

Out of School Comprehensive Sexuality Education for Children, Youth and Adolescents in Nepal

DESK REVIEW



LOOM

RHRN Nepal platform is a network organisation of 15 youth and women-led organisations. The platform focuses on three thematic areas- provision of age-appropriate comprehensive sexuality education, legalization of marriage equality, and provision of stigma-free youth-friendly safe abortion services. This desk review report has been published with the technical support of Right Here Right Now platform.



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Jyotsna Maskay
Chair, LOOM
November 2019

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ACRONYMS & ABBREVIATIONS

AFHS	Adolescents Friendly Health Services
AIDS	Acquired Immune Deficiency Syndrome
CEDAW	Convention on Elimination of all forms of Discrimination Against Women
CEHRD	Center for Education and Human Resource Development
CLC	Community Learning Center
CRC	Convention on the Rights of Child
CRPD	Convention on Rights of Person with Disabilities
CSE	Comprehensive Sexuality Education
DoE	Department of Education
EPH	Environment Population and Health
FSP	Flexible School Programme
HC3	Health Communication Capacity Collaborative
HIV	Human Immunodeficiency Virus
ICCPR	International Covenant on Civil and Political Rights
ICESCR	International Covenant on Economic Social and Cultural Rights
ICPD	International Conference on Population and Development
ICT	Information and Communication Technology
IPPF	International Planned Parenthood Federation
LGBTIQ	Lesbian Gay Bisexual Transgender Intersex and Queer
NCED	National Center for Education Development
NFEC	Non-Formal Education Center
NHEICC	National Health Education Information and Communication Center
NLSS	Nepal Living Standard Survey
MICS	Multiple Indicator Cluster Survey
MHealth	Mobile Health
SDGs	Sustainable Development Goals
SFSF	Social and Financial Skills Package
SRH/R	Sexual and Reproductive Health and Rights
STDs	Sexually Transmitted Diseases
UNESCO	United Nations Educational Scientific and Cultural Organizations
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund



INTRODUCTION

Our sexuality is the central aspect of being a human being which consists of motley of experiences such as sexual health, menstruation, reproduction, relationships, bodily integrity, sexual orientation, gender identities, body image and countless of other things. One person's sexuality may differ from another since it is shaped by our surroundings as we are exposed to a diversity of cultural viewpoints and religious expectations in our communities.

Some of the International agreements that guarantees the right to access comprehensive sexuality education for children and young people are; the Convention on the rights of the Child (CRC), the International Covenant on Economic, Social and Cultural Rights (ICESCR), the International Covenant on Civil and Political Rights (ICCPR), the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), the Convention on the Rights of Persons with Disabilities (CRPD), and the International Conference on Population and Development (ICPD) Programme of Action¹⁰.

The 2015 Sustainable Development Goals (SDG) corroborates the international agreements as it plans to achieve its 17 goals by 2030 in which Goal 3 (Good health and wellbeing), Goal 4 (Quality education), and Goal 5 (Gender Equality) promotes the provision of CSE to all children, adolescents and youths.

At the national level, the right to CSE is secured politically as the constitution of Nepal (2015) ensures right to equality, right to information, right relating to education and health, right of women and rights of the child as fundamental rights of citizens¹¹. The Civil and Criminal Code of 2017 criminalises child marriage (marriage below 20 years), provides right to safe abortion under certain circumstances, right against rape and various forms of violence which again indirectly affirms the importance of providing CSE to all. Likewise, there are various other policies and legal frameworks in Nepal which adds a holistic and integrated approach to CSE.

In the recently enacted Safe Motherhood and Reproductive Health Right Act, 2018, Article 3.1 states that every women and adolescents have right to education, information, counselling and services related to sexual and reproductive health and rights. Moreover, Article 3.2 establishes the right of every individual to access information, counselling and services on reproductive health.

Meanwhile, it is essential for children and young people to have knowledge on sexuality for attaining skills and values which would help them to be able to grow up happy and healthy in their lives¹. Sexuality education should begin at home at an early age, from where a child starts learning about the sexual and cultural values from their parents and family as a primary medium of socialization. But sex and sexuality are viewed as a taboo in most of our cultures. Children and young people are often deprived of the knowledge they need to have about their sexuality. Often, friends, internet, television and magazines become their source of information which might not always provide them with correct and reliable information. Therefore, formal institutions like schools play a key role in providing sexuality education to young people. This curriculum based sexuality education is basically known as Comprehensive Sexuality Education (CSE).

CSE can be defined as a curriculum-based process of teaching and learning about the cognitive, emotional, physical and social aspects of sexuality. It aims to equip children and young people with knowledge, skills, attitudes and values that will empower them to: realize their health, well-being and dignity; develop respectful social and sexual relationships; consider how their choices are linked to their well-being and that of others; and, understand and ensure the protection of their rights throughout their lives (UNESCO, 2018)².





A large array of literature has proven CSE to be an essential requirement for the overall wellbeing and empowerment of children and youths. While sexuality education is not limited to knowledge on health, it aims at exercising young people’s rights to choices, sexuality and equips young people with life skills like communication, negotiation, assertion, challenging prejudice and decision making skills³. From the 2016’s evidence review on CSE conducted by UNESCO, it was concluded that the curriculum based sexuality education contributes in making decisions and consent around sexual intercourse, choices of sexual partners, reduced risk taking and increased use of condoms and contraception⁴. In addition to the positive health outcomes, evidence shows that CSE helps to reduce gender inequality and violence against women and girls; it also increases young people’s capacities to claim their rights and citizenship⁵.

In Nepal, 2003 marked the introduction of sexuality education as a compulsory lesson under Environment, Population and Health (EPH) subject in a school curriculum although it was only for class 9 and 10⁶. After a decade, in 2013 the curriculum was revised and the subject was added in the curriculum for class 6, 7 and 8 as well⁷. Hence, currently sexuality education in Nepal is not imparted as a stand- alone subject but is integrated in other multiple subjects such as Science, Social Studies, Environment Population and Health, Health and Physical education and Moral education.

The main Components of Comprehensive Sexuality Education Included in Nepal¹

- Sexual and Reproductive Health
- Sexuality
- Violence
- Sexual Rights
- Pleasure and Entertainment
- Diversity
- Relationships

¹ See Annex for Academic Syllabus of Nepal on Comprehensive Sexuality Education



WHO ARE OUT OF SCHOOL CHILDREN, ADOLESCENTS AND YOUTHS?

While the definition of child, adolescents and youth may vary according to International and national contexts, the Convention on the rights of the child defines 'child' as a person below the age of 18¹². Likewise, the United Nations for statistical purposes defines 'adolescents' as persons from age 10-19 and 'Youth' as those who are 15- 24 years of age¹³.

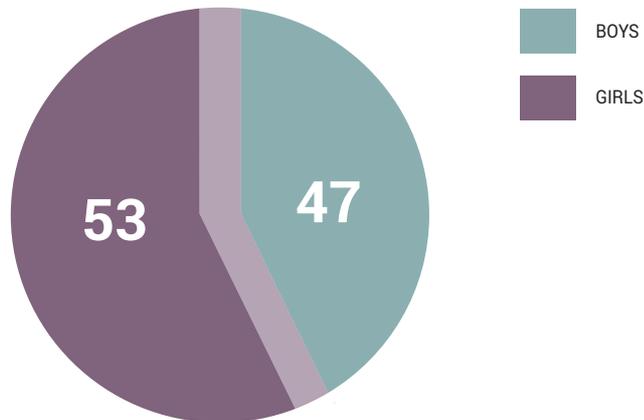
According to UNICEF, 'Out of School' may include a wide range of realities and refers to children who are (1) not enrolled; do not have access to schools in their community; do not enrol despite of the availability of school, (2) not learning; enrol but later than they should have; enrol in schools but have poor facilities/ no teachers, and (3) those who are dropping out from school; drop out of the education system; enrol but do not attend school¹⁴.

A research conducted by Department of Lifelong Education in Chulalongkorn University defines 'out-of-school' children and youth as the population between the ages of 3-25 years who do not attend schools or who have studied in schools but dropped out before completing their compulsory or basic education¹⁵.

In reference to the above definitions and considering that the average primary school starting age in Nepal is 5¹⁶, it can be inferred that out of school children and youths are those between the ages of 5-24 who are either not enrolled in school despite of being old enough to go primary or secondary school or have dropped out of school before completing their secondary education.

The Multiple Indicator Cluster Survey (MICS), 2014 data shows that the percentage of out of school children in Nepal from primary and secondary school age is 15.74%¹⁷. Among the total number of children who start primary school, 86.8% reach grade 5 and only 74.6% of them survive upto grade 8¹⁸. Likewise, another data reveals that out of the 24.19% of the total adolescent population in Nepal, 19% are either not enrolled or are dropping out from school every year¹⁹.

The rationale behind this ground reality may include wide range of explanations. Meanwhile, UNESCO mentions three types of barriers to basic school education which are practical,

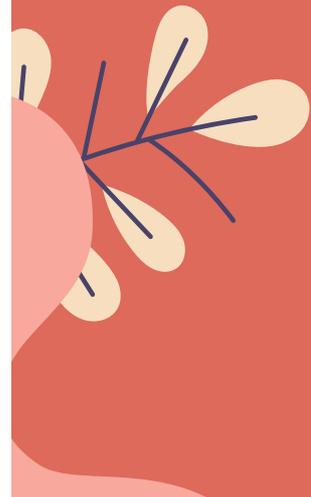


Source: MICS, 2014

Figure 1: Percentage of out of school children (primary and secondary school age) by gender.

financial and social barriers. The practical barriers may include the distance to the nearest school and school infrastructure; financial barriers could be school fees and the need for children to contribute in the household income; while discrimination and early marriage are examples of social barriers²⁰. In the context of Nepal, poverty, social exclusion linked to caste/ ethnicity, disability, migration, child labour, trafficking, social norms and gender biases, school infrastructure, language, emergencies and civil strife, governance and financing bottlenecks have been identified as barriers to school education²¹. However, among these, as 41.8% of Nepal's population live below the poverty line (NLSS, 2011), poverty has been recognised as the most significant barrier to education²².

Among the total number of children who start primary school, 86.8% reach grade 5 and only 74.6% of them survive upto grade 8.



PROFILES OF OUT OF SCHOOL CHILDREN AND YOUTHS AND THE SCOPE OF CSE

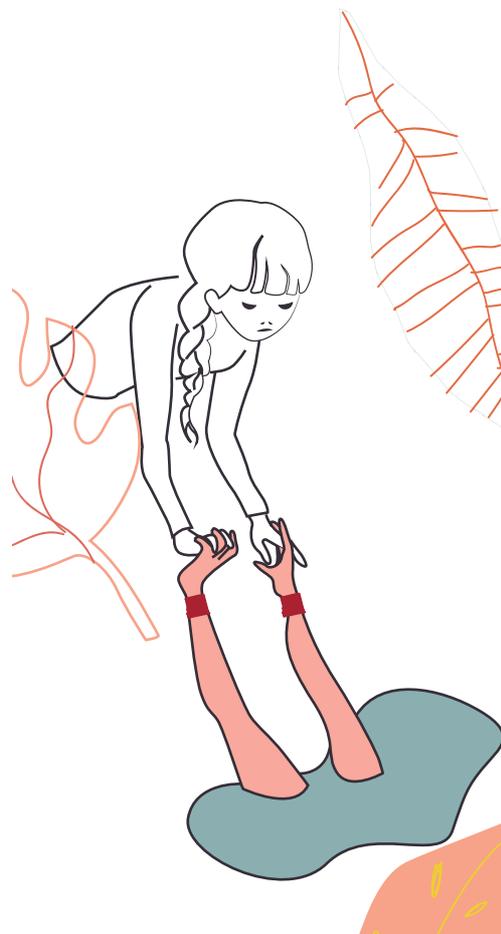
The out of school children and youths is not a homogenous group as they come from variegated social, economic and political backgrounds who may have their own distinct physical and psychological experiences. While their status, despite of whatever it is, have already put them in a disadvantaged position, not attending schools and inhibiting them to access sexuality education will only increase their susceptibility to poor health, violence and injustice. This section will try to explore the scope and nexus of sexuality education in terms of the status of out of school children and youths in Nepal.

Child marriage and lack of sexuality education is to a much extent contiguous to each other and to other consequences such as early pregnancies, STDs, poor sexual and reproductive health, less awareness and access to services and rights, violence and continuum of gender inequality. It has been evident that 1 in 6 young women experience physical violence and 1 in 3 are forced to have sex by their husbands²⁶. Child, early and forced marriage puts girls in a situation of vulnerability because of the power disparity between the young bride and her husband²⁷.

CHILD EARLY AND FORCED MARRIAGE

The Government of Nepal has set the legal age of marriage for both boys and girls as 20 years and anyone who marries before that are liable to a criminal offence. Despite of that, due to various reasons young people are getting married before the age. Child marriage has been identified as both the cause and consequence of children dropping out of school²³.

An analysis of NLSS 2011 data substantiates this finding as among the 10 variables, marriage was found as one of the major factors that lead to children of age group 10-16 being out of school²⁴. According to a factsheet published by UNFPA and Ministry of education, 40.70% women aged 20-24 are married by the age of 18. Among the total number of girls who dropped out, 35% is due to child marriage²⁵.



Violence and other such consequences of early marriage or the early marriage itself can be reduced when children and young people develop the confidence and ability to negotiate the power dynamics by exercising their agency and rights as they recognize the injustices in society. This can be achieved when they have access to sexuality education either from formal or non-formal settings.

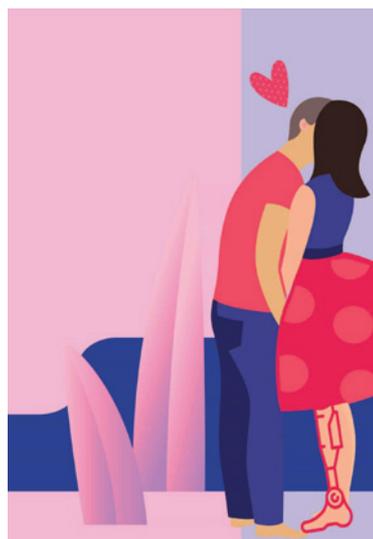
DIFFERENTLY ABLED CHILDREN AND YOUTHS

Disability has been found as one of the main reasons for children being out of school globally. According to the National Census of 2011, 1.9% of the total population and 1.1% of the total primary and lower secondary school age population have some kind of disability in Nepal.

30.6% of the total children with special needs are currently not enrolled in formal education system whereas the children with multiple disabilities are more likely to be out of school²⁸.

In a culture where sex is a subject of ostracism by default, people with disabilities have to face further challenges when it comes to accessing their rights related to sexuality. As people with disabilities are often perceived as either asexual or sexually uninhibited, sex education for them has generally been considered as unnecessary and harmful. Roulade and Swartz as mentioned in UNESCO's report states that existing education for young people with disabilities often depicts sex as dangerous which echoes past constructions of disabled people's sexuality as problematic²⁹.

It's a widely held misconception that people with disabilities especially learning disabilities do not need sexuality education. In reality, they are just like everyone else, filled with feelings and desire yet the most vulnerable among others. Hughes et al. suggests that disabled people are disproportionately affected by sexual violence and may be more vulnerable to HIV infection³⁰. Likewise, people with learning disabilities are found to be three times more likely than people without disabilities to become victims of sexual abuse³¹. From difficulty in changing pads during menstruation to restrictions in mobility and easy access to resources and opportunities, young people with disabilities have to deal with so many problems in their day to day lives. The uterus of a lot of young women with mental disability is often removed when they start menstruating, and they are mostly under a lot of medication without proper hormonal test which is one of the reasons why they are heavily built³². A study conducted on the Adolescents Friendly Health Services (AFHS) in Nepal, found that adolescents living with disability along with others were not aware about the AFHS available to them³³.



Therefore, it is essential to recognise young people living with either mental, physical or emotional disabilities as all sexual beings who have the same right to enjoy their sexuality within the highest attainable standard of health, including pleasurable and safe sexual experiences that are free of coercion and violence; and to access quality sexuality education and SRH services³⁴.

It is estimated that there are between 43,829 and 54,197 female and 15,941 to 20,625 male sex workers in the country³⁶, whereas about 30% of female sex workers are underage children.



CHILD LABOURERS

The 2014 Annual Household survey data reveals that 8.3% of children aged 5-9 years and 38% of children of 10-14 years of age are engaged in child labour. While most working children in Nepal are engaged in agriculture, it is said that there is also an informal sector which is invisible because it has been propagated as an unregistered economy which involves sectors where children are used as bonded labourers, child sex workers or domestic workers and also children who are trafficked in another country³⁵.

While out of school children and young people who are engaged as child labourers in both formal and informal economies are prone to a range of violence and vulnerabilities, those who are working as sex workers could be in even more appalling position of risk. There are no clear laws and policy in Nepal which identifies sex work as neither legal nor illegal but the shame and stigmatization attached to this profession is immense. It is estimated that there are between 43,829 and 54,197 female and 15,941 to 20,625 male sex workers in the country³⁶, whereas about 30% of female sex workers are underage children³⁷. Some may be in the profession because of forced labour and trafficking while others could be engaged due to their economic situation, life circumstances or some even with their own will. Irrespective of the reason, children and young people who are engaged in this profession are among the high risk population of STDs³⁸.

Besides, as sex work has not gained a legal status in the country, it is happening in underground level and as a growing business because of which violence is also increasing. As someone said,



“Rape is not recognized when it happens to a sex worker because there is an unsaid and unwritten definition of a good victim’ who is deserving of justice”- Anonymous; Rape is not applicable for sex workers and the sex workers are regularly raped by the police personnel and by their pimps³⁹. In addition to STDs and violence, sex workers are more prone to unwanted pregnancies, body image issues, drug abuse, mental and other health related issues and so many other unidentified problems which demands education and awareness on sexuality to children and young people who are engaged in this profession.

YOUNG PEOPLE LIVING WITH HIV & AIDS

Nepal’s key population with HIV and AIDS is concentrated among people who inject drugs, men who have sex with men, trans-genders, both male and female sex workers, male labour migrants and their spouses (Ministry of Health, 2016). While there are an estimated total of 33,855 people living with HIV in Nepal, around 4% are aged 0-14 years; 0.03% of young people

(15-24years) in 2016, had prevalence of HIV⁴⁰.

The high risk key young population who are already out of school or at risk of dropping out require especial knowledge of specific risk factors, newer biomedical prevention methods and the links between HIV and Gender based Violence along with other aspects of sexuality education in order to minimize the potential damage that could harm them as well as whoever they come in contact with.

YOUNG PEOPLE WHO IDENTIFY AS QUEER

Although, homosexuality in Nepal is not a criminal offence, the larger part of society is still dominated by the patriarchal and heteronormative beliefs where people who do not identify themselves as gender binary are outlawed in many ways. The discrimination lingers in many social structures and almost everywhere including family, school, media, employment, marriage, relationships and so on. According to UNESCO, the LGBTI young people enrolled in schools are particularly affected by harm and discrimination, as homophobia and trans phobia in schools have been shown to hinder learning, laying the groundwork for more vindictive and violent forms of bullying⁴¹. A lot of young LGBTI people in Nepal drop out of schools as they experience homophobic remarks, harassments and bullying from their teachers, staffs and their student counterparts⁴².

Hence, young LGBTIs have to deal with a variety of socio- psychological as well as physical issues such as low self-esteem, body image issues, violence, reproductive health issues among

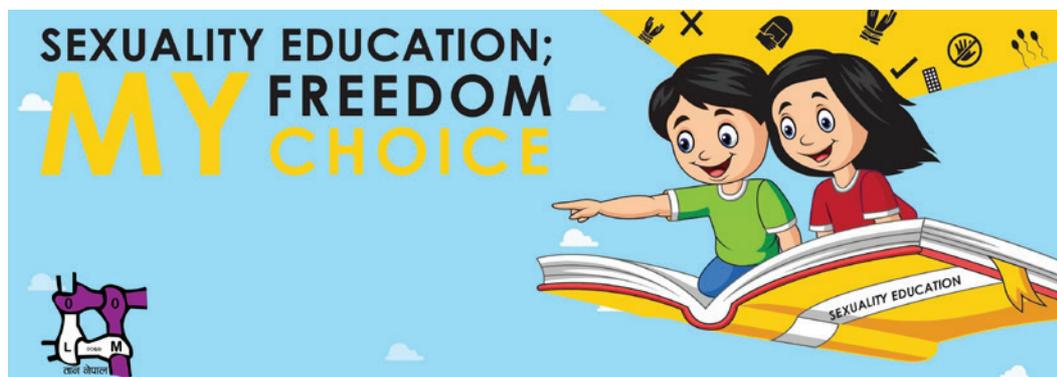
The number of street children in the country has been estimated to be around 5000 to 6000 though there are no official data as they are often missed in household surveys and censuses.

others. Some of them in this community are also among the high risk key population of HIV epidemic. This clearly suggests the need to reach these sensitive groups with sexuality education and also to a larger community with awareness for changing attitudes and perception towards them.

STREET CHILDREN

The number of street children in the country has been estimated to be around 5000 to 6000 though there are no official data as they are often missed in household surveys and censuses⁴³. These children are among the ones living in extreme poverty and severe conditions who are facing a number of human rights violations. UNICEF distinguishes between two categories of street children (1) Children on the street; who are engaged in an activity of an economic character, from begging to sale, most of whom go back home at the end of the day and share their earnings with their close relatives and may also go to school and (2) Children of the street; those who live on the street and outside their normal family environment⁴⁴.

Street children in addition to the deprivation of basic human rights are exposed to a number of issues related to SRHR, ranging from lack of access and information about contraception, poor reproductive health, sexual exploitation, early pregnancies, violence and others. Now it is up to the government and civil societies to come up with a strategic plan to reach this remote population of children and young people with the knowledge and skills which could help to reintegrate them in the society or to minimize the possible harm that could occur to them.



STATUS OF OUT OF SCHOOL CSE IN NEPAL

When a certain number of population of adolescents are not attending schools, non-formal settings such as community centres, sports clubs, scout clubs, non-governmental organizations, vocational facilities, health institutions and online platforms, among others, play an essential role in education (IPPF, 2016)⁴⁵.

The status of CSE for out of school children and youths in Nepal is in the intermediary stage which means it is not completely absent but at the same time it is fragmented, limited in terms of both outreach and knowledge and is mostly implemented indirectly under other programmes with some singled out components.

In the new federal system, after the merger of three previously different functional bodies; National Center for Educational Development (NCED), Department of Education (DoE) and Non Formal Education Centre (NFEC), the programmes of Non Formal education is co-ordinated, facilitated and supported at the national and provincial level by the Centre for Education and Human Resource Development (CEHRD) and State Education Development Directorate respectively ⁴⁶.

These programmes are implemented by the local government through Community Learning Centers (CLC) which is more than 2000 in numbers in Nepal⁴⁷. Among others, they implement the Flexible Schooling program (FSP) which is provided to children of 8 to 14 years old who are primary school drop outs for encouraging them to enrol in grade 6 in a formal schooling system⁴⁸. It is a condensed version of Formal education's curriculum, misses out a large section of sexuality education that is limited to HIV and AIDS in level three only and the curriculum is not accessible for children with disabilities. The other one is Adult Literacy programme which is targeted for out of school people who are above 15 years old with an objective to increase literacy rate in the country. Although all of the CLCs's core activities are to provide literacy classes and income generating skills, the activities and programmes can defer and are customised according to the need of the community⁴⁹. Depending upon the efficiency of each CLC, they even provide different orientations and trainings for the members of Mothers' group, youth or child groups in co-ordination with other organisations in the community on various issues like domestic violence, child marriage, sexual

harassments, health awareness and so on⁵⁰. However, the outreach and readiness of all the CLCs in the country is dubious.

In Nepal, the knowledge in sexuality related topics for out of school children and youths are also delivered through various informal networks and organizations working on different issues like child marriage, HIV, child rights, gender rights, health issues etc. For instance, with the collaboration of UNFPA and Department of women and children, Social and Financial Skills Package (SFSP) also known as 'Rupantaran' is provided to adolescent girls in 19 districts every week for a period of nine months⁵¹. These programmes however, are not aimed to provide CSE to out of school adolescents, topics are integrated in the packages with some other primary objectives and covers if any, only few topics of sexuality education. Furthermore, it does not guarantee access to education and information to all the out of school adolescents and youths in all the districts of Nepal.

In addition, there are Adolescents Friendly Health Services (AFHS) launched by Nepal Government in 2010. Despite these centers being established for providing health facilities to adolescents, it is also one of the key sources for getting sexuality education and counselling⁵².

The competency of AFHS although is under scepticism as a survey of total of 13 health facilities in Kathmandu which were listed under health posts providing AFHS in the fiscal year 2070/71, concluded that only four of them were operational and none of these four health facilities were providing services in line with the standards mentioned in the implementation guide developed by the government of Nepal⁵³.

Apart from the conventional methods of providing information, new platforms are also being explored for reaching adolescents and youths with sexuality education. A portal called 'Yaunik Online; www.yaunik.com' is an online portal in Nepal which facilitates the reach of information about sexuality among young people. Likewise, 'Mero Lagi' mobile app has been developed by Health Communication Capacity Collaborative (HC3) initiative to provide clear and correct SRH information primarily to adolescents aged 15 to 24, as well as adults of any age group, parents and teachers. Another mobile app called 'Khulduli' was launched on 23rd September, 2017 developed by National Health Education, Information, and Communication Center (NHEICC) in collaboration with others aiming to promote sexual and reproductive health and rights of adolescents in Nepal by empowering them with the right information about their health and helping them adopt a healthy lifestyle. Some other organizations like Marie Stopes are also using mHealth (Mobile Health) apps to disseminate information on Sexual and Reproductive Health for adolescents and youths.

To conclude, although the sexuality education for out of school children and youths is integrated under different programmes, it is not comprehensive, is scattered and more importantly, does not cover everyone who is out of school.



RECOMMENDATIONS

The following recommendations are addressed to multi-stakeholders who play an influential role to promote comprehensive sexuality education for young people.

1. CLCs could be the best way to reach out of school population with sexuality education as it is located at every ward all over the country hence the large coverage and works closely with the local community. If these platforms are mobilised effectively, it is possible to ensure the access of right to sexuality education for every child and young people.
2. CSE should be Right based and thus should be provided with a holistic approach.
3. The growing possibilities of technology and new mediums of information should be used to the full advantage. In addition to the community radios, television programs and other traditional forms of media, the internet platforms, mobile applications, ICTs could play an important role for reaching young people with sexuality education.
4. Although, there are plenty of literatures and researches conducted on in- School CSE, we lack evidences on the out of school CSE. Therefore, large scale country researches on this issue should be conducted for generating evidences and strengthening the advocacy.
5. We need more investments both from the governmental and non-governmental stakeholders. The government needs to plan more budgets in the non- formal education sector and should also incorporate CSE in their programmes and curriculums. Likewise, more organisations who work with the diverse group of children and young people should incorporate CSE in their programmes and work in co-ordination with each other and the government so that every young person in every district and all provinces is covered and the duplication is avoided at the same time.
6. The government should timely consult with youth and adolescents, civil society representatives, organizations working on CSE, child psychologists, parents, teachers and other stakeholders while determining the curriculum for age appropriate and right based Comprehensive Sexuality Education.

7. The CSE curriculum should incorporate issues of sexuality associating it to Human Rights, human life and fundamentals of sexuality and diversity. CSE should be developed on the basis of life skill education which shall enable the students to translate theoretical knowledge to empirical Behavioural Change Communication for safer sexual and reproductive life.
8. CSE should be mentioned as the catalytic strategy in the 'Adolescents Health and Development Strategy. The education policy of Nepal should state CSE with appropriate planning and programs.
9. Training of the teachers, timely monitoring of their performance , CSE teaching learning aids and relevant resources should be provided to the teachers.
10. Curriculum Development Center should develop a monitoring mechanism and should be used to monitor and evaluate effectiveness and quality of CSE delivery at schools.
11. Availability of printers to local resource schools so that the CSE based curriculum can be printed locally targeting visually impaired students. Prepare CSE curriculum and distribute visual and other teaching learning aids to attract the deaf and students with intellectual disability. Increase the number of teachers eligible for special education and train them regularly.
12. In each classroom, place a display chart that demonstrates contact details and telephone numbers of health office, youth friendly service centers, Nepal Police, local level offices etc. of respective districts.
13. Implement CSE curriculum in local languages at the basic education level.
14. The curriculum should incorporate Sustainable Development Goals.
15. The concept of 'One School, One Nurse' and the provision of an Intermittent Psychosocial Counsellor at school should be implemented and monitored at both private and community schools.





16. All schools should intermittently manage provisions of counsellor to counsel all the students on health, healthy relationships, role of students in their family and community, etc.
17. Every school should regularly advocate and aware local level representatives and parents on importance of CSE.
18. CSE should be implemented from Class 3 onwards up to Class 12 as compulsory education.
19. Subjectively trained and educated teachers should be appointed for those teaching in Class 5 or above.
20. Local level should prepare and implement some segments of CSE curriculum that incorporates local issues and contexts like social evil practices, local good practices, values, norms and traditions.

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ANNEX

ANNEX 1: ACADEMIC SYLLABUS OF NEPAL ON COMPREHENSIVE SEXUALITY EDUCATION

Class and Subject	Provisions of curriculum eligibility	Provisions of scope of the contents in the curriculum	Provisions of curriculum text books
<p>Class: 4 and 5 Social Studies</p> <p>Class: 6-8 Social Studies</p> <p>Class: 4 and 5 Health and Physical Education</p>		<ul style="list-style-type: none"> • Equality between men and women • Women Rights (Reproductive Health Rights) • Child Rights • Discrimination between son and daughter • Dowry system • Domestic violence • Superstitious beliefs • Nutrition • Healthy habits • Communicable disease (HIV and AIDS) 	

Class and Subject	Provisions of curriculum eligibility	Provisions of scope of the contents in the curriculum	Provisions of curriculum text books
<p>Class: 6-8</p>	<p>Eligibility as per level: Adopting healthy reproductive behavior by understanding the importance of physical changes as per age</p> <ul style="list-style-type: none"> Included in the learning achievement of class 6, 7 and 8 	<ul style="list-style-type: none"> Reproductive System included under Human Body of class 8 HIV and AIDS, Syphilis, Gonorrhoea, Sexual and Reproductive Health during Adolescence are included in Chapter Disease of class 7 and 8. Introduction of adolescence period, changes during adolescence, sexuality education and its importance, concept and importance of Sexual and Reproductive health, structure of external reproductive organs of males and females, importance of maintaining hygiene of external reproductive organs is included in class 6 Stages of adolescence, Sexual orientation, Importance of Reproductive Health Education and Reproduction process, semen production process, wet dreams, egg production and menstruation cycle, pregnancy, infection of the reproductive organs and methods of prevention are included in Class 7. Responsibilities of adolescents, safe sexual behaviour, reproductive health, concept of safe abortion, concept of contraceptives devices and methods, reproductive health services and facilities, Introduction, Importance and scope of comprehensive sexuality education are included in class 8. 	<ul style="list-style-type: none"> Structure and function of reproductive system Responsibilities of adolescents Safe sexual behavior Reproductive health Safe Abortion Contraceptive methods Reproductive health and facilities Introduction, importance and scope of Comprehensive Sexuality Education Youth Friendly SRH services, Attitude and counselling towards HIV infected

Class and Subject	Provisions of curriculum eligibility	Provisions of scope of the contents in the curriculum	Provisions of curriculum text books
Class: 9 and 10		<ul style="list-style-type: none"> • Socialization • Sexuality • Diversity management • Social evil and prevention (Sex work, Deuki system, Chhaupadi, dowry system) • Fundamental Rights 	
Class: 6-10 Social Studies and Population Education		<ul style="list-style-type: none"> • Socialization • Sexuality • Diversity management • Social evil and prevention (Sex work, Deuki system, Chhaupadi, dowry system) • Fundamental Rights • Population Management • Quality of life • Education, Gender Discrimination, Gender Equality • Methods of population management 	
Class: 9 and 10 Compulsory Health, Population And Environment Education	<ul style="list-style-type: none"> • Population management • Famil Life Education and Quality of Life • Adolescence, sex education, reproductive health rights and education, maternal child health care 	<ul style="list-style-type: none"> • Population management • Role of parents on family life, marriage, family planning and elements of life • Human Development Index • Sexually Transmitted Disease • Safe Maternity • Maternal child health care 	<ul style="list-style-type: none"> • Women participation in family decision making, future plan of the family, features of adolescence, demand, change, problem and management • Sex education (Introduction and objective) • Components of reproduction education (infertility, abortion, structure and function of reproductive organs, process and management of menstruation) • Methods of population management (birth spacing, appropriate age at marriage, women empowerment, gender equality and equity, contraceptive methods and devices) • Breast feeding, nutrition and vaccination

Class and Subject	Provisions of curriculum eligibility	Provisions of scope of the contents in the curriculum	Provisions of curriculum text books
<p>Class: 9 and 10</p> <p>Subject Optional Health and Physical Education</p>	<ul style="list-style-type: none"> • Organs of reproductive system, structures, functions and pictorial demonstration 	<ul style="list-style-type: none"> • Introduction of reproductive system, picture, structure, and function • Menstrual cycle • Pregnancy process • Foetal development • Reproductive Health (Care of the pregnant, maternal child health and care, breast feeding and new born care) • Introduction, symptoms and prevention of sexually transmitted infections • Nutrition (Anaemia, malnutrition) • Concept, importance, and components of comprehensive sexuality education • Sexuality and adolescents and its management • Menorrhoea during adolescents, problem and management of sanitary pads • Adolescent marriage, problems of teenage pregnancy and ways of prevention • Effects and management of premarital and extramarital sexual relation • Safe sexual behaviour • Safety against human and • Women trafficking 	

Class and Subject	Provisions of curriculum eligibility	Provisions of scope of the contents in the curriculum	Provisions of curriculum text books
<p>Class: 9 and 10 Optional Population Education</p>	<ul style="list-style-type: none"> • Concept of comprehensive Sexuality Education, Identifying sexuality and analysis of various perspective of sexuality • Impact on various aspect of human life by family life <ul style="list-style-type: none"> » education » Methods of population management » Population management » Changes during adolescents, behaviour and choices management 	<ul style="list-style-type: none"> • Concept of sexuality • Introduction of sexuality • Difference between sex and sexuality • Gender-based violence and role of gender • Discrimination between men and women • Role of gender: Introduction • Concept of comprehensive sexuality education • Introduction of CSE • Objective of CSE • Importance of CSE • Concept derived from various international commitments • Population management • Adolescence education • Family life education • Sexually transmitted infections • Methods of population control • Maternal health • Child health 	<ul style="list-style-type: none"> • Added value and skill • Added value and sources of leanings on sexuality • Norms on sexual behaviour and peer influence • Decision making • Communication skills, negotiation skills • Seeking support to managed sexual problems • Relationship • Role of family members • Friendship, love and relationship • Endurance and respect • Committed relationships, marriage, and guardianship
<p>Class: 9 and 10 Compulsory Science</p>		<ul style="list-style-type: none"> • Introduction to chromosomes • Sex determination • Sexual and asexual reproductive process of organism 	
<p>Class: 1-3 Basic Education</p>		<ul style="list-style-type: none"> • Nutrition • Healthy habit • Communicable disease (HIV and AIDS) 	
<p>Class: 11 and 12 Optional Health and Physical Education (Proposed)</p>		<ul style="list-style-type: none"> • Reproductive system, structure and function • Safer livelihood and safe sex behaviour • Promotion and improvement of sexual health • Prevention and control of sexually transmitted infections 	

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