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#### Knowledge and Attitude of Sexuality Education in University Level Students

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#### **Abstract**

As Nepal gradually integrates sexuality education into its formal school curriculum, understanding university students' knowledge and attitudes toward sex education is critical. Despite existing reforms, gaps remain in the delivery and reception of sexuality education at higher education levels. This study aimed to assess the level of knowledge and explore the attitudes of university-level students toward sexuality education in the Nepali context. A descriptive quantitative design was used to conduct a census-based study among 60 Bachelor's and Master's level Health Education (HPE) students at the Central Campus of Education, Mid-Western University. Structured questionnaires and interview schedules were used to collect data. Descriptive statistics (frequencies and percentages) were used to analyze student responses regarding knowledge and attitudes toward sexuality education. The study found that 96.67% of respondents were knowledgeable about sexuality education, with textbooks (61.67%) being the primary source of information. A majority understood the importance of sex education and were interested in learning more, particularly in behavioral and problem-solving aspects. Although 53.3% believed that teachers should teach students of the same gender, most rejected traditional taboos and misconceptions, such as equating sex education with pornography or considering sex a private matter. Attitudes toward harmful practices like Chhaugoth were also largely negative, indicating shifting norms. The findings suggest growing awareness and a positive shift in attitudes toward sex education among Nepali university students. However, cultural sensitivities, gender norms, and uneven knowledge of sexuality subtopics reveal the need for improved, inclusive, and culturally appropriate sex education programs. Structured teacher training and curriculum enhancements are recommended to address these gaps and support holistic adolescent development.

*Keywords:* Sexuality education, Knowledge, Attitude, Reproductive health, Gender norms

#### Introduction

Sex education refers to equipping adolescents with accurate knowledge, skills, and healthy attitudes about sexuality. Many countries include sex and reproductive health education in their formal curricula. In Nepal, such education has recently been integrated into the school curriculum under the 2064 reform, incorporating reproductive health and gender issues (Karki, 2008). NIES defines sex education as an educational program that helps youth with physical, social, and emotional development for adulthood and relationships. Historically, sexuality was discussed subtly in ancient texts like the Kamasutra, and figures like Freud contributed to its modern psychological understanding (Praise, 2010).

It includes topics like reproductive systems, sexual rights, contraception, intimacy, and affection. Gender education encompasses attitudes, beliefs, and values related to sexuality, aiming to reduce societal issues like abuse and misinformation (Maharjan, 2016). Sexuality influences all aspects of life art, culture, religion, law, and society and is a continuous learning process (Karki, 2008).

Sexuality education is most effective when school-based programs are integrated with community components like condom distribution, youth-friendly health services, and the involvement of parents and teachers. Multi-component approaches, particularly those connecting in-school education with non-school-based health services, are vital for reaching marginalized or out-of-school youth (UNESCO, 2016). While such programs improve knowledge and intentions to avoid risky sexual behavior, social and gender norms, violence, and access barriers still challenge young people's ability to act safely (UNESCO, 2009).

Research shows that well-designed sexuality education interventions have positive effects on knowledge, attitudes, and behaviors across different contexts, even when adapted for low-resource settings (Gardner et al., 2015). These programs do not increase sexual activity or STI/HIV risks, but rather improve attitudes and understanding related to sexual and reproductive health (UNESCO, 2009). Although strong evidence supports the benefits of comprehensive sexuality education (CSE), more high-quality, long-term studies are needed to assess its impact on biological outcomes like STI or HIV rates (Fonner et al., 2016).

Maharjan (2008) explained that societal values and beliefs around gender equality influence sexual behavior and the prevalence of rape. When men and women are viewed as equals and women are seen as autonomous decision-makers, the likelihood of coercion is reduced. However, in unequal societies, discrimination across social, economic, and political spheres reinforces male dominance and control over women. This theory provides a foundation for understanding perceptions of sexuality and guiding the present study. Similarly, Karki (2008) noted that sexuality, deeply rooted in biology, intersects with all disciplines—art, religion, politics, and law—highlighting its broad social relevance.

Maharjan (2011) emphasized the role of cultural values, traditions, and social conduct in shaping sexual norms and the stigmatization of issues like premarital sex, abortion, and sex work. Budhathoki and Pokharel (2011) observed that social change has introduced new values influencing youth behavior, with adolescents increasingly drawn to sexual experiences through media and curiosity. Karki (2011), citing Freud's psychoanalytic theory, asserted that

sexual desire is a basic human instinct that evolves with age and development, with sexual impulses serving as powerful motivators in behavior, driven largely by unconscious desires.

Hu et al. (2023) conducted a cluster-randomized controlled trial in 29 vocational high schools across China to evaluate the effectiveness of an online sexuality education program called "You and Me." The study involved 3,151 students who participated in eight internet-based sessions aimed at improving sexual knowledge, attitudes, and behaviors. Results showed significant improvements in both knowledge and attitudes immediately after the intervention and one year later. However, the program did not produce significant changes in sexual behavior. The researchers concluded that online sexuality education can be a feasible and effective alternative, particularly in areas with a shortage of trained teachers, and recommended further research into its long-term impact on behaviors.

Lyu, Shen, & Hesketh (2020) explored the sexual knowledge, attitudes, and behaviors of 5,965 undergraduate students aged 15–24 across nine universities in three Chinese provinces. Using a cross-sectional survey design, they found generally low levels of sexual knowledge, especially among females. Males, urban students, and those with non-heterosexual orientations reported more frequent sexual activity and more open attitudes toward sex. Students commonly sought sex-related information from online sources rather than formal education or parents. The authors concluded that there is a need for accessible, age-appropriate, and culturally sensitive online sex education to improve knowledge and reduce risky sexual behaviors among Chinese youth.

Chen et al. (2023) conducted a cluster-randomized controlled trial to assess the impact of an online sexuality education module on adolescents in 29 vocational high schools. Preand post-intervention surveys showed that the program led to a roughly 20% increase in sexual and reproductive health knowledge, with girls demonstrating higher knowledge gains and more progressive attitudes than boys. The study also used hierarchical linear modeling to confirm the significance of these results. The researchers concluded that online modules are an effective tool to enhance adolescents' sexual health knowledge and attitudes, advocating their broader implementation in educational systems.

Wang et al. (2023) carried out a quasi-experimental study in rural Chinese primary schools to assess a cartoon-based comprehensive sexuality education curriculum. The study involved 1,725 students in grades 4 through 6 from eight schools. Post-intervention assessments revealed that students in the intervention group scored significantly higher in knowledge, skills, attitudes, and hygiene practices compared to the control group. Boys, in particular, showed notable improvements in genital hygiene. The study concluded that standardized, age-appropriate sexuality education programs using visual and engaging materials are effective and feasible for rural settings, and recommended their wider adoption.

Acharya, Thomas, & Cann (2018) conducted qualitative research involving eight focus group discussions with 78 students aged 14–17 in community schools in Nepal to explore their perspectives on sexual health education. Students expressed high curiosity about sexual topics but felt embarrassed and constrained by cultural taboos when discussing them

with teachers or parents. They also reported confusion due to conflicting messages from media and society. The study concluded that there is a pressing need to develop culturally sensitive, youth-friendly sexuality education programs in Nepal that actively involve students in their design and delivery.

Adhikari & Tamang (2009) surveyed 573 male college students in Kathmandu to examine the prevalence and determinants of premarital sexual behavior. Their findings showed that 39% of respondents had engaged in premarital sex, often involving multiple partners and low condom use. Factors significantly associated with this behavior included older age, Hindu religious affiliation, liberal attitudes toward male virginity, and having sexually active friends. The researchers concluded that risky sexual behaviors are common among young men and highlighted the need for targeted sexuality education to promote safer practices and reduce associated health risks.

Shrestha et al. (2013) investigated the role of school-based sexuality education in shaping adolescents' attitudes toward abstinence and intentions for safe sex in urban Nepal. Through a cross-sectional survey of 634 students, the study found that many students lacked adequate information about HIV and reproductive health services, and that parental involvement in sexual health discussions was minimal. Students who received better-quality sexuality education and support from both teachers and parents were more likely to hold positive attitudes toward abstinence and express intentions to engage in safer sex. The authors recommended strengthening educational content and involving families to enhance the effectiveness of school-based programs.

### **Objectives of the study**

To find out the knowledge of sex and sexuality education in university level students, and to analyze the attitude of sex and sexuality education in the university level students.

#### Methodology

The methodology adopted for this study followed a structured and systematic approach to ensure the reliability and validity of the findings. This study adopted a descriptive research design with a quantitative approach to understand the current status and views related to sexuality education among students and the research was conducted at the Central Campus of Education, Faculty of Education, Mid-West University, located in Birendranagar, Surkhet, Nepal.

### Population, Sampling Strategy, and Study Tools

Population and Sampling Strategy: The target population included 60 students enrolled in Bachelor and Master levels at the Central Campus of Education (as confirmed by Campus Administration). A census method was used, meaning all 60 students were included in the study.

## **Study Tools**

To collect the necessary data, an interview schedule and a questionnaire were employed. These tools were developed based on the study's objectives.

# Validation, Data Collection, and Ethical Considerations

Validation of Tools: A pilot test was conducted among 20 students from the Health Education Department at Surkhet Multiple Campus to ensure the reliability and validity of the questionnaire. Based on the results and feedback from the supervisor, the tools were finalized.

A formal letter of permission was obtained from the department. The researcher informed participants about the purpose of the study. Consent was obtained before selecting the students. The objectives of the study were clarified to participants. Data collection was then carried out using the finalized tools. Participants' identities were kept confidential. The dignity and self-respect of participants were respected. Only relevant questions related to sexuality education were asked. No pressure was applied to participate or to answer. Care was taken not to ask questions that could cause discomfort.

## **Data Analysis and Interpretation**

After collection, the questionnaires were checked for completeness and consistency. Data were edited, tabulated, and then analyzed using frequency and percentage tables. The interpretation of results was guided by the study's objectives, ensuring clarity and relevance. This sub-section of the study deals with the analysis and interpretation of data related to knowledge of respondents on sanitation. It includes main source of drinking water, making water safe for drinking, knowledge on type of toilet, etc.

### **Knowledge of sex/sexuality**

The respondents were asked about the knowledge of sex/sexulity. Respondents were obtained the data shows in the following table.

Table 1: Distribution of the respondents by knowledge on sex/sexuality

Description	No. of Respondents	Percent	
Yes	58	96.67	
No	2	3.33	
Total	60	100.0	
types of education			
Sex related education	22	37.93	
Reproductive related education	9	15.52	
Sexual behavior related education	15	25.86	
sexual contact related education	3	5.17	
love related education	3	5.17	
adolescent education	6		
		10.34	
Total	58	100.00	

Source: Field Survey, 2082

Table 1 represent that the total 60 respondents, among them 96.67 percent respondents were knowledge of sexuality education and 3.33 percent of respondents were don't knowledge of sexuality education.

Similarly, 58 respondent's knowledge of type sexuality education. Among the 37.93 percent of respondents had the knowledge of sex related education, 15.52 percent of respondents had reproductive related education, 25.86 percent of respondents had sexual behavior related education, 5.17 percent of type of sexual contact related education, 5.17 percent were love related education and 10.34 percent respondents were adolescent education. It is concluded that most of the respondents were of knowledge of sex related education then other aspect.

### Sources of knowledge on sex

In the study area, respondents were asked about their knowledge on sex related education sources. The respondents' knowledge on sex related education sources has been shown in the following table:

Table 2. Distribution of the respondents by sources knowledge on sex

Description	No. of Respondents	Percent	
Textbook	37	61.67	
Teacher	11	18.33	
Friends	6	10.00	
Media/Newspaper/Internet	2	3.33	
Campus	4	6.67	
Total	60	100.00	

Source: Field Survey, 2082

Table 2 shows that 61.67 percent of respondents had received knowledge of sex by sources of textbook, 18.33 percent of respondents were sex related sources of teacher. Similarly, 10.0 percent of respondents belong to friends, 3.33 percent of respondent's media/newspaper/internet and 6.67 percent of respondents were campus of main sources of knowledge sex. It is clarifying that most of the respondents were source of knowledge on sex from text book.

#### **Knowledge on importance of sex**

In the study area, respondents were asked about their knowledge on importance of sex education. The respondent's knowledge on importance of sex education has been shown in the following table:

Table 3. Distribution of the respondents by knowledge on importance of sex education

Description		No. of Respondents	Percent

Yes	54	90
No	6	10
Total	60	10.00

Source: Field Survey, 2082

Table 3 revels that, 90 percent of respondents were knowledge on importance of sex education and 10 percent respondent were did not knowledge on importance of sex education. Maximum respondents were knowledge about the importance of sex education.

## Knowledge on interested to get sex related education

The sex very interested part of the adolescent age students or people. In the study area, respondents were asked about their knowledge on interested to get of sex related education. The respondent's knowledge on interested to get of sex related education has been shown in the following table:

Table 4. Distribution of the respondents by knowledge on interested to get sex related education

Description	No. of Respondents	Percent	
Yes	55	96.67	
No	5	3.33	
Total	60	100.0	
Interested in sex education			
Behavioral education	36	65.45	
To solve the sex problems	19	34.54	
Total	55	100.00	

Source: Field Survey, 2082

Table 4 indicated that, 96.67 percent of respondents belong to yes responses and 3.33 percent of respondents belong to no responses of the knowledge on interested to get sex related education. The data indicated that among the total 55 'yes' respondents, 65.45 percent of the respondents were interested behavioral education and 34.54 percent of respondents were to solve the sex problems. Above the data concluded that respondent's knowledge on interested to get of sex related education behavioral education.

# **Attitude of Sex and Sexuality Education**

Here is a summarized table that consolidates the attitudes of respondents regarding various statements about sexuality and reproductive health education, followed by three interpretive and analytical paragraphs:

Table 5: Respondents' Attitudes Toward Sexuality and Reproductive Health Education (N = 60)

Statement Agree Neutral Disagree Disagree Disagree	Statement	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	
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Male teacher teaches boys & female 9 teacher teaches girls in sex education (15.0)	23 .0%) (38.3%)	1 (1.7%)	21 (35.0%)	6 (10.0%)
Sex is a secret and should not be 5 discussed publicly (8.39)	7 3%) (11.7%)	5 (8.3%)	25 (41.7%)	18 (30.0%)
If sexual education is given, adolescents will be more interested in sexual relationships (20.	10	12 (20.0%)	13 (21.7%)	5 (8.3%)
Females should be kept in Chhaugoth 9 during menstruation (15.0	.0%) 14 .0%) (23.3%)	2 (3.3%)	32 (53.3%)	3 (5.0%)
Sex and reproductive education is a 2 supplement to pornography education (3.3	0 3%) (0.0%)	1 (1.7%)	32 (53.3%)	25 (41.7%)

Source: Field Survey, 2082

The data reveals a divided perspective on the gendered approach to delivering sexuality education, where a significant portion of respondents (53.3%) either agreed or strongly agreed that male teachers should teach boys and female teachers should teach girls. This suggests lingering cultural norms and gender roles in the education system, possibly influenced by societal sensitivity and discomfort surrounding open discussions of sex and reproductive health, especially across genders.

Regarding the idea that "sex is a secret matter and should not be discussed publicly," a majority of respondents (71.7%) disagreed or strongly disagreed. This indicates a growing openness among adolescents toward discussing sexual and reproductive health topics, possibly reflecting increased exposure to modern education, awareness programs, and peer influence. However, a small group (20%) still upheld traditional views, indicating the presence of conservative attitudes that persist in some parts of society.

Most notably, 94.7% of respondents rejected the belief that sexual education is equivalent to pornography, showing strong support for formal sex education as a distinct, informative, and essential aspect of adolescent development. Similarly, more than half of the respondents opposed the Chhaugoth tradition of isolating menstruating females, revealing a shift in attitudes toward gender discrimination and harmful cultural practices. However, the mixed opinion on whether sexual education increases curiosity toward sexual relationships (50% agree vs. 30% disagree) highlights a concern among some respondents that sexual education may have unintended consequences, suggesting a need for age-appropriate, scientifically accurate, and culturally sensitive curricula.

#### Conclusion

The findings of the study reveal that the vast majority of respondents (96.67%) possess knowledge about sexuality education, with most identifying "sex-related education" as their primary area of understanding. Among various aspects of sexuality education, sex-related topics were the most recognized, followed by reproductive education and sexual behavior. This indicates a general awareness among students regarding the basic concepts of

sexuality education, although knowledge on specific sub-topics such as love, adolescent education, and sexual contact remains limited. Such disparities point to the need for a more holistic and inclusive curriculum that covers all dimensions of sexual and reproductive health education.

Furthermore, textbooks were found to be the dominant source of information on sex education for 61.67% of respondents, followed by teachers and peers. This reliance on academic materials suggests that formal education remains the primary avenue for imparting knowledge about sex and reproductive health. A large proportion of respondents (90%) also recognized the importance of sex education, and most expressed interest in receiving it, particularly with a focus on behavioral education and problem-solving. These findings underscore the demand for comprehensive and practical sex education that goes beyond theoretical knowledge to address real-life concerns of adolescents.

Cultural attitudes toward sex education also surfaced in the responses. While over half of the respondents agreed that sex education should be gender-specific (i.e., male teachers for boys and female teachers for girls), the majority rejected the notion that sex is a taboo subject or that sex education promotes pornography. Moreover, most participants opposed harmful cultural practices such as the Chhaugoth tradition, showing a progressive shift in gender and health perceptions. However, divided views on whether sex education increases curiosity suggest lingering misconceptions. These results highlight the importance of implementing age-appropriate, culturally sensitive, and scientifically accurate sex education that balances openness with social sensitivity.

#### **Implications**

The findings of this study imply a strong need for comprehensive, age-appropriate, and culturally sensitive sexuality education in academic institutions. Since most students rely on textbooks and express interest in behavioral aspects, curriculum planners should integrate practical and value-based content. Teachers need specialized training to deliver this subject without bias or discomfort. Addressing cultural taboos and misconceptions can help foster a healthier understanding of sexual and reproductive health. Ultimately, effective sex education can empower adolescents to make informed, respectful, and responsible decisions.

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