life Skill	12
19	47	Female	Married	Grade-9,10	Eng, Chem, Life Skill	16
20	47	Female	Single	Grade-9,10	Maths, Life Skill	17
21	58	Female	Single	Grade-10,11	Chem, Life Skill	36
22	50	Female	Single	Grade-10,11	Phys, Chem	30
23	33	Female	Married	Grade-10,11	Maths, Myan, Life Skill	12
24	40	Female	Single	Grade-11	Chem, Myan, Life Skill	15
25	27	Female	Single	Grade-9,10	Maths	6
26	36	Female	Married	Grade-11	Phys, Myan, Life Skill	14
27	33	Female	Single	Grade-10	Eng, Bio, Life Skill	10
28	26	Female	Single	Grade-10,11	Maths, Chem, Eng	4
29	53	Female	Single	Grade-10,11	Bio, Chem, Eng	35
30	38	Female	Married	Grade-10,11	Maths, Myan, Life Skill	15
31	59	Female	Married	Grade-10	Myan, Chem, Life Skill	33
32	50	Female	Married	Grade-10	Myan, Phys, Life Skill	26

Table (4.1) Characteristics of the Respondents (Continued)

Respondents' Profile						
No	**Age**	**Gender**	**Marital Status**	**Class**	**Subject**	**Years of Teaching**
33	56	Male	Married	Grade-10,11	Bio	32
34	38	Female	Single	Grade-10	Eng	19
35	34	Female	Single	Grade-11	Myan, Maths, Life Skill	10
36	40	Female	Married	Grade-11	Bio,Myan, Life Skill	17
37	52	Female	Single	Grade-10	Maths, Chem	32
38	43	Female	Married	Grade-10	Eng, Life Skill	22
39	55	Female	Married	Grade-10	Eng, Phys, Life Skill	35
40	37	Female	Married	Grade-10,11	Bio, Life Skill	18
41	55	Female	Married	Grade-10,11	Math, Myan, Life Skill	35
42	49	Female	Single	Grade-10	Eng, Chem, Life Skill	20
43	54	Female	Married	Grade-10	Myan, Eco, Life Skill	28
44	44	Female	Married	Grade-11	Myan, Eco	20
45	36	Female	Married	Grade-10,11	Eng, Bio, Myan	15
46	37	Male	Married	Grade-10	Myan, Phys	7
47	34	Female	Married	Grade-11	Eng, Life Skill	15
48	49	Female	Married	Grade-10,11	Bio, Life Skill	10
49	50	Female	Single	Grade-11	Myan	30
50	55	Female	Single	Grade-10,11	Eng, Bio, Life Skill	34

Source: In-depth interview with state high school teachers, 2022

Table (4.1) shows the characteristic of the respondents. The study interviewed 50 state high school teachers including 47 female and 3 male teachers who are the aged between 26 and 59. Among them, 20 are single while 30 are married teachers. Generally, they have the teaching experiences between 4 years and 36 years. 31 of them are currently teaching Life Skill subjects and others have already attended the training about sexual education course although they are not currently teaching Life Skill subject.

Figure (4.1) Map of Bago Region, Showing the Townships

Source: Myanmar Census, 2014.

4.2 Survey Design

The researcher interviewed total 50 high school teachers from 6 state high schools in Min Hla Township. The interviews were conducted individually with teachers for 30 to 45 minutes at their schools and at their convenience place in person. The researcher prepared a set of semi-structured questionnaire for the interview. The interviewees occupied 47 female and 3 male teachers as the basic education sector is literally dominated by females. In conducting the interviews, the researcher started with a small conversation to make familiar between the interviewer and interviewees in order to facilitate in the interview. Moreover, the researcher designed a consent form to inform the respondents about the detail of the questions.

4.2.1 Sampling method

For the selection of respondents, this study applied the simple random sampling method to cover a wide study area. The researcher firstly tried to get the information about the number of schools and the number of teachers in Min Hla Township by contacting with Township Education Officer. There are a total number of 106 state high school teachers in six selected high schools. Among them, 50 state high school teachers were selected as a sample in this study. Then, the researcher got the connection with school teachers and conducted the interview. The respondents are selected from Basic Education High Schools in Min Hla Township.

4.2.2 Data Collection Method

Both the primary and secondary data collection methods were applied in this study to explore the teachers' perception on sexual education and to investigate the difficulties and challenges for teachers when delivering the comprehensive sexual education. Two qualitative data collection methods, i.e. in-depth interview (IDI), and key informant interview (KII) were applied in this study for primary data collection and semi-structured questionnaires were used for interviews.

In-depth interviews were conducted to investigate teachers' attitude on comprehensive sexual education and to examine the difficulties and challenges they faced. The in-depth interviews were carried out with 50 state high school teachers who currently working in Basic Education High Schools and living in Min Hla Township. For key informant interviews, the researcher interviewed a total 6 key

informants including headmistresses from state high schools of Min Hla, Sein Kant Lant, Kaing Pyin Gyi, Tha Yet Ta Pin, Sitkwin and Thar Yar Kone.

In addition, all relevant secondary data were collected from various sources such as journal articles, books, reports and working papers of various organizations.

4.2.3 Data Analysis

This study applied the qualitative data analysis method through quotation on what the respondents said. The data collected through in-depth interviews, and key informant interviews were used in the discussion and were analyzed by quoting method as analysis process. All the interviews and discussions were conducted in Burmese language and recorded. These recorded data were firstly transcribed and then translated from Burmese to English. The researcher gave the priority on the meaning and perception of respondents while translating the data. Based on the findings and recommendations of the respondents, the researcher recommended the more convenience teaching methods for the teachers and suggestions for the improvement of students' understanding and knowledge level on sexuality.

4.3 Teachers' Understanding on Sexual Education

In Min Hla township, most of the state high school teachers who have been received training of trainers (TOT) training on sexual education reported that the sexual education is an essential life skill subject and it should be included in the school-based curriculum. Sexual education should be taught to students correspondingly with their age. Teachers recognized that sexual education can inform students about the reproductive health knowledge, sexually transmitted diseases (STD), and physical changes at their puberty age. Moreover, teachers understand that sexual education can deliver the right information regarding their sexuality to the students.

> A 36 years old married female high school teacher said that "*teaching sexual education is good for students and student can get right information about sexuality but it should be taught at the right age.*"
>
> "*Sexual education is a good subject. Students can get the knowledge of reproductive health, STD, and physical changes*" said 40 years old married female middle school teacher.

Thus, 35 out of 50 high school teachers revealed that sexual education is very necessary to deeply understand for adolescents and needs to change their attitudes on sexual because it depend on their beliefs. Some students see this sexual education as a joke and some students seem this as sexual knowledge. As adolescents valued their freedom and desired to try the new things including sex, drug, alcohol, etc., sexuality education can inform the student regarding the safe sex and can reduce the risk of STD transmission. Moreover, sexual education can educate the adolescent students about their safe freedom including sex when they are away from the control of their parents. Adolescent students need to understand deeply about the sexual education to be able to avoid and follow the do and don't regarding the sexual intercourse. Thus, teachers recognized that sexual education must be taught to adolescent students.

50 years old single female teacher said that *"students want to try everything and sex is not avoidable things for them. So, sexual education should be taught to student and they can avoid risky things."*

36 years old married female teacher mentioned that *"student should understand deeply about the sexual education to know sexual do and don't."*

Therefore, 35 out of 50 high school teachers indicated that teaching sexual education can benefit that it can help adolescents in preventing adverse consequences of sexual matters including HIV/AIDS, venereal disease and other sexually transmitted diseases. Moreover, Adolescents need to follow from different perspective about the sexual relationships and intercourse.

In Min Hla Township, teachers indicated that they did not teach sexual matters to their students who were below puberty because they cannot handle sexual issues. At this age, the curriculum should only provide health education which talked about nutrition and hygiene in general. Moreover, traditional education did not discuss sexual related matters to everyone except when those children reached the right age to hear such discussion.

However, some teachers in this study mentioned that sexual education will be more beneficial when it can deliver to students since they are in younger age. Sexual education at young age makes more comfortable to teach for school teachers rather than sexual education at adolescent age. Moreover, spreading the wrong sexual information and the risk of STD transmission among the adolescents can be protected in advance by teaching sexual education at young age. Furthermore, teachers expect

that sexual education at young age can reduce the rate of teenage pregnancy, teenage pregnant mortality, and child mortality in the future.

"Sexual education should be effectively taught since they are young." said 34 years old single female teacher.

40 years old married female teacher said that *"Sexual education can prevent the spreading of wrong sexual information among adolescent and it should be taught before their puberty age. So it can reduce teenage pregnancy and other negative side effects."*

40 out of 50 high school teachers clarified that sexual education should be started since early adolescent age because at this stage, they can learn body structure, hygiene and sex organ. Moreover, teachers are also comfort to teach. Some of the respondents in this study highlighted that sexual education is a subject that is not easy to teach to male student as a female teacher although it is an essential subject for the life of students. Some of the teachers argued that sexual education does not need to teach in school and should not be included in school curriculum because they assumed that students can receive the sexual knowledge from other sources such as social media, books, and peer groups. Moreover, some teachers claimed that sexual education can lead to wrong route for adolescent students because it includes sexually provocative words. Thus, some of the teachers in this study argued that sexual education should not be taught in school.

"*Students already knew about the sexual education from Facebook, books, and their friends. It can even worse for student by teaching sexual education in school.*" 56 years old married male high school teacher.

A 35 years old single female high school teacher explained that "*It should be taught to students but some words are not comfortable for us to talk to students in the classroom.*"

Therefore, 47 out of 50 high school teachers believed that it is not convenient for boys and girls to lean together. Since they expected that when there is a very bad student, they may face of obscene language. Nevertheless, it can be beneficial for adolescents who want to try practical experiment with their peer group on sexual matters when teachers can make to control their emotions by the sexual education.

4.4 Barriers in Teaching Sexual Education

The study found that some teachers faced the difficulties and challenges in teaching sexual education at school. One of the most common difficulties for teachers is the textbook of the current school curriculum which includes improper words and visible images of reproductive organs of both male and female. It makes ashamed and inconvenience for female teacher especially for single teachers to teach without separating boy students from the class. Additionally, the teachers reported that these improper words and visible images lead to many sensitive questions made by boy students. The teachers responded to those questions as the parents or grandparents could provide the answer.

> *"I think unsuitable words and pictures should not be shown clearly. Even if they want to know, textbook should be kept it in the hands of the teachers. I am very shy and uncomfortable in teaching due to this words and images but it is fine when it's divided by gender"* said 47 years old single female teacher.
>
> *"It is good that boys are taught by male teachers and girls are taught by female teachers although it is medical knowledge. It is okay if we separate because we aren't ashamed of each other. But there is also a need with the supports of parents"* said 38 years old married high school teacher.

32 out of 50 teachers mentioned that this curriculum is not convenient for students because it involves certain sexual words, unsuitable color pictures and inappropriate sexual contents. Thus, it should be revised age-appropriate contents and it would be better to teach boys and girls separately.

The study could identify that there is a difference in difficulties for teaching sexual education between single teachers and married teachers. 20 single teachers faced more difficulties in teaching of sexual education since they feel ashamed and lack of sexual knowledge while it is not a big problem for 30 married teachers. As a consequence, single teachers need to choose the appropriate words to avoid the sensitive discussion from boy students. 20 single teachers reported that sexual education is a very new concept for them and requested that they need a special training on sexual education to improve their confident in teaching and discussion about sexual information in the class.

> 50 years old single female high school teacher said that *"the children's responses and asking endless questions are uncomfortable because I am young and single. All the children view as a sense of humor and they make fun*

about sex case. Thus, I don't want to teach the chapters about sex. All are the consequences of using mobile phone."

Additionally, teachers believed that the main reason of difficulties in teaching sexual education is the lack of TOT training for teachers. Thus, teachers need in service training on basic gender concepts and sexual education to enhance their overall knowledge on and to understand the overall aspects of sexual education. This training should be provided by technical specialist who has strong technical knowledge and experience in gender and sexual in Myanmar context. The sexuality education should be delivered by specialized teachers especially biology teachers or teachers who received the special training. Moreover, teachers highlighted that it is difficult to teach about the reproductive organs in Burmese language because these terms are heavy to speak in local language.

59 years old female teacher said that *"teaching sexual education is easy to say penis and virgin in English but in local language these are heavy words as a teacher. Despite being a teacher, I also feel shy to give the needed details to the students because they are too young for some content."*

"It is better when I talk about living together, safe sex and organs in English than directly" said 50 years old single female teacher.

"Teachers are also not enthusiastic about teaching sexual knowledge and they have no training. Actually, it is necessary because it is a teacher's guide" said 36 years old married male teacher.

Thus, 43 out of 50 teachers reported that lack of effective training can lead to un-harmonized in delivering sexual education to students. This may change sexual direction and difficult to control students about sexual education. Moreover, the current sexual education curriculum includes the concepts and practices of culture, society and human rights, culture and law, gender-based violence, sexual abuse, and harmful practices. Teachers believed that it would be better for the society and students if these concepts will be taught not only by teachers but also by every parent.

Additionally, teachers reported that girl students are not comfortable to discuss about the sexual information in front of their male counterparts. As a result, girl students are reluctant to ask the questions regarding the misconceptions about the sex. The finding of this study shows that teachers could provide just the information about the hygiene practices and contraceptive measures for girls.

"It is difficult for me to explain certain words which are part of the reproductive system. The words are too heavy to be used on a student by a teacher. I feel very shy to talk about sexually transmitted diseases and safe contraceptive methods and it is a heavy situation." said 55 years old single female teacher.

As last, culture is another barrier to be effective in teaching comprehensive sexual education in school curriculum. Teachers also understand that gender norms influence the perception of teachers, students, and parents on teaching sexual education. This study indicated that although most teachers seem sexual education as a knowledgeable subject, some teachers have negative attitudes and perceptions on sexual education and they are critically against the teaching of sexual education in school curriculum. There are various kinds of perceptions about it that some teachers accept that sex doesn't concern with the culture.

"Culturally, although sexual education is not good to learn in school but it is essential subject for their life" said 45 years old married female teacher.

"From the perspective of religious view, any religion cannot be avoided the sex. We have to choose the words carefully so as not to be rude" said 36 years old married female teacher.

Finally, 27 out of 50 school teachers stated that sex doesn't deal with culture because no religion can avoid sex. However, teachers argued that religious leaders, some parents, some teachers cannot accept the teaching and distribution of this curriculum to young people. Moreover, other teachers believed that teaching sexual words is unsuitable for young people from the perspective of culture.

4.5 Teachers' Opinion on Current Sexual Education

In the first place, this study shows that most teachers accepted on the provision of sexual education to students. It indicates that some teachers have positive attitudes towards the sexual education in school curriculum while some teachers have negative attitudes on it. Although 31 teachers believed that sexual education in school curriculum is very important and essential subject for students, they concerned that it will encourage the students for having sex.

"In today's world, sexual education is necessary because sexual matters are all over the internet. Later, I am worry to become about that unwanted pregnancy and unsafe abortion" said 34 years old married female teacher.

"Some teachers don't want to teach sexual education even though everyone accepts that sexual education should be known. Mainly, there is a need sufficient training for them in order to make being confident" said the single female headmistress in Sitkwin Township.

To be effective, sexual education should be provided with age-appropriate information and concepts conveyed at different levels. The current sexual education curriculum covers the topics such as contraceptive methods, reproductive organs, teenage pregnancy, relationships and sexually transmitted diseases. Moreover, another topic includes communication and negotiation skills to reduce the sexual risks such as unwanted pregnancy, sexually transmitted diseases. Thus, the school curriculum needs to be updated and revised because it includes unsuitable information.

"The curriculum contents of high school students would like to fix it because it is very uncomfortable. It should only be shown in black and white. It is very good about health awareness but I want to reduce the sex issues" said 36 years old married female teacher.

"The curriculum is complete and effective and some parts want to fix color figures. Most girls are shy and boys are kind of teasing" said 37 years old single female teacher.

34 teachers recognized that they want to reduce current sexual education curriculum because it is deep down and adolescents may change direction about sexuality when teachers cannot teach effectively.

Additionally, the study found that sexual issues and sexual activity become due to the lack of relevant and correct information on sexual education by teachers and parents and as a result, this can lead to teenage pregnancies. Further, teachers do not recommend the usage of contraceptive measures such as pills, injections and condoms but they support only abstinence-only approach which encourages not having sex before married. On the other hand, teachers explained that discussing about the birth control and the usage of condoms at the ages of puberty is appropriate and meaningful but at older age, it would be like encouraging for sex. One teacher stated that sexuality education is very beneficial for the students especially for reducing or the prevention of teenage pregnancy and for protection against STDs.

"If they got effective sexual education, they can prevent sexual intercourse, sexually transmitted diseases, life threatening and crimes. Without sexual education, the children will want to try and cannot control their feelings. This

sexual education can gain for the children because it involves not only just sex but also to reduce negative risk" said 37 years old married female teacher.

"Actually, abstinence-only is the best method for all. But the children should know the comprehensive sexual education because they can address emergency case if they don't refrain" said 36 years old married female teacher.

"Without teaching sexual education, the lives of premature children were ruined. In some foreign countries, they provide condoms for children in front of the class, which can benefit for society" said 39 years old married female teacher.

35 respondents in this study believed that sexual education encouraged delaying in sexual intercourse until the right time. But they faced uncomfortable about the life skill subject because of Myanmar culture and traditional view. Although teachers believed that both males and females should be equally received the sexual knowledge, most teachers skip the topics ex, relationship and reproductive organ in the curriculum. Nevertheless, teachers assumed that females should get more about the information on effective birth control methods and abortion except males because teachers are too embarrassed to talk about sex in the classroom.

"I can see online that most monks are protesting about the topics. In fact sex doesn't connect with religion" said 38 years old married female teacher.

"It depends on people's perception because it is not good from a traditional or religious point of view. If we are not also effective teaching, it will be more harmful" said 56 years old married male teacher.

The teachers need support from all stakeholders to deliver sexual education effectively. Moreover, parenting is also the key factor that as parents it should be taught their children at home. But their perception is different; this situation needs to be careful that it can become advantages and disadvantages about the sexual education. In addition, this study found that that comprehensive sexual education partially should be provided by health care providers once a month at schools. However, children should achieve not only health care providers but also from all members in the society to be effective sexual education. Therefore, teachers, parents and the other members can solve the challenges sexuality faced by the children.

"When the students got the knowledge, they can prevent most of the bad things especially no more violence on the bus and it is better that parents should

discuss with their children since their children at puberty stage" said 33 years old married female teacher.

"Parental control and society involvement about sex is very necessary. Children are able to make the right decisions in the lives of future" said 53 years old single female teacher.

39 out of 50 teachers mentioned that since teaching reproductive and sexual health knowledge is avoided in the previous, teachers are facing the challenges in providing such important sexual knowledge to adolescents. If it is emphasized on sexual education by government, Non-Profit Organizations and school managers, this can help and able to make strong decision, becoming valuable persons and, in the reduction of teenage pregnancy and other diseases.

CHAPTER 5
CONCLUSION

In this final chapter a summary of the previous chapters will be given and some of the most important findings from the research will be provided. This will be followed by recommendations and a final remark.

5.1 Findings

The findings will contribute to a broader understanding of how the teachers' perception can impact on the comprehensive sexual education in Myanmar (case study in Min Hla Township). TOT teachers acknowledged that when they support CSE for students, it would help to be abstinent, protection from sexual abuse and prepare practice safer sex in the future. However, sexuality education will be more beneficial at younger age because they are more comfortable to teach for school teachers rather than at adolescent age. The students need to understand deeply and right information about the sexuality education to be able to avoid the unsafe sexual intercourse.

Sexual education is not easy to teach together male students and female students in a class. It is better to teach boys' sexual matters from male teachers and girls' sexual matters from female teachers. Since most students can receive the sexual knowledge via online, some teachers argued that sexual education should not be taught in school. In addition, between single teachers and married, single teachers faced more difficulties in teaching of sexual education while it is not a big problem for married teachers. Single teachers require choosing the appropriate words to avoid the sensitive questions from the male students.

However, the majority of teachers in Min Hla Township accept the comprehensive sexual education and their perceptions on CSE are positive. Actually, 80 percent of teachers understand that comprehensive sexual education should be introduced to students since the primary school. Some teachers do not desire the teaching of sexuality in school curriculum because they believed that teaching sexual

education may lead to giving the way to have sex. Furthermore, teachers stated that sexual education should be scripted in appropriate words and avoided the visible images for 10 to 16 aged adolescents.

In fact, teachers claimed that they need special training on sexual education and teaching methods in order to mitigate their anxieties about the sexual education and getting rid of negative cultural belief. Therefore, the Ministry of Education (MOE) should support the training for teachers to provide sexual education as an essential life skill and incorporating in academic subjects. Nevertheless, in general, most students cannot access to clear guidance from teachers. As a result, the students may face the difficulties and problems in making the proper sexual decisions and this may also result the core barriers on sexual matters throughout their life. Thus, it can be concluded that many students could not been accessed to systematic sexual education and weaken in exact sexual knowledge.

According to the teacher's opinion in this study, teachers prefer abstinence plus curriculums or comprehensive sexual education (CSE) for school curriculum which includes about the safe sex, contraceptive methods, and sexually transmitted diseases. However, most of the teachers desire to provide abstinence only education at the school levels which guides to avoid having the sex totally since they feel uncomfortable in explaining the details of the sexual education. Thus, the students cannot receive the correct and exact information about having the sex including preventative measures for STDs and contraceptive methods that can lead to teenage pregnancies, unwanted pregnancies, and transmission of sexual diseases.

Open discussion about sexuality in Myanmar cultures is unusual because sex is considered a very sensitive and generally believed as not suitable to discuss. During the interviews, it was found that some teachers stressed about the discussion of sexual issues. With all the cultural limitations and restrictions on public discussions of sexual matters, there is a need for people to change their attitudes on the discussion of sexual matters. Mainly, most respondents agreed that health care providers should provide the appropriate sexual health care services and health knowledges in once a month at schools. Awareness of these services and knowledges can guide the adolescents for harmonize life between the life and sex. In fact, majority of the teachers stated that the students should access the effective sexual education not only from health care providers and teachers but also from all members of the society. Moreover, teachers,

parents and other society members can also acquire the necessary knowledge about sex and sexual matters through the provision of sexual education to students.

5.2 Recommendation

The recommendations are made on the basis of the findings that emerged from this study. Schools should provide training for teachers who will provide sexual education in school. Teachers can receive the adequate knowledge about sexual education and can mitigate their own feelings of embarrassment in deliver the sexual education in school. In addition, the department of education should provide clear and good guidance and the qualified teachers on sexual education should have at the basic education school levels. From this study, the researcher recommends that the Ministry of Education (MOE) should revise some parts of the curriculum which are the sensitive words and pictures.

Moreover, schools should evaluate in some approach about their sexual education program; for example, students can be asked through in-class surveys or their opinions regarding the sexual education they have received. In this way, the sexual education program can make the amendment to be more effective and adaptive to the local context.

In addition, parents and perhaps the community should include in providing sexual education to children. Communication between parents and children about sexuality is very important; generally, parents feel uncomfortable in discussing the sexual matters with each other. Nevertheless, if the parents can share the sexual information to children, these can be beneficial for both.

Finally, it is recommended that further evaluations should be done on the attitudes and perceptions of students and parents on comprehensive sexual education. If possible, it is recommended that further research should be done on the attitudes and opinions from multidimensional view especially religious leaders and society.

For the implementation of effective education strategies, all the stakeholders can provide the multidimensional point of views which can promote a consistent and effective ways about sexual education among the students to prevent the risks. Moreover, comprehensive sexual education should be delivered not only from school or at home but also through multi media campaigns.

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Request to conduct the research study

Dear Teacher,

My name is Sakawah Khaing. I am a MPA student at Yangon University of Economics. I am very interested in teachers' perception on comprehensive sexual education in Myanmar: case study in Min Hla Township. So, I would like to interview 50 teachers in six state high schools about the issues regarding to the delivery of sexual education and the challenges they are facing when teaching this subject.

Teacher will be requested to fill in the questionnaire and also participate in my interview. The interview will take approximately 30 to 45 minutes and will be make audio-record. The data from the interview will only be used in my study and will not be used in other purpose. They are not desire to answer some question I asked, they are free to withdraw or skip from the interview. I don't write real name anywhere on the questionnaire. Therefore, they can feel free to express your views for my interview.

Thank you for your assistance.

Sincerely,

Sakawah

If you would like to contact me, my contact details are as follows.

Tel: 09423738758.

Email: sakawahkhaing97@gmail.com

APPENDIX

Survey Questionnaire

Section (A)

Profile of Respondents

IDI------

1. Age ----------
2. Gender

   ☐ Male ☐ female

3. Marital status

   ☐ Single ☐ Married ☐ Divorced ☐ Separate

4. Class / grade ----------
5. What subject are you teaching? --------------------
6. Years of teaching ----------
7. How many subjects have you taught? ----------
8. Are you currently teaching sexual education?

   ☐ Yes ☐ No

9. Have you ever taken training or not about sexual education?

   ☐ Yes ☐ No

   If yes, where, who and how long have you taken the training?

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10. How many years have you taught sexual education? -----------
11. How many hours teaching for SE per week? ---------------------

Section (B)

Teachers' understanding on sexual education

1. How do you understand about the sexual education?

(a) Have you ever learned sexual education when you was a student? If you have learned, what and how is different now and then? Which is more effective?

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2. How do you think the integration of sexual education in school curriculum?

(a) Do you agree or not with sexual education? Why?

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3. Do the children know involving sexual education in life skills subject? How?

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4. Which approach do you want to refer abstinence-only or CSE?

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5. Do you think that the teaching of sexual education is the beneficial for student? How?

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6. What are the possible problems resulting from the lack of sexual education of the children?

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7. Can you explain the effect of teaching sexual education for society?

Section (C)

Difficulties and Challenges for Implementation of Sexual Education

1. Which topics are involved in the current comprehensive sexual education curriculum?

(a) In practice, do you follow the curricula when delivering sexual education?

(b) Which part is the most difficult and convenient to teach for you?

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2. Are you willing to teach sexual education? Why?

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3. Do you think that teachers need with specific training course about sexual education?

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4. Do you think that this sexuality education is effective curriculum for the students?

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5. Do sexual education improve heath outcome? Why?

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6. Do you think that culture and religion are problematic in teaching sexual education?

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7. Do you have anything else to say?

Thanks for your participation!

Questionnaire

KII -------

1. How do you think of teaching sexual education in school curriculum?

2. What are the current teaching methods of sexual education?

3. Have the teachers received the training on sexual education? If not, do they need one?

4. Do you think that teachers are willing to teach the sexual education? Why or why not?

5. What are the main barriers in delivering sexual education and how it could be solved?

7. Can you explain that how sexual education can affect on the health and social status of students? And how is on the society in the long term?

8. If there is no sexual education, what kinds of consequences can occur in the society?

9. How do you think on the current sexual education textbook? Is it appreciated for children?

10. Which type of sexual education do you want to refer for student; abstinence or comprehensive sexual education?

Thank You!