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Evaluating school-based sexual health education programme in Nepal: An outcome from a randomised controlled trial



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ABSTRACT

This study explored the effectiveness of teaching sex education programme to the secondary school children in Nepal. The study included four schools which were randomised to two groups; control and experimental schools. The teachers in the control schools delivered the sex education curriculum in a conventional way whereas the trained health facilitator in the experimental schools used a participatory teaching approach. The results were analysed by using z-score to identify the distribution patterns of pupils' responses. There was significant number of school children reporting the increment of sexual health knowledge in the experimental schools. This suggests that the health facilitator led sex education programme is more effective in improving the sexual health knowledge of the school children.

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1. Introduction

Adolescents in today's developing countries are very different compared to the past generations. They are more independent, spend more time in school, and have widespread access to communication (Boonstra, 2011). However, such kinds of differences have also provided them with the opportunity to get into early sexual activities including postponing marriage and childbearing. A recent UNICEF report (2016) has highlighted that about two million adolescents were living with HIV worldwide during 2014 and the highest numbers of HIV positive adolescents were from sub-Saharan Africa and South Asia. In another note, WHO (2011) stated that about sixteen million adolescent girls (aged fifteen to nineteen) give birth each year, which is roughly 11% of all births worldwide, with 95% occurring in developing countries. In addition, Sexually Transmitted Infection (STI) is another major concern of adolescent sexual health. An earlier report published by WHO (2005) estimated that 333 million new cases of curable STIs occur worldwide each year with the highest rates among 20–24 year olds, followed by fifteen to nineteen year olds.

In Nepal, unsafe sexual activity among adolescents is very common which underscores the importance of access to contraceptive services (Andersen et al., 2015). Another study conducted in rural Nepal identified that 46% of young women had experienced sexual violence at some point and 31% had experienced sexual violence in the past twelve months (Puri, Frost, Tamang, Lamichhane, & Shah, 2012). Many Nepalese adolescents engage in unsafe sexual practices due to the lack of proper information about sexual health and the poor accessibility of sexual health services (Regmi, Van Teijlingen, Simkhada, & Acharya, 2010). They are at acute risk of Sexually Transmitted Infections (STIs), Human Immunodeficiency Virus (HIV)

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infection and unplanned pregnancies (Dahal, 2008). Despite the increase in general awareness, comprehensive knowledge of sexual health and Sexual and Reproductive Health (SRH) service use are very low among these adolescents (Bam et al., 2015).

WHO (2006) defines sexual health as a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Adolescents require a positive and respectful approach to sexuality and sexual relationships which is free from coercion, discrimination and violence. Sexual health is also described as the ability to embrace and enjoy sexuality throughout life, which is an important part of adolescents' physical and emotional health (ASHA, 2016). Le and Kato (2006) have clearly highlighted that sexual behaviour of adolescents is one of the most important social and public health issues in developing countries. The issue of sexual and reproductive health is not only the main reason of ill health among adolescents worldwide but is also of major concern in Nepal (Adhikari & Tamang, 2009).

According to CBS (2014) data there are nearly nine million young people (10–24 years) in Nepal of which adolescents (10–19 years) make up 24.2% of the population. This indicates that the adolescents comprise a significant proportion of Nepal's population. In Nepal, the total number of secondary school aged children (14–15 years) is 671,183 of which the Net Enrolment Rate (NER) is only 35% (MoE/DoE Nepal, 2008). This means that 65% of secondary age children do not continue in mainstream formal education. Of the total number of teachers at secondary level, only about 70% are trained and are working in appropriate positions.

In Nepalese society, marriage is a traditional phenomenon and family members organise it at an early age for boys and girls. Early marriage has numerous adverse effects on the well-being of children, who are mentally, psychologically, emotionally and physically unfit for married life (Plan International, 2012). However, recent data indicates that the median age at first marriage among females has gone up from 16.4 years in 1996 to 17.5 years in 2011 (NDHS/New Era Nepal, 2011). One possible explanation behind the age increase for marriage is that adolescents are receiving education and are living in an urbanised culture. A study investigating sex education and reproductive health among in-school adolescents has mentioned that the majority of Nepalese girls typically stop going to school when they are married very young (Pokharel, Kulczycki, & Shakya, 2006).

1.1. The sex education curriculum in secondary schools

In 2000, Ministry of Education Nepal launched Health, Population and Environment (HPE) education as a core subject at the secondary level (Grades Nine and Ten) which is taught four sessions per week, each session lasting for 45 min (MoE/CDC Nepal, 2005). The Curriculum Development Centre (CDC) is the body responsible for developing the school level curriculum which works under the Ministry of Education. CDC has formed subject committees to develop, update and provide technical approval to the school curricula. In general, CDC organises workshops and gathers feedback from subject teachers which is then widely discussed among the subject committee members. The finalised prototypes and recommendations are then sent to the National Curriculum Council for final approval. More often, the Higher School Education Board (HSEB) forms technical committees to discuss unresolved or emerging issues. CDC considers the political condition, commission reports and the urgency of matters to design sex education curricula. It also takes into account the opinions of teachers, students and parents as the main source of information.

A UNESCO Nepal (2009) report further stated that student-learning materials on sexual health education are inadequate at secondary levels. The report added that the Curriculum Development Centre (CDC) was given the mandate to develop and disseminate student-learning materials at the school level, but it lacks the capacity to do so. As a result, students have to rely just on school textbooks as their primary source of learning material. The second reason for the inaction is a lack of coordination amongst the funding agencies who promote sex education in schools. Very few schools have adopted life skills and sex education related teaching materials into their secondary education curriculum which is developed by Non-Governmental Organisations (NGOs), aiming to improve young people's health and well-being (UNESCO, 2002; UNICEF, 2003).

1.2. Gaps and challenges in sex education delivery

Considering the importance of school-based sex education for adolescents, Nepal's formal education system is not free from caveats and constraints. The lower secondary level (four to eight) and secondary level (nine to ten) stand at the focus of sex education but the curriculum design and structure is inconsistent and ineffective in promoting sexual health to these pupils (MoE/CDC Nepal, 2005). The curriculum is planned to deliver sex education as biological facts, which are provided in a didactic approach (Stone, Ingham, & Simkhada, 2003). It also lacks comprehensive information on sexual health, social issues, sexual behaviours, sexual attitude and life skills. Therefore, sex education appears to be disjointed across many subjects. Many other issues such as sexual harassment, gender inequalities, and stigma and discrimination have not been considered in the curricula.

1.3. Rationale of the study

There is a lack of relevant research on the effectiveness of teaching sex education to school-aged adolescents in Nepal. Conducting research into adolescents' sex and sexual health could attract many researchers of different backgrounds, including sociologists, educationalists, epidemiologists, public health professionals and demographers, due to the identified

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