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# **Nepalese school students' views about sexual health knowledge and understanding**

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## **Abstract**

### **Background:**

School-based sex education is a strategy that can help prevent sexual and reproductive health-related problems. In Nepal, sex education is taught to secondary school students; however, it is thought that the approach taken to school-based sexual health education (for example, the type of student-learning materials) is not sufficient to address the needs of the students.

### **Purpose:**

The aim of this study was to explore the views and beliefs of Nepalese secondary school students about different aspects of sexual health knowledge and understanding, in a school context.

### **Design and Methods:**

A total of eight focus group discussions were conducted in community-based secondary schools in Nepal. All necessary ethical requirements were obtained before the collection of the data from the schools. The total number of students participating was 78; there were between nine and 11 students per focus group discussion. The students' ages ranged from 14 to 17 years. Transcriptions of the focus group discussions were made and qualitative, thematic analysis was undertaken.

### **Results:**

Analysis of the data from the focus group discussions suggested that the majority of the students had curiosity and wished to understand more about sexual health. However, it appeared that the students typically felt too shy and embarrassed to ask sexual health-related questions to their teachers. There also seemed to be a considerable 'communication gap' that prevented the students talking about sexual health with their parents. Students referred to the influences and roles of local cultures, media and the internet. A majority of participants acknowledged the need for knowledge and understanding about sexual and reproductive health.

### **Conclusions:**

This study suggests opportunities for enhancing the sexual health knowledge and understanding of school students in Nepal by developing suitable and relevant school-based

educational approaches. For example, schools could involve the young people themselves in developing and delivering enhanced sex education programmes.

**Keywords**

Students, sexual health education, focus group discussion, sexual health knowledge and understanding, sexual education curriculum

## **Introduction**

### ***The Nepalese context***

Nepal is a landlocked Himalayan country situated in South-Asia. It is a country of ethnic, linguistic and cultural minorities. It has a population of 28.9 million of which 51.5% are females and 48.5% are males (World Bank, 2018). The youth population in Nepal is defined as those between 16-40 years of age, and this constitutes 40.3% of the total population. Kathmandu, the capital of the country, has the highest proportion of the youth population (52.9%); Pyuthan district has the lowest (32.7%). A government report indicates that nearly 50% of the male population aged 16-25 years have not attended school. This figure is even higher for the females: reportedly, 59% of them have not attended school (GoN, 2014). The proportion of married male and female population aged 16-25 years is 30.1% and 56.6% respectively.

A Ministry of Health Nepal report (MoH, 2016) indicates that 17% of women aged between 15-19 years have begun bearing children, and that this had remained constant over the previous 5 years. Mishra (2017) argues that the high rates of adolescent marriage and the pressure to have a child right after the marriage is associated with poor economic development of Nepal. The NAYA Survey (2012) indicated that only 26% of adolescent girls in Nepal have a comprehensive knowledge about HIV/AIDS compared with 34% of adolescent boys. This survey further claims that the sexual and reproductive health education given in schools does not reach a high level and the teachers are not aware of all the issues faced by adolescents. However, it has been suggested that, in recent years, Nepal has experienced social and cultural changes that have given more opportunities for young people to become involved in unsafe sexual practices (Regmi et al, 2010). In order to address the sexual and reproductive health needs of young people, the Government of Nepal launched the National Adolescent Sexual and Reproductive Health Programme in 2011, to provide adolescent-friendly sexual and reproductive health services (FHD, 2016). This programme is known as 'comprehensive sex education in schools', and is part of the national curriculum (Mishra, 2017). This programme aims to support adolescents to develop life skills to deal with different issues such as puberty, early marriage and pregnancy. Currently, this programme is in line with the Sustainable Development Goals 2030 (United Nations, 2017) that aims to put an end to poverty, protect the planet and ensure prosperity for all.

More generally, young people in developing countries are increasingly demanding their rights to sex education (UNESCO, 2015). However, Khubachandani et al, (2014) suggests that public discourse and debate about adolescent sex education may be frequently fuelled by religious, social, and cultural values rather than scientific evidence. Mindful of socio-cultural contexts where a sense of mystery and shame are typically attached to matters of sexuality, Das (2014) observes that, in order to be holistic, any sex education programme must be inclusive, cater to diverse needs and present content using rights-based language.

It is widely held that school-based sex education can provide an age-appropriate and culturally relevant approach to teaching about sexuality and relationships that gives scientifically accurate information to the pupils (UNESCO, 2011). It can have a positive impact on Sexual and Reproductive Health (SRH), and contribute to reducing Sexually Transmitted Infections (STIs), the Human Immunodeficiency Virus (HIV) and unintended pregnancy. Fonner et al, (2014) conducted a systematic review which indicated that the use of school-based sex education programmes in low- and middle-income countries have contributed to increased HIV knowledge, increased self-efficacy, increased contraception and condom use and reduction in the number of sexual partners. A Cochrane review of 41 randomised controlled trials conducted in both developed and developing countries has suggested that sex education is capable of helping to prevent unintended adolescent pregnancies (Oringanje et al, 2009). It also empowers young people to reflect critically on their environment and behaviours, and promotes gender equality and equitable social norms. These are clearly important factors for improving health outcomes, including HIV infection rates. Sex education programmes associated with youth-friendly services can have a sizeable impact in increasing the knowledge and understanding of adolescents (UNESCO, 2011). Pound et al, (2016) suggests that sexual health experts who can maintain clear relationship with the students should deliver school-based sex education. It is also necessary for schools to recognise that sex education is a special subject and that young people's engagement in the classroom is a crucial factor in potentially improving their sexual health and well-being.

### ***School-based sex education in Nepal***

Issues of Sexual and Reproductive Health (SRH) are considered to be major reasons for ill health among adolescents and are of great concern in Nepal (Regmi et al, 2010; Acharya et al, 2017). The role of sex education in school is, accordingly, an important topic of public debate. To address issues of adolescent sexual health, Government of Nepal developed a

National Adolescent Health and Development strategy which was implemented in 2000 (MoH Nepal, 2000). Based on this strategy, sex education has been introduced into the school curriculum in Nepal; however, evidence suggests that progress has been slow (UNESCO Nepal, 2009).

Another difficulty is that the majority of Nepalese young people, especially girls, are married at a young age and stop going to school at this point (Pokharel et al, 2006). Marriage at an early age, organised by family members, is a traditional phenomenon in Nepalese society (NDHS, 2016). In Nepal, sex education is taught at lower secondary (grades 6-8, pupil ages 11-13) and secondary (grades 9-10, pupil ages 14-15) levels under the Health, Population and Environment (HPE) subject (MoE/CDC Nepal, 2005). However, a UNESCO Nepal report (2009) argued that the student-learning materials on sex education were improper and inadequate to meet the needs of pupils. Moreover, the design and structure of the current sex education curriculum, which was updated in 2011, is considered to be inconsistent and ineffective in promoting sexual health at the pupil level (Shrestha et al, 2013). The curriculum approach is the delivery of sex education as biological facts, which are embedded within a didactic context (Stone et al, 2003). There is a lack of comprehensive information on sexual health, social issues, sexual behaviours, sexual attitudes and life skills. Consequently, sex education appears in a disjointed manner across many subjects. Further, many other issues, such as sexual harassment, gender inequality stigma and discrimination are not considered in the curricula (UNESCO Nepal, 2009).

Some Nepalese studies have indicated that the number of STIs and unwanted pregnancies is high among young people (Dahal, 2008; NCASC Nepal, 2011). However, in South Asia, it is common for parents to have a general perception that adolescents and unmarried individuals rarely engage in sexual relationships (George and Sabarwal, 2013). A report from 2016 indicates that the percentage of unmarried young women and men has increased over the previous 10 years in Nepal (NDHS, 2016). There may be vulnerabilities to unsafe sex, as Tamang et al, (2017) found that only 46% of sexually active youth aged 15-24 years had used contraception at the time of their first sexual intercourse and of those, 91% used condoms, three percent the oral contraceptive pill, and one percent the injection. It is thought that the low level of contraceptive use among young people could be related to cultural barriers, unemployment, lack of proper knowledge and skills, and inaccessibility, in line with the findings from Mishra (2017) and Regmi et al (2010).

The standards of teaching of sexual health education in Nepalese schools are considered to be very poor. This is thought to be related to teachers' embarrassment, lack of knowledge and poor teaching methods (Acharya et al, 2017; Pokharel et al, 2006). It is also the case that, in Nepal, students' sex education knowledge and understanding is assessed via exams, unlike in some developed countries where non-examination assessment methods are used (Stone et al, 2003). As highlighted by Acharya et al (2017), sex education in Nepal overlooks issues such as feelings and relationships and focuses instead on easily taught factual and biological issues.

### ***Purpose of the study***

The background discussed above suggests that more needs to be known about Nepalese students' views and understanding of sexual health knowledge and education. This may contribute to important first steps towards supporting the development of suitable and relevant school-based educational approaches to sexual health education in Nepal.

This study's purpose, therefore, was to investigate students' sexual health knowledge and views, and discover how different pupils think and feel, and understand why they hold certain opinions.

## **Methodology**

### ***Research design***

This study was investigatory in nature and employed a qualitative research design to understand the social reality of the participants. It aimed to understand perspectives and allow people to express their opinions and their life experiences (Bowling, 2006). This kind of approach is exploratory and seeks to clarify 'how' and 'why' question in a particular context (Silverman, 2016). We chose focus group discussions as our data collection method, since it is characterised by an open procedure, concerned with meanings and the ways in which people understand their reality. This method is also flexible, as it can allow greater freedom and variation in the interaction between the researcher and the study participants. It is able to bring to the fore issues in relation to a topic that the participants deem to be important and significant (Bryman, 2015). The aim of the focus group discussions was to gain an insight into pupils' perceptions about sexual health, how they communicated about sexual health



issues with their parents, what the influence of media was on their sexual health knowledge and behaviour, what they thought about sexual and reproductive health services, and participant views on wider issues about the school environment and culture in promoting sex education. A Nepalese version of a questioning route was designed and developed for the focus groups (Hennink, 2007; Krueger and Casey, 2009). A questioning route approach can be helpful in providing consistent structure and overcoming the need for the formulation of unprepared questions (Hennink, 2007).

### ***Ethical considerations***

The data collection in this study was kept confidential and no school or individual is identified in the results presented. The study adheres to the research governance policy as set out by the Nepal Health Research Council (NHRC) and by Aberystwyth University ethics committee requirements. BERA ethical guidelines for educational research (2011) advises that all educational research should be conducted within an ethical respect for the person, knowledge, democratic values, quality of educational research and academic freedom. Accordingly, all necessary ethical requirements, including the Nepal Health Research Council (NHRC) approval, were arranged before the collection of the data from the schools. It is very important to prevent and reduce harm in research and ensure adequate protection of children (Gibson, 2017). A letter describing the purpose of the study was sent to the parents and schools' head teachers and their oral consent was obtained to involve schoolchildren in this study. Pupils were also asked to give their verbal consent to take part in the study prior to the discussion starting. They had the right to withdraw from the research study itself or withdraw responses to questions they did not want to reply to. In this study, all parents consented for their children to take part in the focus group discussions.

### ***Data collection***

This study was conducted in four government secondary schools in Nepal. Pupils were selected purposively, with the help of the school head teachers. Homogeneous groups of students were selected, since it was felt that students in such groups may be more able to discuss sensitive topics such as sex education in detail and talk more openly (Bryman, 2015). The first author of this paper was the main researcher for this study. Coming from the same community as students meant that the author brought an understanding of the local context e.g. people, culture, beliefs etc. This helped with matters such as the coordination with local schools and organisations and the development of a suitable research environment. Dwyer

and Buckle (2009) have also noted that researchers with an inside perspective are often able to engage research participants more easily and use their shared experiences to gather a richer set of data. However, the author was also aware of the importance of separating one's own experiences from those of research participants and of maintaining confidentiality when carrying out the research study (Kanuha, 2000).

In total, eight focus group discussions were conducted, involving 78 students. The number of participants per focus group discussion was between 9 and 11 pupils. The age range of the pupil was between 14 to 17 years: there were 19 14-year-olds, 23 15-year-olds, 24 16-year-olds and 12 17-year olds. By gender, there were 38 female students and 40 male students. The gender of the main researcher who carried out all focus group discussions (i.e. the main author of this study) was male. In terms of ethnicity, over half the participants were of Brahmin/Chhetri ethnicity and just under one third of participants were of Tamang ethnicity. There were smaller proportions of participants who were of Newar, Rai and Madhesi ethnicities. The focus groups were held with single-sex groups of pupils (four male and four female groups) to enable the atmosphere to be as inclusive and relaxed as possible (Bowling, 2006). The discussions were conducted in Nepali and took place in a comfortable and confidential environment such as a quiet and closed room. A pre-visit was made to the schools to discuss and finalise the group discussion room, to ensure it was free from distractions (e.g. traffics, telephones, music) and that it had suitable light, room size and seating arrangements (Krueger, 1998). The focus groups were tape-recorded, with pupil's permission (van Teijlingen and Forrest, 2004) and the discussions lasted for 1 to 2 hours. The data were recorded using a digital recorder together with a high-quality microphone. Notes were also taken. One of the main advantages of note taking is the management of data, which is visual and more flexible (Bryman, 2015).

### ***Data Transcription and Analysis***

Transcriptions of the focus group discussions were made based on the original recorded data (McLellan et al, 2003). The transcription was not problematic, but careful steps were taken to check on the quality of the transcription such as hand-written notes matched with the completed transcription to check the accuracy. The audio-recorded data were translated into English. Each transcript had a covering note describing the setting, how the session was developed, any omissions or differences to other discussions or interviews, particular incidents, the ambience and the issues identified in the interview or discussion (Krueger and

Casey, 2009). These transcriptions also included non-verbal behaviour and a comment on group interaction. The completed transcription was compared with the handwritten notes to fill in inaudible phrases or gaps in the tapes. The transcription of the focus group discussion generally took three to four hours per hour of recorded tape.

A thematic coding was used for data analysis to identify common themes from the responses (Ryan and Bernard, 2003). The transcript data was analysed by linking specific quotes, ideas or keywords to different categories, which was done through coding. A careful consideration was taken to ensure the consistency of coding such as reading through the initial notes, reading data repeatedly, reviewing codes, and making sure that it is as inventive and imaginative as possible (Bryman, 2015). Initially, we discovered six sub-themes but two of them had less degree of strengths to be as independent theme. Therefore, the analysis identified four themes: 1. Curiosity and desire to know about sex; 2. The 'communication gap' with parents, teachers and seniors; 3. Influence of local customs, media and peer pressure; and 4. Sexual and reproductive health knowledge and services.

## **Findings discussed by theme**

In this section, the findings are presented thematically. Where relevant, quotations from the data have been used to illustrate and explain the themes. The quotations are translations into English and have been anonymised.

### ***Theme 1: Curiosity and desire to know about sex***

To start with, participants seemed puzzled and embarrassed while talking about sex and sexuality-related issues. Female participants, especially, looked at each other and started laughing and giggling. They indicated that they tended to become silent when the teacher delivered sex education in the classroom. As one female student explained:

*We feel very shy and embarrassed when the teacher starts delivering sex education in the classroom. Sometime, we want to ask some questions, but feel awkward and uncomfortable.*

Curiosity about sexual matters was one of the complicated and stressful issues that young people described in the discussions. The majority of the male students argued that they

wanted to know more about sex and sexual health. However, they felt that it was not appropriate to express such feelings to others. Both males and females agreed that they wanted to make friendships, especially with the opposite sex, but they felt awkward about this. One male student commented:

*We are curious to know about sex and sexual health. But we don't know whom to tell and whom to share with.*

The majority of the female participants agreed that they also had feelings about knowing about sex and sexual health, which they did not share with others. One female student observed “*We also have that type of feeling to know about sex and sexual health but we never show it and tell others*“.

### ***Theme 2: ‘Communication gap’ with parents, teachers and seniors***

The majority of participants felt that there was a considerable lack of common understanding between their parents on the one hand and themselves on the other. Most female participants reported that it was very difficult to share their feelings and experiences with teachers and parents. The participants frequently reported that senior people in the family (e.g. uncle, aunt, older sister, older brother) did not listen to them even if they had what they thought to be useful and important suggestions. One male student described the situation in the following way:

*There is a huge generation gap between parents and young people. Neither seniors listen to us, nor do we. I think this is because of communication difficulties within the family.*

A female student commented,

*Most of us feel shy and hesitate to talk in front of senior people. This is because we never get a chance to share our feelings with them. They don't believe that we have right and helpful information. We also lack confidence and courage to speak to them. I don't know.....how to talk to them.*

Some male participants appeared to hold a different view, however. According to them, they felt they could discuss *general* matters with parents and community members. However, talking about *sensitive issues* such as sexual health were invariably perceived to be a difficult task. The majority of participants (male and female) agreed that sex and sexual health issues were not discussed within families. For example, almost all female participants reported difficulties talking about such matters with family members; as one female participant described, *I was very scared and shy to have my first period, although I couldn't tell others. The next day I told my mother and she helped me.*

In Nepalese society, menstruation is associated with prohibition and restriction on work, sex, cooking and touching others. The majority of female participants reported that they were not allowed to cook or even go to the kitchen. They reported that they normally stayed away from the family members from the day menstruation starts for a minimum of three days. On the fourth day, they should take a bath and only then be allowed to touch others and go to the kitchen for cooking. As one female participant explained: *In our society, girls are kept outside the house during the first menstruation period. Normally, we live in our neighbour's or relative's house for three days and brothers are not allowed to see us during this time.*

Almost all participants agreed that sexual and reproductive health issues were not discussed in the family, or in the classroom, due to social and cultural boundaries. They suggested schoolteachers could use more informal and participatory teaching approaches to involve pupils, in order to create an environment where sexual and reproductive health issues could be more widely discussed.

### ***Theme 3: Influence of local customs, media and peer pressure***

Discussions with the focus group participants suggested that there were many opportunities, within some local cultures, for young people to be encouraged, directly or indirectly, to become involved in sexual activities. There were many festivals and entertainment activities in the community that young people think may provide opportunities for sexual activities. Participants thought that, as festivals such as *Dashain* (the great Nepalese festival), *Deepawali* (the festival of lights), *Holy* (the festival of colour) and many other celebrations that take place at night time, these types of activities could create favourable conditions for

young people to form partnerships and engage in sexual activities. As one male participant explained,

*In the festival, parents look happy and children have more freedom to go with friends. Boys and girls go together singing and dancing in (the festival of lights) in the night-time. In such time, there is a chance of partnership formation and unsafe sexual contact.*

Television channels, movies, magazines and the internet were also frequently reported to be factors encouraging interest in sexual activity among young people and particularly among male participants. This is illustrated by the following comment from a male participant:

*We watch TV and films, read newspapers and listen to the radio. Many of them have sex and sexuality content. Nowadays, both boys and girls use media, films, newspapers and Internet to pass their time. This motivates us to be sexually active.*

Most of the Brahmin/Chhetri participants reported that sexual matters were considered to be a secret issue in their community. Nonetheless, one male participant also alluded to societal change in terms of attitudes towards marriage and acceptable practices.

*Sexual matters are secret in all people in Nepal, it is more in Brahman/Chhetri people. However, changes in people's attitudes are taking place in recent days and it is affecting people's decision-making. Recently, one Brahman boy married a girl from a so-called lower caste. There was no objection from the community people.*

The majority of the participants reported that the role of peers was very important in every aspect of young people's lives. Females sought advice from their friends on partnership formation. However, the point was also made that peer communication about sex could be awkward and difficult, as a female participant explained:

*Females are very shy naturally. Friends are one of the encouraging and supporting factors. However, many of us feel uncomfortable sharing our sexual feelings with each other.*

#### ***Theme 4: Sexual and Reproductive Health (SRH) knowledge and services***

The majority of young people reported that they had poor sexual health knowledge. They insisted that such poor knowledge, along with poor access to sexual health services, could create a favourable environment for unsafe sexual practices in the future. This was explained by one of the male focus group participants:

*Most of us have very little knowledge about sexual health. We have seen some advertisements and posters about HIV and STI prevention, but these are not enough to prevent us from being exposed to unsafe sexual behaviour in the future.*

Some participants believed that most young girls in the rural areas had unsafe sex and that they had very little knowledge about sexual health. One female participant explained,

*More unsafe sex exists among young girls in rural areas. They have poor knowledge about sexual health, which leads them to have children at a very early age. This is the time of education for them, but deprivation and lack of education have resulted in being a young mother.*

Most participants found it difficult to talk about condoms. According to them, sexual health materials were not available in their schools. Some participants thought that condoms could only be bought by people who behave badly, as a male participant observed

*In my opinion, school should provide more information about sexual and reproductive health through leaflets, videos and other means of media. In general, condoms are not acceptable to be seen with a person in the society. If this happens, he/she is supposed to be not a good person.*

On the other hand, some participants argued that information and education about sexual matters and contraceptive methods actually encouraged young people to engage in pre-marital sex. Indeed, most male participants reported that the availability of condoms in private shops and health centres had indirectly encouraged young people to have sex before marriage. This view is evident in the perceptions expressed by one of the male participants:

*Every young person knows how to have sex...(laughs). You can see many shops selling family planning materials and I think this encourages young people to get engaged in pre-marital sex.*

The majority of the participants argued that fear of HIV/AIDS and pregnancies were the main reasons for many young people not engaging in pre-marital sex. Nevertheless, almost all participants accepted that engaging health experts from external agencies to provide information about sexual and reproductive health matters and the wide availability of sexual health services could benefit young people in terms of better sexual health. One male participant said,

*These days, people are afraid of HIV/AIDS and STI infection; so, they don't want to have unsafe sexual intercourse. However, better sexual health information and better services can help young people for better sexual health.*

The focus group discussion suggested that that young people in Nepal were keen to know more about sexual and reproductive health matters. However, it was evident that there were barriers to posing any sexual health-related questions to their relatives or teachers.

## **Further Discussion**

It is important to acknowledge that this small scale, exploratory study has several limitations; the findings cannot be seen as generalisable. First, the study was conducted in only one district of Nepal and included only four secondary schools. Only seventy-eight students participated and these students might not have represented the majority of the students studying in the secondary schools in Nepal or indeed across other areas of the country. It is also recognised that the gender of the main researcher in this study, who was male, is likely to have had some influence on the focus group discussions.

These limitations notwithstanding, the thematic descriptions reported above suggest issues and emphases that are pertinent in terms of factors that may be important in the development of sexual health education in Nepal. Specifically, the study indicated that the majority of young people who participated, especially female students, were not comfortable talking about sexual health-related matters with their teachers. Although some sexual health studies



on the knowledge, attitudes and behaviour of young people have not explored the emotional aspects of female students, others, such as van Teijlingen et al, (2007) highlight the issue that embarrassment is one of the often-ignored emotions of young people when it comes to discussing issues around sexual health. Many Nepalese schoolteachers appear to lack proper knowledge about sexual health themselves, and the teaching techniques they currently have to address young peoples' curiosity about sex and sexual health in the classroom seem limited. In terms of implications for pedagogy, it may be important for teachers to consider discussing the broader issues of sexual health such as feelings and relationships as a way of overcoming issues of embarrassment and shyness of the student (Acharya et al, 2017). For example, it may be possible to use a variety of participatory approaches to the delivery of sex education, including group discussions, role-plays, and quizzes. These approaches could be described in school guidance for sex education, as a way of supporting teachers.

A majority of the participants reported that there was a 'communication gap' between their parents and themselves. This finding connects with the observations of Regnerus (2005), who reported how parents have been criticised for not discussing sexual matters with children. Indeed, parental communication about sex and sexuality is known to be very important in the way it can shape children's knowledge and understanding of sexual health. In Nepal, this may be of particular significance for young people who are female, as they are not always linked into other social institutions (Furuta and Salway, 2006) and may therefore not be reached by many educational and social programmes. Mothers could, then, play an important role in conveying information about personal development and sexual health to their children, especially if they have daughters. However, it is, of course, the case that mothers will also require some education, as well as support and encouragement, to discuss sexual health issues with their children (Regmi et al, 2010). Furthermore, Acharya et al, (2017) have drawn attention to the role that schools could take in instigating coordination with parents, community members and children to develop a trusting relationships. Such relationships could be helpful in identifying pupils' personal needs and developing communication with their parents.

As elsewhere in the world, globalisation and the increasing influences of modern culture have a great effect on many Nepalese young people (Regmi et al, 2010). They are therefore in a position to challenge the traditional norms and values around sex and sexuality. In the focus groups, male participants tended to feel that having condom with them suggested that they

were a bad person in the society. Regmi et al, (2010) argues that the accessibility and availability of condoms should be increased to promote sexual health among Nepalese young people. It is discussed elsewhere that it may have a large impact on changes in sex-related behaviours (Fonner et al, 2014). However, similar to findings observed in other studies (Kiapi-Iwa and Hart, 2004), many female participants had difficulty discussing these matters. In general, though, the participants in the focus groups seemed aware that comprehensive, practical and participatory sex education that could potentially enhance their sexual health knowledge. It is of great importance, then, to explore what kinds of approaches could be developed, and the role of the school. Peer education is currently one of the most widely adopted health promotion strategies used with young people has been regarded as effective (Price and Knibbs, 2009). Schools may be the ideal setting for sexual and reproductive health education, as a large number of young people could potentially be reached through this kind of programme (Lee et al, 2006). Improving school sex education may also usefully involve developing partnership between schools and external agencies such as Non-Governmental Organisations (NGOs), Community Based Organisations (CBOs) and private organisations. This could help to develop professional protocols among these agencies to work together to sustain an effective school-based sex education programmes (McCabe, 2000), provided that sex education training is culturally appropriate.

## **Conclusion**

This small scale, exploratory study has described the perceptions of Nepalese students about sexual health and sex education. It is argued that there are implications for school, teacher training and curriculum development. For example, schools could involve young people in the sex education programme and the teachers could use a more informal approach in delivering sex education. Nepalese schools could for example make use of outside experts, such as health facilitators, to help bring significant improvements in pupils' sexual health knowledge and understanding. Additionally, we argue that more rigorous research and appropriate interventions are required in order to support change, with the aim of bringing about real improvement in young people's sexual health.

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