



“The Teacher Himself Feels Shy, So How can We Ask Questions to Him?”: Classroom Ecosystem of Comprehensive Sexuality Education in the Schools of Nepal

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Abstract

Comprehensive Sexuality education is still taboo in a developing country like Nepal. Although many studies around the world have demonstrated the effectiveness of well-implemented school-based CSE in promoting sexual and reproductive health outcomes for young people, studies from Nepal show that the prevalence of teenage pregnancy among school-going adolescents has failed to meet the objectives of reducing students' risk, enhancing decision-making capacity, and enhancing self-efficacy. Therefore, this study focused on students' experiences of school-based CSE in Nepal. This study was qualitative. Data were collected from 68 participants across four schools in the study setting using focus group interviews. An



explanatory phenomenological analysis framework was followed to analyze the data. Students feel hesitant to discuss at home regarding sexual matters. Peers and the internet were found to be the most popular sources of learning. Students want open and frank communication, a flexible learning environment, and an inclusive school environment. A diverse teaching approach is needed for it. Using a peer teaching approach, as well as ongoing in-service, pre-service, active participatory training and retraining interventions, and support for sex education teachers, to address the identified barriers and improve their pedagogical effectiveness.

Keywords: Sexuality education, Adolescent health, Teacher barriers, Cultural taboos, Menstrual practices, Comprehensive sexuality education, Learners' perspectives, Nepal

Introduction

Comprehensive sexuality education is crucial for promoting adolescents' sexual and reproductive health (SRH), especially in developing countries like Nepal. There is evidence worldwide of well-implemented school-based CSE programs in this area (Prajapati et al., 2024; Aryal et al., 2023). It can decrease risky behaviors, enhance decision-making skills, and boost young people's self-efficacy (UNESCO, 2018). However, implementation still falls short and remains inadequate in many countries, mainly in Nepal. This gap is often linked to learner challenges, institutional obstacles, and cultural taboos.

Sexuality education has a complex pattern for its implementation in Nepal because sexuality-related conversations are kept under cover. Although CSE has been formally introduced into the school curriculum by the government, its implementation remains inconsistent and ineffective (Rich-Zendel, 2020; Leung et al., 2019). The high rate of teenage pregnancies among Nepali school-age adolescents is a clear sign that the efforts to apply CSE are heading toward accomplishing the desired goals (Ministry of Health and Population [MoHP], 2021). These drawbacks underscore the need for a more detailed understanding of the obstacles that hinder successful application from the viewpoint of the students themselves.

Adolescents are in a crucial developmental stage where they begin to form sexuality-related attitudes, motives, and behaviours. However, research has shown that gaps in the provision of sexuality education prevent many Nepali students from accessing detailed and accurate information about SRH (Acharya et al., 2018; Bagale & Rijal, 2025; Gautam et al., 2025). As a result, students are at a vulnerable stage for unfavourable consequences like undesired pregnancies, STIs, and early marriages because of the persistence of misconceptions, stigma and shame, and fear encompassing delicate subjects (Acharya et al., 2018; Tohit & Haque, 2024).

The opinions, experiences, and feedback of the students give essential insights into the problems they face after participating in sexuality education in the classroom. According to previous studies, students face problems such as uneasiness when dealing with vulnerable subjects, trust issues with teachers, and opposition from classmates or relatives (Lafontan, 2024; Mendis, 2025). Intervening in the demands of the concerned students requires a perception of these viewpoints.



Furthermore, the view that CSE is taught affects its impact just as much as the curriculum's content. The quality of teaching can be significantly influenced by teacher-centered barriers, such as insufficient training, discomfort, and the problems of generational gaps between teachers and students (Wood & Rolleri, 2014; Ellerbee, 2025). The gap between policymakers and practice weakens when teachers are unable to overcome these obstacles by providing students with inappropriate or incomplete information. The objective of this study is to examine and investigate how students perceive and acknowledge the obstacles they come across while studying in school-based CSE. Likewise, it aims to understand students' personal experiences and perceptions of sexuality education in their schools by employing an interpretive phenomenological approach. Analysing these viewpoints has helped identify the particular difficulties faced by students, providing suggestions for promoting the way sexuality education is taught in Nepalese classrooms.

For adolescents, to make decisions regarding their sexual health and well-being, effective CSE is a must. Policymakers, educators, and stakeholders aim to create a supportive learning environment that facilitates open dialogue, reduces stigma, and enhances students' coping capacity related to SRH by addressing the barriers identified in this study. In the end, this study fosters the more general objective of encouraging healthy sexual development by lowering unfavourable SRH outcomes among teenagers in Nepal. Thus, this study investigates how students in Kathmandu district perceive sexuality education in a classroom context.

Methodology

The study employed a qualitative research approach. The following section focuses on methods used for the study.

Design

To explore the lived experiences of basic-level students regarding sexuality education classes in the Kathmandu Valley, an explanatory phenomenological design was employed. This qualitative approach to research emphasizes individuals' understanding and perception to form the meaning of a particular phenomenon, in this case, CSE in school settings (Smith et al., 2020). The objective was to unveil the underlying patterns of students' experiences to know the barriers that affect the implementation and impact of sexuality education. Focus group discussions (FGDs) have been used as the primary method of data collection to collect in-depth insights and perceptions into common perspectives and emotional responses. A homogeneous group design for the research has been applied, which involved conducting FGDs separately for boys and girls to promote comfort and openness when discussing sensitive topics.

Setting

The study was conducted in four public basic-level schools located in Kathmandu District. The areas represent an intermixing of urban and semi-urban educational environments, providing diverse access to reproductive health resources and teacher training. In Nepal, sexuality-oriented subject matter is primarily boosted under the Health, Physical, and Creative Arts curriculum at the basic and primary level (Grades 6–8). Despite being a significant part of



the national curriculum, the delivery of these topics remains inconsistent due to the cultural norms and values, lack of trained teachers, and inadequate teaching resources.

Sampling

A purposive sampling strategy has been used for school selection. Four schools were purposely selected. To select participants who had been studying CSE in school. Inclusion criteria included:

- i) Being enrolled in Grade 8
- ii) Attending the four selected schools
- iii) Willingness to participate in group discussions
- iv) Ability to speak and understand Nepali
- v) A total of eight focused group discussions (FGDs) were conducted: 4 FGDs with male students; 4 FGDs with female students

Each group consisted of approximately 8-9 students, resulting in a total of 68 participants.

Efforts have been made to ensure diversity is prevalent across schools, genders, and socioeconomic backgrounds, while maintaining homogeneity within each discussion group to encourage open dialogue.

Data Collection

Data were collected between April and July 2021 through focus group discussions, each lasting approximately 55 minutes. A semi-structured FGD guide was developed by the researcher, which was based on the study objectives, relevant literature, and reviewed by the supervisor for clarity and cultural appropriateness.

The central guiding question for the FGDs was:

“Can you describe your experience with sexuality-related topics taught in your school?”

Follow-up questions explored students' comfort level in discussing these topics, their perceptions of the teacher's competence level, the relevance of the content, and the challenges and impediments they faced during lessons.

Before each session, consent was obtained from school principals, and the consent of parents was secured for all the participating students. Informed assent was also obtained from each student under 18 years of age before the start of the discussion.

All sessions were audio-recorded with due permission, and field notes were gathered to capture non-verbal cues and signals, emotional responses, and contextual observations and scrutiny. Discussions were conducted in quiet and peaceful classrooms or designated meeting rooms within the school's blocks to ensure comfort and confidentiality.

Data Analysis

Audio recordings have been transcribed verbatim into Nepali within 48 hours of each session, which has been later translated into English for analysis. The Explanatory Phenomenological Analysis (EPA) framework has been used to analyze the data (Flowers et al., 1997; Smith et al., 2020) by following these steps:

- i) Reading and re-reading the transcribed audio recording to gain familiarity with the data



- ii) Identifying meaningful and coherent statements related to students' experiences and perceptions
- iii) Clustering themes, sub-themes, and ideas that reflected common patterns
- iv) Creating experiential descriptions that captured and synthesized the fundamental essence of the phenomenon

To enhance the level of rigor and reduce biases, an independent coder systematically analyzed a subset of transcripts. Thematic comparisons have been made between the researcher's and independent coders' interpretations, which have led to consensus on the final themes.

Trustworthiness and Validity

Lincoln and Guba's (1985) discussion of four criteria —namely, credibility, dependability, confirmability, and transferability—has been applied to ensure the trustworthiness and validity of the findings.

Credibility has been enhanced through intensive member checking, where summaries and conclusions of significant findings have been shared among participants to verify and validate the accuracy.

Dependability has been maintained through detailed and comprehensive documentation of the research processes, which includes field notes as well as decision logs.

Confirmability has been ensured and solidified by maintaining an audit trail with the involvement of an external coder in the analysis.

Transferability has been achieved by providing rich, descriptive accounts and prolonged engagement with the research setting, participant characteristics, and data collection methods, allowing readers to assess the applicability to other contexts, even in some cases to different ones.

Ethical Considerations

Ethical approval was obtained from the relevant authority, namely the Nepal Health Research Council (NHRC), under reference number 2275. The respective school principals and the local district education office also approved.

All participants were informed about the purpose of the study, their right to consent, their right to withdraw at any time, and the measures taken to ensure confidentiality, secrecy, and anonymity. Written parental consent and student assent forms were collected prior to participation.

To respect the privacy of the participants' identities, pseudonyms and coding were assigned during transcription and reporting. Discussions were held in private school spaces, ensuring emotional safety and minimising external interference.

Given the topic's level of sensitivity, participants were provided with referral information for local counselling services if needed. They were also reminded that they could skip any question or end the discussion without consequence.

Results

The study provided participants' demographic details and highlighted educator-centred barriers to effective sexuality education in the research setting.



Participants demographic details

The findings of this qualitative study were derived from eight focus group discussions (FGDs) conducted with 68 students across four basic-level schools in the Kathmandu Valley, including two public and two private schools. The participants included 34 male and 34 female students, aged between 14 and 19 years, representing diverse ethnic communities, such as Brahmin, Chhetri, Tamang, Newar, Tharu, and Janajati. The analysis revealed several key themes related to students' experiences and perceptions of sexuality education in school, which are presented below.

Teaching Methods and Use of Learning Materials

Students expressed a strong priority for interactive and visual teaching methods and tools, such as videos, diagrams, and posters, rather than traditional textbook-based instruction.

"We may understand better if we are taught by using audio-video in health subjects." – (FGD 1, Female Participant)

"It is okay, but if the teacher teaches by drawing the figures, then it would be better." – (FGD 2, Male Participant)

However, most students reported that teachers primarily relied on textbooks and rarely used visual aids or interactive tools.

"The teacher does not make use of teaching materials. He teaches whatever is in the textbook." – (FGD 1, Male Participant)

"He does not use anything except a board and a marker. He does not make any figures, patch the posters, and teaches by reading the textbook." – (FGD 4, Female Participant)

Some students noted that when teachers used projectors or videos, their understanding improved significantly.

"If videos are used more, it will be easy to understand." – (FGD 3, Female Participant)

In one school where nurses occasionally delivered sessions, students appreciated the use of posters and practical demonstrations, which made topics like menstruation and reproductive anatomy easier to grasp.

"Nurses come for practical and they teach well by showing posters, drawing figures, discussion, and we understand clearly." – (FGD 3, Male Participant)

Gender Dynamics in the Classroom

Participants highlighted discomfort when discussing sexuality-related topics in mixed-gender settings.

"It is quite odd if boys and girls study together. If boys are there, then we cannot ask all our inner queries because they tease us." – (FGD 1, Female Participant)

"I prefer girls to be taught by female teachers and boys by male teachers because it will be easier to raise questions." – (FGD 2, Female Participant)

Both male and female students suggested that separate sessions for boys and girls would create a safer space for discussion.

"Boys laugh more and tease us, so we do not ask questions." – (FGD 3, Female Participant)



This sentiment was echoed even among students who otherwise felt comfortable discussing sexual health topics.

“Both boys and girls are equally asking questions. All are laughing, and the classroom becomes noisy.” – (FGD 4, Male Participant)

Teacher Attitudes and Comfort Levels

Many students observed that teachers felt uncomfortable or shy when delivering sexuality education, which impacted the quality of instruction.

“The teacher himself feels shy, so how can we ask questions to him? He teaches and leaves the class; we passively listen to him.” – (FGD 3, Male Participant)

“Our teacher teaches the topic openly. He is friendly, but he teaches without any teaching materials.” – (FGD 4, Female Participant)

Some students also mentioned that teachers avoided answering complex questions or discouraged them altogether.

“If we ask a question, then he says you can understand something by yourself.” – (FGD 4, Female Participant)

“He directly reads the textbook, then says you understood only. We say we understood.” – (FGD 4, Male Participant)

A few students praised teachers who encouraged open dialogue and allowed individual questioning.

“He often says if you feel uneasy, ask in a group, then you can ask an individual.” – (FGD 2, Male Participant)

Sociocultural Influences and Menstrual Practices

Cultural norms and taboos emerged as significant barriers to open discussions about sexuality in classrooms. Students from rural backgrounds described strict menstrual restrictions practiced at home, which influenced their openness in school discussions.

“My mother is Brahmin, so she is strict and follows social rules.” – (FGD 3, Female Participant)

“In the far western region, they are kept outside the home and not given milk to that lady [during menstruation].” – (FGD 1, Male Participant)

Several students shared personal experiences of being isolated during menstruation and being restricted from entering kitchens or temples.

“We stay separately for 4 days in a room. We are not allowed in the kitchen and prayer room, nor can we touch.” – (FGD 3, Female Participant)

“Touched food must be thrown away; others cannot eat.” – (FGD 4, Male Participant)

Despite these cultural constraints, many students acknowledged that learning about menstrual hygiene in school helped them understand that menstruation is a natural biological process, not something to be ashamed of.

“Better to stay healthy than follow society, it is a natural process, we have already studied in class.” – (FGD 3, Male Participant)



Student Interest and Relevance of Topics

Students showed high interest in topics such as menstruation, pregnancy, contraceptive use, and sexually transmitted diseases (STDs).

“Sexual disease, menstruation, and reproductive organs are interesting lessons to be studied.” – (FGD 1, Female Participant)

“I liked the contraceptive chapter because I knew about pregnancy. It helps us to be safe from different hazards.” – (FGD 3, Female Participant)

There was some variation in opinions regarding the appropriate age to introduce contraceptive education.

“The contraceptive chapter is essential because we need to study for the child.” – (FGD 4, Female Participant)

“It will be better from class 6.” – (FGD 2, Female Participant)

Some students believed that girls should receive this information earlier due to the early onset of menstruation.

“Girls need to learn from lower classes.” – (FGD 2, Male Participant)

Learning Outside the Classroom

Most students admitted to seeking information about sexuality outside of school, primarily through mobile phones, YouTube, TV, and friends .

“Our sources of learning are mobile, YouTube, and TV.” – (FGD 3, Male Participant)

“We learn from news, TV, but parents don’t share such issues.” – (FGD 2, Male Participant)

Only a few students received support from family members.

“My parents told me that now you can have a period, so don’t be more kiddy, so I knew those things and I did not face any problem.” – (FGD 3, Female Participant)

There was a strong consensus that schools remain the most reliable source of accurate information.

“We will not know anything about sexual education even in the age to be parents, but we got the knowledge due to the curriculum.” – (FGD 1, Female Participant)

Impact of CSE

Students acknowledged the positive impact of sexuality education on their understanding of bodily changes, health, and relationships.

“I knew when it would start [menstruation]. I knew about hormonal change in teen age.” – (FGD 1, Female Participant)

“We learn we should not have sexual relations and have pregnancy at an early age from the curriculum and school.” – (FGD 3, Male Participant)

Some students also reported being able to educate others, including siblings and peers.

“Later, I feel happy, I taught my friend again.” – (FGD 3, Female Participant)

However, many still struggled with misconceptions and stigma, particularly around homosexuality and abortion.

“I do not like homosexual marriage because society blames like; this man’s daughter.” – (FGD 3, Male Participant)



“That is natural, we do have hormonal change in our body and growth and development makes changes in our body.” – (FGD 3, Male Participant)

Perceived Gaps and Suggestions

While students generally found the helpful curriculum, many suggested that content should be more detailed, especially on topics like abortion, rape, good/bad touch, and contraception.

“Abortion and rape should be taught at this time. Good touch and bad touch must be clear.” – (FGD 4, Male Participant).

The students recommended to use more digital media, separate sessions for boys and girls for sensitive issues, encouraging open and non-judgmental discussions, including practical examples and real-life scenarios in the textbook, and more student engaging approaches while teaching CSE. “If the teacher teaches freely by displaying the pictures and with more explanation, it reduces the shame and makes it easy to learn.” (FGD 4, Female Participant).

Students recommended:

- i) Using projectors and videos
- ii) Holding separate sessions for boys and girls
- iii) Encouraging open and non-judgmental discussions
- iv) Including practical examples and real-life scenarios

“If the teacher teaches freely by displaying the pictures and with more explanation, it reduces the shame and makes it easy to learn.” – (FGD 4, Female Participant).

Discussion

The findings of this qualitative study has revealed significant impediments to deliver effective sexuality education and its implementation in the Basic schools at Kathmandu district, Nepal. These impediments are primarily grounded in teacher-centered challenges, including teachers’ cultural values, personal discomfort, and a lack of training. This parallels the starkest global evidence that indicates educators often struggle while teaching sensitive and vulnerable topics due to conflicts between their personal beliefs, ideas, and the curriculum content (Beyers, 2011; Zulu et al., 2019; Lehn & Chahboun, 2025). As expressed by participants, most teachers feel uncomfortable and uneasy when discussing CSE frankly, often skipping or minimizing certain sections and parts of the curriculum. This level of reluctance reflects broader concerns about age appropriateness, as well as cultural acceptability and sensitivity. It has been highlighted and prioritised in studies conducted in South Africa (Francis, 2013) and Zambia (Zulu et al., 2019), where teachers also expressed hesitation and uneasiness over introducing sexuality-related topics at the early stages of schooling.

Participants have frequently expressed that the teachers avoided using numerous visual aids or interactive tools, instead relying heavily on textbook-based instructions. This finding aligns with previous research that reveals traditional, didactic, knowledge-delivering methods can limit student engagement, participation, and understanding in CSE (Green et al., 2015; Shegog et al., 2025). Students valued the use of videos, diagrams, and posters to support and crystallize their understanding of particular topics, such as reproductive anatomy and the use



of contraceptives. The lack of such resources not only hinders learning effectiveness but may also encourage students to seek information from unverified and unreliable external sources, such as social media and peer networks. This can lead to misinformation and manipulation (Tucker et al., 2018; Akpa et al., 2024).

Moreover, the study has exposed that students were aware of the disconnection between school teachings and real-life experiences, regarding the use of contraceptives and abortion. At the same time, some of the students believed that education about the use of contraceptives should be introduced at a later stage. Other people argued for its inclusion in the early lower grades, mainly for girls who start by the stage of menstruation as early as age 10–11. This perspective aligns with UNESCO's (2018) recommendations for age-appropriate, progressive levels of CSE that evolve with the students' developmental needs. However, existing practices in Nepal provide a gap between policy and its implementation, with many teachers failing to address students' exact concerns by providing practical guidance.

Students also noted the priority and rights-based content, namely the parameters of good touch and bad touch, consent, and the issues related to LGBTQ+. Despite the coverage of curriculum topics like sexually transmitted diseases and pregnancy, many participants realised that it lacked depth on the prevention of violence and the diversity of identity. As one student noted, "We learn we should not have sexual relations and have pregnancy at an early age from the curriculum and school." It highlights a strong focus on risk management rather than empowerment. This diverges from the international level, which advocates for a holistic, rights-based approach that promotes respect for diversity, encouraging critical thinking (UNFPA, 2020; UNESCO, 2018).

In line with Chavula et al. (2022), the present study confirmed that educators' cultural base has significantly impacted the delivery of curriculum. Teachers sometimes omit or skip topics related to sexual orientation, gender identity, and reproductive rights (Driessen et al., 2024; Richard, 2025). They cited community disapproval or personal discomfort. This finding is consistent with those from South Africa (Francis, 2013). The teachers realise the pressure to uphold dominant cultural values, even when this conflicts with the curriculum's desired goals. Achora et al. (2018) argue that such value-laden guidelines undermine the principles and theories of CSE. This is for marginalized learners who need accurate, yet inclusive information to navigate complex social realities.

The unavailability of pre-service and in-service teacher training was a dominant concern among students. Many of them reported that their teachers appeared untrained or poorly prepared. It leads to passive instruction and a minimal level of students' participation. This matches the findings of Morton Ninomiya (2008) and Van (2024), who noted a major gap in teachers' knowledge for disseminating sexuality education in Nepal. Without targeted professional development, teachers may rely on didactic methods, avoiding the answers to difficult questions, rather than delivering misinformation.

Despite these challenges, students expressed a strong interest in sexuality education. They are particularly relevant topics in relation to menstruation, pregnancy, and STIs. Many



acknowledged that the school was their primary source of accurate information. This underscores the critical role of formal education in shaping adolescent health-related behaviors. As one participant stated, “If the sexual education chapter were not there in the curriculum, we would not know anything.” This aligns with global evidence showing that well-implemented CSE improves health literacy, self-efficacy, and decision-making skills among young people (Wood, 2025).

However, students also recognized that school alone cannot address all the gaps and discrepancies. Many are addicted to mobile phones and YouTube, and have become friends for additional information. This highlights the need for parental and community involvement in sexuality education. Unfortunately, family discussions on these topics remain confined due to taboos and stigma (Lafontan, 2024). A few students noted that the way of receiving support from siblings or extended family. Peer-to-peer sharing of the learning process could play a complementary and side role in filling informational gaps and voids.

Notably, the study has shown that the learners are capable of facing the harmful traditions while equipped with accurate and factual knowledge. Multiple participants shared their critical experiences about the confinement of menstrual practices at home. They stated that “it is a natural process” and “better to stay hygienic than follow society.” This shows the potential for school-based sexuality education to the shifting of attitudes that promote progressive change within the limitations of communities. However, as Pokharel and Adhikari (2021) emphasise, this demands sustainable efforts that remain beyond the level of the classroom. It includes the programs of community awareness and the campaigns of advocacy.

Finally, students introduced multiple practical suggestions for improvement that include of:

- i) Introducing projectors, videos, and figures in the classrooms
- ii) Conducting totally separated sessions for boys and girls
- iii) Enhancing teacher confidence level through training
- iv) Including more detailed and enlarged contents on rape, good/bad touch, and abortion
- iv) Introducing contraceptive education at an earlier stage, especially for girls

These insights reflect a systematic dimension for the interactive and learner-centered approaches that go beyond the level of biological facts by including ethical, emotional, and social dimensions of sexuality. This is a vision that goes side by side with UNESCO's International Technical Guidance on Sexuality Education (ITGSE, 2018).

While the Nepali curriculum acknowledges the importance of CSE, its implementation remains hindered by the discomfort of teachers, a lack of teacher training, societal values and norms, and a scarcity of teaching support materials. To realize the full potential of CSE in improving adolescent sexual and reproductive health, policymakers and educators must work together to:

- i) Strengthen teachers' fundamentals of preparation and support
- ii) Promote inclusive and non-judgmental instruction
- iii) Address the aspect of cultural resistance through community engagement



iv) Ensure access to the multimedia and the participatory learning tools

Only then can sexuality education meet its purpose—not simply as a subject, but as a fundamental aspect, as a tool for empowerment, equity for sustainable health.

The dynamics of gender have also emerged as a key challenge in its arena. Many students have expressed discomfort discussing very sensitive and serious topics in mixed-gender settings. It has been noted the fact that they were hesitant to ask questions because of the teasing, bullying and embarrassment. Gender-segregated teaching can promote more open discussions on CSE and also improve learning outcomes, according to global findings (Wahidah & Sinta, 2025). Some students suggested that both male and female teachers should teach totally separate groups. It also reflects an awareness of how the fundamentals of gender influence the interaction in the classroom and the comfort levels.

Cultural norms and taboos influence both teachers' teaching styles and students' experiences in classroom activities. Several participants have expressed their experiences that teachers often skip the discussion of topics like abortion, homosexuality, and contraception, citing social, moral, ritual, and religious reasons. This signifies and matches the findings from sub-Saharan Africa, where the cultural and religious values of the educators shape their cultural and religious values shape the parameters about the delivery of sexuality education (Francis & DePalma, 2015; Mkumbo, 2012). In Nepal, these influences are expounded and compounded by entrenched social norms about menstruation, virginity, and the roles of gender. It affects how sexuality education is perceived, realized and taught (Lama, 2023). For example, some students reported that teachers encouraged the level of abstinence rather than delivering the very factual, comprehensive knowledge on contraception or safe sex. It has reinforced a moralistic and ethical practice rather than a solely educational approach.

The teacher's personal experience and its influence were also evident. Most of the participants perceived that teachers who had faced the level of early pregnancy or STIs themselves in their lives, even sometimes powerlessly struggled to facilitate discussions because of the feelings of shame, stigma or fear of judgment from the side of the students. This phenomenon has also been documented and noted in other countries with low and middle-income levels. In these countries, teachers past experiences from their lives can either enhance and prioritise the levels of empathy by hindering openness, depending and relying on how they are managed and systematised (Moyo & Perumal, 2019). Similarly, in Tanzania, Chavula et al. (2022) found that the comfort level of teachers played a very crucial and powerful role in determining and guiding the quality level in the delivery of sexuality education. Students are less likely to gain the right information the moment teachers are uneasy or unprepared to deliver the subject. Most of the students are likely to gain incomplete and manipulated information. It has undermined the program's total intended impact.

Judgmental attitudes from the side of teachers were another pattern of recurring theme. Several students shared the feeling of shame, discouragement, and even being dominated from asking the questions. It is because of the demoralising tone implemented during the lessons. One participant noted, "They get annoyed and even terrified easily if you ask questions about



having sex, they give you judgmental looks...” This sentiment echoes the findings that are from South Africa. Vavrus (2009) observed that teachers often grant moral authority over learners’ sexuality. It creates an environment where students feel judged and scrutinized rather than being supported. Such attitudes can hinder students from seeking clarification or admitting uncertainty. It ultimately affects their ability to deliver well-informed decisions about their sexual health.

Limitations of the study

This study has some limitations. Data were collected from students in only four schools in Kathmandu district, which may limit the generalizability of the findings to other regions of Nepal. This is because geographical location has cultural norms and educational practices may differ. Second, an attempt was made to include students from both public and private schools, however the sample was relatively small and consisted of self-selected participants. Third, the study relied solely on focus group discussions, in which some students may not have shared their actual experiences due to the presence of peers or social desirability. Since this was a learner-centered approach study, it was not possible to include the views of teachers or school administrators, which could have been necessary for a study of sexuality education.

Recommendations

Several recommendations are proposed to enhance the implementation of CSE in Nepalese schools, based on the study’s findings. Firstly, teachers need regular, participatory, and engaging training, as well as pre-service and in-service courses on CSE, to build their confidence and competence in delivering the content. Secondly, visual, interactive, and innovative teaching approaches, such as videos, diagrams, and projectors, should be used to enhance a more interactive classroom. Thirdly, good touch and bad touch, consent, abortion, and rape awareness topics should be included in the curriculum to raise awareness and prevent sexual abuse. Fourthly, nurses can also positively support the teacher in boosting their confidence. Fifthly, family and community members should be involved in awareness programs of CSE to reduce stigma and encourage open discussions at home as well. Lastly, school environments should promote respect, inclusivity, and non-judgmental attitudes to help students feel comfortable asking questions about sexuality-related issues. These steps can help improve adolescent SRH outcomes in Nepal.

Conclusion

The findings of this study explored the difficulties learners face in learning about sexuality education from their perspective. Students expressed that the teaching methods were inadequate. They expressed that there was a lack of teaching and learning materials provided by the school. Cultural taboos made it difficult to discuss sexuality education with their families and school teachers openly. Students expressed a strong desire to utilize more interactive and visual learning tools for the effective implementation of sexuality education. Despite the challenges, it was found that sexuality education is important for gaining accurate knowledge about sexuality and improving decision-making skills. This study recommends that teachers organize participatory training sessions, utilize innovative approaches incorporating



multimedia resources, and develop inclusive, age-appropriate curriculum materials to enhance the effectiveness of sexuality education in schools in Nepal.

Authors Contributions

SP designed the study, conducted data collection, transcribed and analyzed the focus group discussions, and drafted the manuscript.

BD edited the manuscript and provided guidance in study design and content analysis.

SRB critically reviewed the manuscript and provided substantial revisions to the language and clarity.

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