A Study on the Investigation of Teachers Perception on Comprehensive Sexual Education in Min Hla Township

Sakawah Khaing*

Abstract

This study investigates the perception of teacher on the comprehensive sexual education in Myanmar by the case study of Min Hla Township. The study applied the qualitative approach and a descriptive research method. The data collection was conducted by using semi-structured questionnaire and analyzed by quoting method. The study found that sexual education would be more effective and beneficial for students when it can deliver at the younger age of the students because they are more comfortable to teach for school teachers. In fact, teachers need special training on sexual education in order to mitigate their anxieties about the sexual education and getting rid of negative cultural belief. Although teachers believed that abstinence plus curriculums or comprehensive sexual education is good for school curriculum, most of the teachers desire to provide abstinence-only sexual education at the school levels feel uncomfortable in explaining the details of the sexual education. Therefore, teachers believed that health care providers should provide appropriate sexual health care services and health knowledges as once a month at schools. Moreover, teachers recommend that the sexual education should be evaluated and redesigned through appropriate approaches to be more effective and adaptive to the local context.

Keywords: comprehensive sexuality education, teachers perception, abstinence -only sexual education.

Introduction

According to World Health Organization (2006), sexuality is a central aspect of being human throughout life and encompasses sex, gender identities and roles, sexual orientation, pleasure, intimacy and reproduction (WHO, 2006). The epidemic of unplanned pregnancies and sexually transmitted diseases among adolescents has been a major social problem since the 1970s (Kirby, 1984). Sexual education is very necessary at this stage to help such adolescents receive information on how to channel their sex drive to other creative activities until they are fully matured for it (Akpama, 2013). The primary goal of sexual education is that young people are equipped with the knowledge, skills and values to make choices about their sexual and social relationships affected by HIV and AIDS (UNESCO, 2018). Over the last few decades, there has been evidence that teaching about the cognitive, emotional, social and physical aspects of sexual can have positive impacts on children and young people's sexual and reproductive health (Picken, 2020).

However, many young people lack the information which they need to be better prepared to prevent adverse sexual and reproductive health outcomes such as early marriage, sexual coercion and violence, unintended pregnancy, unsafe abortion, and sexually transmitted infections. The introduction of sexual education in school curriculum will partly reduce the unwanted pregnancies, illegal abortions, child sexual abuses and sexually transmitted diseases.

The effectiveness of school-based comprehensive sexual education depends on, among the factors, the skillfulness of teachers. Furthermore, it has been argued that the extent to which teachers implement the school-based sexual education curriculum is largely depend upon and influenced by their attitudes towards it. Although most people agree that sexual education

^{*} Tutor, Department of Economics, Hinthada University

should be taught in schools, there is still a great deal of controversy around the topics that should be dealt with. Studies have shown that, although teachers in different countries generally support the teaching of sexual education in schools, they encounter several obstacles (Mkumbo, 2012).

The parents also assumed that teaching the sexual education will encourage children to become sexually active (The Guardian, 2018). Therefore, depending on their social and cultural backgrounds, Myanmar parents and teachers are frequently cautious in discuss sexuality with their children (Noe et al., 2018).

This study focuses only on the teachers perception on comprehensive sexual education in Myanmar but does not represent the opinion of other stakeholders on sexual education. The interview was conducted with 50 teachers and six headmistresses from six high schools in Min Hla Township but did not include private schools. Therefore, this study explored the teachers perception on comprehensive sexual education in Min Hla Township, Myanmar and investigate the difficulties and challenges they faced.

Research Question

What are the difficulties and challenges for school teachers when implementing the current comprehensive sexual education in Min Hla Township, Myanmar.

Research Objective

To investigate deeply about their perceptions and barriers faced by school teachers when delivering the current comprehensive sexual education in Mn Hla Township, Myanmar.

Literature Review

(a) Sexuality Education and Culture

In almost every country, the implementation of sexuality education in schools has faced legal, cultural and religious barriers. Parents, teachers, health care providers and government officials know it difficult to teach sexuality education (Gahn, 2002). Sexual health and sexuality are hardly discussed due to people's cultures and religious beliefs (Isirabahenda, 2017). Open discussion of sexual matters between parents and their children or teachers with students is usually absent at the very time when it is most needed (ibid). Moreover, controversies over sexual education curriculum fueled by national religious groups that pressured policymakers to support abstinence-only approaches to sex education (Kantor, Santelli, Teitler, & Balmer, 2008).

Sometimes sexual health and sexuality are ignored or not mentioned in different societies due to religious and culture ideologies. The ability of young people to achieve sexual health and wellbeing depends on teachers being able to access comprehensive information about sexuality, knowledge about the risks they face their vulnerability to the adverse consequences of sexual activity; access to good quality sexual health care and promotes sexual health (Isirabahenda, 2017).

Adolescents can differ in their level of sexual knowledge and culture in which they were born and raised (Nctsn, 2008). Different cultures perceive sex education differently due to differences in attitudes and beliefs leading to significant diversity in the management of sex education among different societies across the globe (Almahbobi, 2012). Cultural influences can impact on the sexual health of young people from culturally diverse backgrounds (Rawson & Liamputtong, 2009).

Diversity in the background cultures will influence the success and direction of sex education programs. The sex education program focuses specifically for adolescents who really could benefit from an appropriate sex education program. Believers of traditional cultures view sex education as a platform to encourage sexual activity among teenagers. Ignorance of sex education increases the chance of unwanted pregnancies and the prevalence of teenage parenthood (Almahbobi, 2012). Policymakers and public discussions on adolescent sexuality education are frequently fueled by religious, social, and cultural values, while receiving scant scientific attention (Khubchandani, Clark, & Khumar, 2014).

Sex education reform requires support and collaborative effort. Basic elements of successful education programs in a modern society require knowledge of diverse cultures and related beliefs about sex education (Almahbobi, 2012). Teachers cultural perspectives influenced their practice of teaching sexuality education to adolescent learners. Notably, culture provides the context for the primary socialization of the child, determining appropriate male/female behavior and values regarding sexuality (Msutwana, 2021).

(b) Type of Sexuality Education Programmes

Sex education is the systematic attempt to promote the healthy awareness in the individual on matters of his or her sexual development, behaviors and attitudes through direct teaching (Frimpong, 2010 as cited in Justice, 2016). Durojaiye (1972), essen (1994) in their studies revealed that the introduction of sex education in the school curriculum is to give their adolescents the sexual information which they require to help them function well in the society (Akpama, 2013). There are two forms of sexuality education programmes in many schools around the world: (1) Abstinence-only sexual education programmes and (2) Comprehensive sexual education programmes.

(1) Abstinence-only Sexual Education Programmes

The abstinence-only sexual education program promotes abstinence from sex, discussions of values, character building, and refusal skill, and do not teach that many teenagers become sexually active, as the only option for unmarried people (Fentahun, Assefa, Alemseged, & Ambaw, 2012). It provides education on sexual and reproductive health education, particularly regarding birth control, sexually transmitted diseases and safe sex practices (McConkey, 2014). These activities are presented only from the perspective of their negative consequences and abstinence is presented as the only safe way of avoiding them. Children are not provided with information about using and obtaining condoms, and other contraceptive methods (Popa & Rusua, 2015).

Abstinence from sexual intercourse is an important behavioral strategy for preventing human immunodeficiency virus (HIV), other sexually transmitted diseases (STDs), and pregnancy among adolescents (Santelli et al., 2006). The teaching of abstinence-only is supported by religious institutions that may influence community and school leaders' attitudes about school-based sex education curriculum decisions (Millner, Mulekar, & Turrens, 2015).

Abstinence-only curricula contain wrong information about the effectiveness of contraceptives and risks of abortion. Many of the curricula misrepresent the effectiveness of condoms in preventing sexually transmitted diseases and pregnancy. Another teaches that a pregnancy occurs one out of every seven times that couples use condoms. Serious and pervasive problems with the accuracy of abstinence-only curricula may help explain why these programs have not been shown to protect adolescents from sexually transmitted diseases and why youth who pledge abstinence are significantly less likely to make informed choices about precautions when they do have sex (Waxman, 2004).

(2) Comprehensive Sexual Education Programmes

The comprehensive sexual education programs acknowledge that abstinence is the best method for avoiding sexually transmitted diseases (STDs) unintended pregnancy and also teach about contraception and condom use and discussions about abortion (Fentahun, Assefa, Alemseged, & Ambaw, 2012). This programme is also called abstinence-plus sexual education programme. There is significant evidence that a comprehensive approach to sex education promotes sexual health among young people by reducing sexual risk-taking behavior (Planned Parenthood, 2016).

A comprehensive approach entails acquiring knowledge, developing attitudes and skills that are supposed to contribute to the sexual and reproductive health of a person and to an enhanced quality of life. These programmes describe abstinence as the safest method in preventing negative and unwanted consequences associated to sexual activity, but this description is not their sole primary goal (Popa & Rusua, 2015).

Comprehensive sexual education curricula involve for avoiding unintended pregnancy and STDs, but incorporates age-appropriate, medically accurate education on a broad set of topics related to sexuality including human development, relationships, decision-making, contraception, and disease prevention. It also provides students with opportunities for developing skills such as interpersonal and communication skills and explore their own values and goals (McConkey, 2014).

Abstinence-only curricula emphasize abstinence as the only option when it comes to sex before marriage, and includes discussions on values and character building. Comprehensive sexual education also educates many teenagers about contraception and disease-prevention methods (Collins, Alagiri, & Summer, 2002 as cited in McConkey, 2014).

(c) The Important of Teachers Participation in Comprehensive Sexual Education

The demands of contemporary society introduce challenges for teachers as key actors in formal educational systems (Nunez, 2018). School-based sexual education holds the potential to reach a great number of young people and enable them to develop sexuality-related knowledge (UNESCO, 2018). Among them, teachers are key players in the provision of school-based sexuality education, influencing how sexuality education is delivered, and fundamentally shaping students' competences with respect to sexual health and wellbeing (Xiong, Warwick, & Chalies, 2018). Providing the information on sexuality to children that is scientifically accurate, age-appropriate and complete, as part of a carefully phased process from the beginning of formal schooling (including kindergarten and pre-school) is something from which children can benefit (UNFPA & WHO, 2016).

Teachers should be the primary sexuality educator of their children. However, the teachers may need support and expertise from schools and other organizations. That it is important that young people received sexual health information and develop practical skills which are appropriate with their age (Esohe & Peterinyang, 2015). Qualities of the teacher and classroom environment are associated with increased knowledge of health education, including SE for students (Pound et al., 2017 as cited in Mchunu, 2007). Moreover, as teachers directly associate with their students on a daily basis, in principle they can understand better than policy makers what young people really want and advocate for young people's needs (Xiong, Warwick, & Chalies, 2020).

Teachers in many countries do not receive good quality training and thus support them in dealing with the challenges they encounter in classrooms. Teacher training impacts on student learning outcomes in sexuality education. Well-trained teachers can build a supportive classroom culture and engage students in a participatory way which can strengthen students'

competences in communication, critical thinking and problem-solving ability which are considered important as part of comprehensive sexuality education (UNFPA 2014, as cited in Xiong, Warwick, & Chalies, 2020).

Research Methodology

This study selected Min Hla Township for case study. This study is descriptive research and describe the teachers perception on comprehensive sexual education in Myanmar. Qualitative research method was applied in this study in order to understand deeply about the perceptions of state high school teachers. Two qualitative data collection methods, i.e. in-depth interview (IDI), and key informant interview (KII) were applied in this study for primary data collection and semi-structured questionnaires were used for interviews. In-depth interview method was conducted with 50 school teachers out of 138 school teachers in Min Hla to investigate deeply about the teachers understanding on comprehensive sexual education and the difficulties and challenges faced by school teachers when implementing it. The key informant interview was conducted with 6 head of the schools out of 12 high schools to clarify the impact of sexual education and to understand the whole picture of sexual education in the township level. The secondary data was collected from the various academic sources such as journal articles, books, and governmental and organizational reports.

Moreover, this study applied the qualitative data analysis method through quotation on what the respondents said. The data collected through in-depth interviews, and key informant interviews were used in the discussion and were analyzed by quoting method as analysis process. All the interviews and discussions were conducted in Burmese language and recorded. These recorded data were firstly transcribed and then translated from Burmese to English. The researcher gave the priority on the meaning and perception of respondents while translating the data.

Based on the findings and recommendations of the respondents, the researcher recommended the more convenience teaching methods for the teachers and suggestions for the improvement of students' understanding and knowledge level on sexuality. In conducting the interviews, the researcher started with a small conversation to make familiar between the interviewer and interviewees in order to facilitate in the interview. Moreover, the researcher designed a consent form to inform the respondents about the detail of the questions.

Findings and Discussion

(a) Demographic Information of the Respondents

As gender ratio of the respondents, women teacher holds 94 percent of the respondents while men teacher consists of 6 percent in the in-depth interview. The average age of the respondents is 42.28 years and 50% of the respondents are the age between 31 to 40 years. As marital status, 60 percent of the respondents are married and 40 percent are single. 76 percent of the respondent holds the bachelor's degree while 24 percent hold the master's degree. Regarding the teaching experience, the average teaching year of the respondent is 19.7 years and 50% of the respondents have the teaching experience of 11 to 20 years.

Table 1. Demographic Details of the Respondents

No.	Demographic Factors	No. of Respondents	Percentage (%)
	Total Respondents	50	100
1	Gender		
	Male	3	6
	Female	47	94
2	Age (Years)		
	21-30	3	6
	31-40	25	50
	41-50	11	22
	51-60	11	22
3	Marital Status		
	Single	20	40
	Married	30	60
4	Education		
	Bachelor's Degree	38	76
	Post Graduate Diploma		
	Master's Degree	12	24
5	Current Service Years		
	1-5	2	4
	6-10	7	14
	11-15	10	20
	16-20	15	30
	21 & above	16	32

Source: Survey Data (2022)

(b) Barriers to Sexual Education in Min Hla Township

The study found that some teachers faced the difficulties and challenges in teaching sexual education at school. One of the most common difficulties for teachers is the textbook of the current school curriculum which includes improper words and visible images of reproductive organs of both male and female. It makes ashamed and inconvenience for female teacher especially for single teachers to teach without separating boy students from the class. Additionally, the teachers reported that these improper words and visible images lead to many sensitive questions made by boy students. The teachers responded to those questions as the parents or grandparents could provide the answer.

"I think unsuitable words and pictures should not be shown clearly. Even if they want to know, textbook should be kept it in the hands of the teachers. I am very shy and

uncomfortable in teaching due to this words and images but it is fine when it's divided by gender" said 47 years old single female teacher.

"It is good that boys are taught by male teachers and girls are taught by female teachers although it is medical knowledge. It is okay if we separate because we aren't ashamed of each other. But there is also a need with the supports of parents" said 38 years old married high school teacher.

32 out of 50 teachers mentioned that this curriculum is not convenient for students because it involves certain sexual words, unsuitable color pictures and inappropriate sexual contents. Thus, it should be revised age-appropriate contents and it would be better to teach boys and girls separately.

The study could identify that there is a difference in difficulties for teaching sexual education between single teachers and married teachers. 20 single teachers faced more difficulties in teaching of sexual education since they feel ashamed and lack of sexual knowledge while it is not a big problem for 30 married teachers. As a consequence, single teachers need to choose the appropriate words to avoid the sensitive discussion from boy students. 20 single teachers reported that sexual education is a very new concept for them and requested that they need a special training on sexual education to improve their confident in teaching and discussion about sexual information in the class.

50 years old single female high school teacher said that "the children's responses and asking endless questions are uncomfortable because I am young and single. All the children view as a sense of humor and they make fun about sex case. Thus, I don't want to teach the chapters about sex. All are the consequences of using mobile phone."

Additionally, teachers believed that the main reason of difficulties in teaching sexual education is the lack of training of trainer for teachers. Thus, teachers need in service training on basic gender concepts and sexual education to enhance their overall knowledge on and to understand the overall aspects of sexual education. This training should be provided by technical specialist who has strong technical knowledge and experience in gender and sexual in Myanmar context. The sexuality education should be delivered by specialized teachers especially biology teachers or teachers who received the special training. Moreover, teachers highlighted that it is difficult to teach about the reproductive organs in Burmese language because these terms are heavy to speak in local language.

59 years old female teacher said that "teaching sexual education is easy to say penis and virgin in English but in local language these are heavy words as a teacher. Despite being a teacher, I also feel shy to give the needed details to the students because they are too young for some content."

"It is better when I talk about living together, safe sex and organs in English than directly" said 50 years old single female teacher.

"Teachers are also not enthusiastic about teaching sexual knowledge and they have no training. Actually, it is necessary because it is a teacher's guide" said 36 years old married male teacher.

Thus, 43 out of 50 teachers reported that lack of effective training can lead to unharmonized in delivering sexual education to students. This may change sexual direction and difficult to control students about sexual education. Moreover, the current sexual education curriculum includes the concepts and practices of culture, society and human rights, culture and law, gender-based violence, sexual abuse, and harmful practices. Teachers believed that it

would be better for the society and students if these concepts will be taught not only by teachers but also by every parent.

Additionally, teachers reported that girl students are not comfortable to discuss about the sexual information in front of their male counterparts. As a result, girl students are reluctant to ask the questions regarding the misconceptions about the sex. The finding of this study shows that teachers could provide just the information about the hygiene practices and contraceptive measures for girls.

"It is difficult for me to explain certain words which are part of the reproductive system. The words are too heavy to be used on a student by a teacher. I feel very shy to talk about sexually transmitted diseases and safe contraceptive methods and it is a heavy situation." said 55 years old single female teacher.

As last, culture is another barrier to be effective in teaching comprehensive sexual education in school curriculum. Teachers also understand that gender norms influence the perception of teachers, students, and parents on teaching sexual education. This study indicated that although most teachers seem sexual education as a knowledgeable subject, some teachers have negative attitudes and perceptions on sexual education and they are critically against the teaching of sexual education in school curriculum. There are various kinds of perceptions about it that some teachers accept that sex doesn't concern with the culture.

"Culturally, although sexual education is not good to learn in school but it is essential subject for their life" said 45 years old married female teacher.

"From the perspective of religious view, any religion cannot be avoided the sex. We have to choose the words carefully so as not to be rude" said 36 years old married female teacher.

Finally, 27 out of 50 school teachers stated that sex doesn't deal with culture because no religion can avoid sex. However, teachers argued that religious leaders, some parents, some teachers cannot accept the teaching and distribution of this curriculum to young people. Moreover, other teachers believed that teaching sexual words is unsuitable for young people from the perspective of culture.

(c) Teachers Perception on Current Sexual Education in Min Hla Township

In the first place, this study shows that most teachers accepted on the provision of sexual education to students. It indicates that some teachers have positive attitudes towards the sexual education in school curriculum while some teachers have negative attitudes on it. Although 31 teachers believed that sexual education in school curriculum is very important and essential subject for students, they concerned that it will encourage the students for having sex.

"In today's world, sexual education is necessary because sexual matters are all over the internet. Later, I am worry to become about that unwanted pregnancy and unsafe abortion" said 34 years old married female teacher.

"Some teachers don't want to teach sexual education even though everyone accepts that sexual education should be known. Mainly, there is a need sufficient training for them in order to make being confident" said the single female headmistress in Sitkwin Township.

To be effective, sexual education should be provided with age-appropriate information and concepts conveyed at different levels. The current sexual education curriculum covers the topics such as contraceptive methods, reproductive organs, teenage pregnancy, relationships and sexually transmitted diseases. Moreover, another topic includes communication and

negotiation skills to reduce the sexual risks such as unwanted pregnancy, sexually transmitted diseases. Thus, the school curriculum needs to be updated and revised because it includes unsuitable information.

"The curriculum contents of high school students would like to fix it because it is very uncomfortable. It should only be shown in black and white. It is very good about health awareness but I want to reduce the sex issues" said 36 years old married female teacher.

"The curriculum is complete and effective and some parts want to fix color figures. Most girls are shy and boys are kind of teasing" said 37 years old single female teacher.

34 teachers recognized that they want to reduce current sexual education curriculum because it is deep down and adolescents may change direction about sexuality when teachers cannot teach effectively.

Additionally, the study found that sexual issues and sexual activity become due to the lack of relevant and correct information on sexual education by teachers and parents and as a result, this can lead to teenage pregnancies. Further, teachers do not recommend the usage of contraceptive measures such as pills, injections and condoms but they support only abstinence-only approach which encourages not having sex before married. On the other hand, teachers explained that discussing about the birth control and the usage of condoms at the ages of puberty is appropriate and meaningful but at older age, it would be like encouraging for sex. One teacher stated that sexuality education is very beneficial for the students especially for reducing or the prevention of teenage pregnancy and for protection against STDs.

"If they got effective sexual education, they can prevent sexual intercourse, sexually transmitted diseases, life threatening and crimes. Without sexual education, the children will want to try and cannot control their feelings. This sexual education can gain for the children because it involves not only just sex but also to reduce negative risk" said 37 years old married female teacher.

"Actually, abstinence-only is the best method for all. But the children should know the comprehensive sexual education because they can address emergency case if they don't refrain" said 36 years old married female teacher.

"Without teaching sexual education, the lives of premature children were ruined. In some foreign countries, they provide condoms for children in front of the class, which can benefit for society" said 39 years old married female teacher.

35 respondents in this study believed that sexual education encouraged delaying in sexual intercourse until the right time. But they faced uncomfortable about the life skill subject because of Myanmar culture and traditional view. Although teachers believed that both males and females should be equally received the sexual knowledge, most teachers skip the topics ex, relationship and reproductive organ in the curriculum. Nevertheless, teachers assumed that females should get more about the information on effective birth control methods and abortion except males because teachers are too embarrassed to talk about sex in the classroom.

"I can see online that most monks are protesting about the topics. In fact, sex doesn't connect with religion" said 38 years old married female teacher.

"It depends on people's perception because it is not good from a traditional or religious point of view. If we are not also effective teaching, it will be more harmful" said 56 years old married male teacher.

The teachers need support from all stakeholders to deliver sexual education effectively. Moreover, parenting is also the key factor that as parents it should be taught their children at home. But their perception is different; this situation needs to be careful that it can become advantages and disadvantages about the sexual education. In addition, this study found that that comprehensive sexual education partially should be provided by health care providers once a month at schools. However, children should achieve not only health care providers but also from all members in the society to be effective sexual education. Therefore, teachers, parents and the other members can solve the challenges sexuality faced by the children.

"When the students got the knowledge, they can prevent most of the bad things especially no more violence on the bus and it is better that parents should discuss with their children since their children at puberty stage" said 33 years old married female teacher.

"Parental control and society involvement about sex is very necessary. Children are able to make the right decisions in the lives of future" said 53 years old single female teacher.

39 out of 50 teachers mentioned that since teaching reproductive and sexual health knowledge is avoided in the previous, teachers are facing the challenges in providing such important sexual knowledge to adolescents. If it is emphasized on sexual education by government, Non-Profit Organizations and school managers, this can help and able to make strong decision, becoming valuable persons and, in the reduction of teenage pregnancy and other diseases.

Conclusion

The findings will contribute to a broader understanding of how the teachers perception can impact on the comprehensive sexual education in Myanmar based on the case study in Min Hla Township. Training of trainer teachers acknowledged that when they support comprehensive sexual education for students, it would help to be abstinent, protection from sexual abuse and prepare practice safer sex in the future. However, sexuality education will be more beneficial at younger age because they are more comfortable to teach for school teachers rather than at adolescent age. The students need to understand deeply and right information about the sexuality education to be able to avoid the unsafe sexual intercourse.

Sexual education is not easy to teach together male students and female students in a class. It is better to teach boys' sexual matters from male teachers and girls' sexual matters from female teachers. Since most students can receive the sexual knowledge via online, some teachers argued that sexual education should not be taught in school. In addition, between single teachers and married, single teachers faced more difficulties in teaching of sexual education while it is not a big problem for married teachers. Single teachers require choosing the appropriate words to avoid the sensitive questions from the male students.

However, the majority of teachers in Min Hla Township accept the comprehensive sexual education and their perceptions on comprehensive sexual education are positive. Actually, 80 percent of teachers understand that comprehensive sexual education should be introduced to students since the primary school. Some teachers do not desire the teaching of sexuality in school curriculum because they believed that teaching sexual education may lead to giving the way to have sex. Furthermore, teachers stated that sexual education should be scripted in appropriate words and avoided the visible images for 10 to 16 aged adolescents.

In fact, teachers claimed that they need special training on sexual education and teaching methods in order to mitigate their anxieties about the sexual education and getting rid of negative cultural belief. Therefore, the Ministry of Education (MOE) should support the training for teachers to provide sexual education as an essential life skill and incorporating in academic subjects. Nevertheless, in general, most students cannot access to clear guidance from teachers. As a result, the students may face the difficulties and problems in making the proper sexual decisions and this may also result the core barriers on sexual matters throughout their life. Thus, it can be concluded that many students could not been accessed to systematic sexual education and weaken in exact sexual knowledge.

According to the teacher opinion in this study, teachers prefer abstinence plus curriculums or comprehensive sexual education (CSE) for school curriculum which includes about the safe sex, contraceptive methods, and sexually transmitted diseases. However, most of the teachers desire to provide abstinence only education at the school levels which guides to avoid having the sex totally since they feel uncomfortable in explaining the details of the sexual education. Thus, the students cannot receive the correct and exact information about having the sex including preventative measures for sexually transmitted diseases and contraceptive methods that can lead to teenage pregnancies, unwanted pregnancies, and transmission of sexual diseases.

Open discussion about sexuality in Myanmar cultures is unusual because sex is considered a very sensitive and generally believed as not suitable to discuss. During the interviews, it was found that some teachers stressed about the discussion of sexual issues. With all the cultural limitations and restrictions on public discussions of sexual matters, there is a need for people to change their attitudes on the discussion of sexual matters. Mainly, most respondents agreed that health care providers should provide the appropriate sexual health care services and health knowledges in once a month at schools. Awareness of these services and knowledges can guide the adolescents for harmonize life between the life and sex. In fact, majority of the teachers stated that the students should access the effective sexual education not only from health care providers and teachers but also from all members of the society. Moreover, teachers, parents and other society members can also acquire the necessary knowledge about sex and sexual matters through the provision of sexual education to students.

Finally, for the implementation of effective education strategies, all the stakeholders can provide the multidimensional point of views which can promote a consistent and effective ways about sexual education among the students to prevent the risks. Moreover, comprehensive sexual education should be delivered not only from school or at home but also through multi media campaigns.

Acknowledgements

First of all, I would like to express my deepest gratitude to Dr.Theingi Shwe (Rector, Hinthada University), Dr. Yee Yee Than (Pro-Rector, Hinthada University) and Dr. Aye Lwin (Pro-Rector, Hinthada University) and members of Research Committee of Hinthada University for allowing me to submit this research paper. I would like to highly indebted to Professor Dr. Su Hlaing Oo (Head of the Department of Economics) for her valuable advices and suggestions to accomplish this research.

References

Akpama, E. G. (2013). Parental Perception of the Teaching of sex Education to adolescent in Secondary School in Cross River State, Nigeria. *IOSR Journal of Research & Method in Education*, 1(3). 31-36.

Almahbobi, G. (2012). Multiculturalism and inconsistency in the perception of sex education in Australian society. *Australasian Medical Journal*, *5*(12). 623-626.

- Esohe, K, P & Peterinyang, M. (2015). Parents Perception of the Teaching of Sexual Education in Secondary Schools in Nigeria. *IJISET International Journal of Innovative Science, Engineering & Technology, Vol. 2 Issue 1.* 89-99. www.ijiset.com.
- Fentahun, N., Assefa, T., Alemseged, F., & Ambaw, F. (2012). Parents' Perception, Students' and Teachers' Attitude Towards School Sex Education. *Ethiop J Health Sci*, 22(2).
- Francis, D. A., & DePalma, R. (2013). Teacher perspectives on abstinence and safe sex education in South Africa. Sex Education: Sexuality, Society and Learnin., DOI: 10.1080/14681811.2013.833091.
- Gahn, G. (2002). School-based Sexuality Education. *Hands On! A Manual for Working with Youth on SRH*.101 109.
- Isirabahenda, G. (2017). Young People's Understanding of Sexual health and Sexuality: Exploration of the Situation in Rwanda. *Revista de Asistenta Sociala*. 29-38.
- Kantor, L. M., Santelli, J. S., Teitler, J., & Balmer, R. (2008). Abstinence-Only Policies and Programs: An Overview. Sexuality Research & social Policy, 5(3). 6-15. http://nsrc.sfsu.edu.
- Khubchandani, J., Clark, J., & Kumar, R. (2014). Beyond Controversies: Sexuality Education for Adolescents in India. *Journal of Family Medicine and Primary Care*, 3(3). 175-178.
- Kirby, D. (1984). Sexuality Education: An Evaluation of Programs and Their Effects. *ERIC- Institute of Education Sciences*.
- McConkey, N. (2014). Sex Education Background of Students at MSU, Mankato Prior to Enrollment at the University. *Cornerstone: A Collection of Scholarly and Creative Works for Minnesota State University, Mankato*. https://cornerstone.lib.mnsu.edu/etds/306/.
- Mkumbo, K. A. (2012). Teachers' Attitudes towards and Comfort about Teaching School-Based Sexuality Education in Urban and Rural Tanzania. *Global Journal of Health Science*, 4(4). 149-157. Doi: 10.5539/gjhs.v4n4p149.
- Millner, V., Mulekar, M., & Turrens, J. (2015). Parents' Beliefs Regarding Sex Education for their Children in Southern Alabama Public Schools. *Sexuality Research and Social Policy*, 12(1). DOI 10.1007/s13178-015-0180-2.
- Msutwana, N. V. (2021). Exploring age-old Xhosa values in the teaching of sexuality education. *South African Journal of Education*, 41(3). 1-9.
- Nctsn (2008). Culture and Family Differences in Children's Sexual Education and Knowledge. *The National Child Traumatic Stress Network*, 3(1).1-6.
- Noe, M. T. N., Saw, Y. M., Soe, P. P., Khaing, M., Saw, T. N., Hamajima, N., & Win, H. H. (2018). Barriers between mothers and their adolescents daughters with regards to sexual and reproductive health communication in Taunggyi Township, Myanmar: What factors play important roles?. *PLOS ONE*. https://doi.org/10.1371/journal.pone.0208849.
- Nunez. (2018). Student teachers: are they willing to adopt a Comprehensive Sexuality Education approach? 1-20.
- Picken, N. (2020). Sexuality Education across the European Union: an overview. *The European Platform for Investing in Children (EPIC)*. 1-10.
- Planned Parenthood. (2016). History of Sex Education in the U.S. 1-14.
- Pop, M. V., & Rusu, A. S. (2015). The Role of Parents in Shaping and Improving the Sexual Health of Children-Lines of Developing Parental Sexuality Education Programmes. *Procedia-Social and Behavioral Sciences*. 395-401.
- Princeton University Press (2015). The Centurry of School, and The Century of sex.
- Rawson, H., & Liamputtong, P. (2009). Influence of Traditional Vietnamese Culture on the Utilization of Mainstream health services for Sexual Health issues by Second-generation Vietnamese Austrlian Young Women. *CSIRO PUBLISHING*, 6. 75-81.
- Santelli, J. S. (2006). Abstinence-Only Education: Politics, Science, and Ethics. Social Research, 73(3). 835-858.
- Sida. (2016). Comprehensive sexuality Education. HEALTH (BRIEF). 1-4.
- The Guardian. (2018). Sex, Taboos and MeToo- in the country with no word for 'vagina'.

- UNESCO. (2018). Why Comprehensive Sexuality education is important?
- UNFPA, World Health Organization and Federal Center for Health Education. (2016). Sexuality Education: What is it? *Sexuality Education policy brief No.1*.
- Waxman, H. A. (2004). The Content of Federally Funded Abstinence-Only Education Programs. *United States House of Representatives Committee on Government Reform-Minority Staff Special Investigations Division*. 4-22. www.Democrats. Reform.House.Gov.
- World Health Organization. (2006). Sexual and Reproductive Health and Research (SRH). *Human Reproduction programme*.
- Xiong, Z., Warwick, I., & Chalies, S. (2020). Understanding novice teachers' perspectives on China's sexuality education: A case study based on the national pre-service teacher education programme. 2-15.