Is it really necessary to teach? : Teachers' perception toward implementation of sexual health education in Kazakhstani schools

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Is it really necessary to teach? : Teachers' perception toward implementation of sexual health education in Kazakhstani schools

Abstract

Developed as well as developing countries are faced with the complex and interrelated problems related to adolescent sexual health issues such as pregnancy, early childbearing and increasing rates of STIs such as chlamydia, syphilis and gonorrhea (UNICEF, 2018). This is due to the lack of quality sexual health literacy among the contemporary young generation. Kazakhstan is also, as many developed and developing countries in the world, challenged with the current social problem of teen pregnancy among its youth population. Leaving young people uninformed about their sexual health is critical. School-based sexual health education issues have been contested for a long time in many countries, and Kazakhstan is no exception in this dispute.

Despite the legislation of sexual education in schools, there is disagreement as to how to implement the national policy of sexual education due to the cultural sensitivity and conservativeness of the society (Kabatova, 2018). Hence, sexual education is not generally provided in secondary schools and still ignored as an issue that needs addressing in Kazakhstan.

This research aimed to identify educator's attitudes and perceptions towards implementation of school-based sexual health education within the curriculum. A qualitative research methodology was employed to conduct this study, and data was gathered through a semi-structured interview.

The research revealed the importance of sexual health education among the respondents who identified socio-cultural barriers as the major underlying issues with its implementation.

The current study may have an impact on the realization of sexual health education in Kazakhstan mainstream schools. An effective school-based sexual education within the curriculum can ensure

students with relevant and reliable information adopted correctly in the local cultural context according to the age of the students.

Key words: teachers' perceptions, attitudes, sexual health education, teen pregnancy, HIV rates, reproductive health, school curriculum, Kazakhstan

Шынымен сабақ беру керек пе? : Қазақстан мектептерінде жыныстық денсаулық туралы білім беруді мұғалімдердің қабылдауы

Аннотация

Дамыған, сондай-ақ дамушы елдер жасөспірімдердің жыныстық денсаулығына байланысты жүктілік, ерте бала туу және хламидиоз, мерез және гонорея сияқты ЖЖБИ деңгейінің жоғарылауымен байланысты күрделі және өзара байланысты проблемаларға тап болады (ЮНИСЕФ, 2018). Бұл қазіргі жас ұрпақ арасында сапалы жыныстық сауаттылықтың жоқтығымен байланысты. Қазақстан сонымен қатар әлемдегі көптеген дамыған және дамушы елдер сияқты, жасөспірімдер арасындағы жасөспірімдер арасындағы жүктіліктің әлеуметтік проблемасына тап болып отыр. Жастарды өздерінің жыныстық денсаулығына қатысты ақпаратсыз қалдыру өте маңызды. Мектептегі жыныстық денсаулық туралы білім беру мәселелері көптеген елдерде ұзақ уақыт бойы таласқа түсіп келеді және Қазақстан бұл даудан тыс қалмайды.

Мектептердегі сексуалдық білім туралы заңнамаға қарамастан, қоғамның мәдени сезімталдығы мен консервативтілігіне байланысты жыныстық білім берудің ұлттық саясатын қалай жүзеге асыру туралы келіспеушіліктер бар (Кабатова, 2018). Демек, жалпы орта мектептерде жыныстық тәрбие берілмейді және әлі де Қазақстанда шешілуге тиісті мәселе ретінде қарастырылмайды.

Зерттеу жұмыс жоспары аясында мектепте жыныстық денсаулыққа қатысты білім беруді жүзеге асыруда тәрбиешінің көзқарасы мен көзқарасын анықтауға бағытталған. Осы зерттеуді жүргізу үшін сапалы зерттеу әдісі қолданылды және ашық сұрақтармен жартылай құрылымдалған сұхбат барысында алынған мәліметтер алынды.

Зерттеу респонденттер арасында жыныстық денсаулық туралы білімнің қажеттілігі мен маңыздылығының жоғары деңгейін анықтады және әлеуметтік-мәдени кедергілерді негізгі мәселелер ретінде анықтады.

Осы зерттеу Қазақстандағы негізгі мектептерде жыныстық денсаулық туралы білім беруді жүзеге асыруға әсер етуі мүмкін. Оқу жоспары аясында мектепке негізделген жыныстық тәрбие студенттерді жас ерекшеліктеріне сәйкес жергілікті мәдени контекстте дұрыс қабылданған маңызды және сенімді ақпаратпен қамтамасыз ете алады.

Түйінді сөздер: мұғалімдердің түсінігі, көзқарасы, жыныстық денсаулық туралы білім, жасөспірімдер арасындағы жүктілік, АҚТҚ-ның деңгейі, репродуктивті денсаулық, мектептің оқу жоспары, Қазақстан

Действительно ли нужно учить?: Отношение учителей к внедрению обучения сексуальному здоровью в казахстанских школах

Аннотация

Развитые, а также развивающиеся страны сталкиваются со сложными и взаимосвязанными проблемами, связанными с проблемами сексуального здоровья подростков, такими как беременность, ранние роды и рост ИППП, таких как хламидиоз, сифилис и гонорея (ЮНИСЕФ, 2018). Это связано с отсутствием качественной грамотности в области сексуального здоровья среди современного молодого поколения. Казахстан также, как и многие развитые и развивающиеся страны мира, сталкивается с текущей социальной проблемой подростковой беременности среди молодежи. Очень важно оставлять молодых людей без информации об их сексуальном здоровье. Вопросы школьного образования в области сексуального здоровья уже давно оспариваются во многих странах, и Казахстан не является исключением в этом споре.

Несмотря на законодательство о половом воспитании в школах, существуют разногласия относительно того, как осуществлять национальную политику сексуального воспитания из-за культурной чувствительности и консервативности общества (Кабатова, 2018). Следовательно, сексуальное образование обычно не предоставляется в средних школах и все еще игнорируется как проблема, требующая решения в Казахстане.

Целью исследования является выявление отношения и восприятия педагога к внедрению школьного образования в области сексуального здоровья в рамках учебной программы. Для проведения этого исследования использовалась методология качественного исследования, а данные были собраны в рамках полуструктурированного интервью с открытыми вопросами.

Исследование выявило высокий уровень необходимости и важности просвещения по вопросам сексуального здоровья среди респондентов и определило социально-культурные барьеры в качестве основных проблем.

Данное исследование может оказать влияние на реализацию просвещения по вопросам сексуального здоровья в общеобразовательных школах Казахстана. Эффективное школьное половое воспитание в рамках учебной программы может обеспечить учащихся актуальной и надежной информацией, которая корректно адаптируется к местному культурному контексту по возрасту.

Ключевые слова: восприятие учителей, отношение, просвещение по вопросам полового здоровья, подростковая беременность, показатели ВИЧ, репродуктивное здоровье, школьная программа, Казахстан

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Chapter 1. Introduction

The aim of this study is to explore teachers' attitudes towards and perceptions of the implementation of school-based sexual health education along with their willingness to teach sex-related topics. Additionally, the current study seeks to discover the possible barriers to implementing sexual health education in Kazakhstan. This introductory chapter will cover the background of the study; the problem statement; the purpose of study; as well as outline the significance of the study. At the end of this chapter the research questions and the definition of terms used throughout the study are provided. Also, the theoretical framework for sexual health education is discussed.

Background

In comparison to the older generations, contemporary youth are more open and independent. They are exposed to a lot of novelty through technology development. Hence, their lifestyle has mostly developed around the media, television and free access to the Internet (Boonstra, 2015) allowing them to grow up quickly as they are exposed to many new ideas. Unconditionally, the rapid development of new technologies has an impact on life in general, and the younger generation is predominantly subjected to these changes both negatively and positively. Although the internet can often be a good learning source, not all information presented on the internet is correct. Sometimes this abundance of information can result in young people making poor choices or experimenting in risky behaviour. Often these risky behaviour centers around sexual health.

One way to empower young people to make informed choices is providing sexual health education within the school curriculum. It is a contentious topic as to whether it is the younger generations' rights to build and strengthen their knowledge in order to make knowledgeable and responsible decisions about their physical as well as emotional health (European Expert Group on Sexuality Education [EEGSE], 2016). The central point of sexual health education has shifted over time in accordance with educational as well as health priorities, but the central message remains the

same. Sexual health education is designed to prevent youth from unintended pregnancy and HIV (1960s-80s), then the focus moved to raising awareness about sexual abuse (1990), and then progressed to cover topics related to sexism, homosexuality and cyber-bulling prevention from 2000 through to the present. Additionally, gender norms and reflecting on gender inequality issues have become fundamental parts of education related to sexuality (UNFPA, 2017).

Modern society faces severe and complex interrelated problems such as adolescent pregnancy, early childbirth and increasing rates of sexual transmitted infections (STI) such as chlamydia, syphilis and gonorrhea (UNICEF, 2018). Developed and developing countries' educators, policymakers and parents have been concerned about social problems related to the younger generation for decades (Finer & Henshaw, 2006). Sexual health education in schools provides a space for students to learn about their sexual identity, to develop healthy relationships and to obtain the knowledge and skills to protect themselves from sexual abuse, unintended pregnancies and sexually transmitted diseases (Boonstra, 2015).

The purpose of sexual health education in European countries is to promote knowledge about sexuality, health and gender issues (UNFPA, 2015). Sexual health education is based on universal concepts such as open-mindedness, self-respect and identifying one's boundaries along with the consideration of others' boundaries.

Sexual Health Education Issues in Kazakhstan

School-based sexual health education issues have been contested for a long time in many countries, and Kazakhstan is no exception in its disputing of this topic. Any discussion of sex-related topics is stigmatized in Kazakhstan since the majority of the population is Muslim as well as very traditional, meaning these topics in most families are not open for discussion. In point of fact, Kazakhstan does have legislation about providing sexual and reproductive health education in schools. Although, there is disagreement as to how to implement this national policy regarding

sexual health education due to issues of cultural sensitivity and the conservativeness of the society (Kabatova, 2018). As a result, this policy is basically ignored, and sexual health education is not generally provided in schools.

In many countries, sexual health education has already been implemented in the school curriculum to educate young people about how to be accountable for their own sexual health, have the tools to make wise choices, and to raise young people's consciousness of unsafe sexual behavior. WHO (2010) has highlighted the importance and necessity of school-based sexual health education which provides detail as to the unacceptability of informal sexual education in the modern world. Young people currently receive a vast amount of unreliable information that teaches incorrect knowledge (WHO, 2010). Young people should be educated and informed about sexual and reproductive health in terms of risk as well as the social aspects which will increase their confidence in making informed decisions and developing a positive and responsible attitude toward their health. Learning about sexual health will encourage young people to behave responsibly and respectfully towards both themselves as well as others (WHO, 2010).

The need for School-based Sexual Health Education

International Planned Parenthood Federation (IPPF, 2006) stated that providing formal sexual and reproductive health education in school has a positive influence on the majority of adolescents. Sexual health education at schools has an impact such as informing young people about how to protect themselves from STIs and unwanted pregnancy. Also, comprehensive sexual health education can successfully cover topics which address gender issues, sexual identity, sexual and reproductive rights and diversity (CFPA, 2015). Supporting school-based sexual health education encourages the modification of appropriate knowledge to inform teenagers about their sexuality and it provides a venue in which to address questions during this important developmental period.

The importance of school-based sexual and reproductive health education for adolescents has been extensively recognized among researchers. For instance, some studies have highlighted the collaborative work of health and educational organizations in developing strategies for teens sexual health education support at school as well as home (Mellanby et al., 2001).

Accordingly, studies published by the World Bank (2002) have stated that schools are widely acknowledged as a trustworthy platform for sexual health promotion. Research has been done about the significance of the education sector, which has a significant impact on the fight against HIV and AIDS (IPPF, 2006). Moreover, comprehensive teacher-delivered sexual health education is an effective solution to understanding, firstly, issues around sexual intercourse as well issues such as pregnancy among teenage students (Kasonde, 2013). Therefore, the current research seeks to identify and establish teachers' attitudes toward the realization of school-based sexual health education in Kazakhstan.

Why has Sexual Health Education Failed?

In recent times, different policies have been designed across the world to provide young generations with an opportunity to gain sufficient knowledge about their sexual health. According to the research, in some countries, sexual health education programs have been implemented into school curricula for young people aged 12 to 16 (Chu et al., 2015; Mellanby et al., 2001) while other countries encourage parents or guardians to provide their children with basic knowledge about sexual and reproductive health (Wight & Fullerton, 2012). However, all these strategies and approaches advocating for sexual health education among teenagers have in many contexts been somewhat unsuccessful (Che, 2005). As research stated, there are several reasons for the negative consequences of sexual health education. In some instances, the sexual health education program in the school is often restricted by government interference, limited space, inappropriate time allocation, insufficient learning materials, and traditional teaching methods. Also, lack of adequate training for teachers as well as policy, and certain socio-cultural values which stigmatize sex-related

topics in society influence adversely on improvement of sexual health education in secondary schools (Okazaki, 2002).

Problem statement

Kazakhstan is, as in many developed and developing countries in the world, is challenged by the current social problem of teen pregnancy among its youth. Leaving young people uninformed about their sexual health is irresponsible. In Kazakhstan, there have been several situations related to the abandonment of newborn babies in street trash bins or even in public toilets (Kabatova, 2018). Also, the numbers of cases of unregistered birth, abortion and newborn baby abandonment have risen as well as the number of sexually transmitted infections among adolescents (Ketting & Ivanova, 2018). According to the Kabatova (2018, p.1), "4,254 babies were born to fifteen- and sixteen-year-old girls." All topics related to sexual health carry stigma due to cultural and religious reasons. The discussion of such topics in society is shameful and is ignored due to this sensitivity. However, despite these high-priority issues that relate to sexual and reproductive illiteracy among teenagers, it continues to be ignored as an issue that needs addressing in Kazakhstan.

While the government has taken small steps towards a solution to the current problems by piloting sexual health education courses through curriculum in colleges, the situation is still deteriorating and needs urgent measures (Kabatova, 2018). However, it seems that not offering sexual health education until college is in many instances too late. In the last five years, as reported by UNPFA (2017) 33,051 cases of teen pregnancy and 9,906 abortions among school girls aged 15-18 were registered in Kazakhstan. These numbers demonstrate that early pregnancy cases in Kazakhstan are six times higher than in European Union countries (Kabatova, 2018). There are several reasons for teen pregnancy, and one of the main reasons across the world is unprotected sexual relations due to sexual illiteracy (Mayor, 2004). According to a report by IPPF (2018), the

teen pregnancy cases in countries that have comprehensive sexual education are almost 60% less than in countries where sexual health education is nonexistent.

Steps taken towards a solution

Several legislative acts have been proposed as a solution for sexual illiteracy related issues. These acts include the adoption of the Concept of Moral and Sexual education in 2001, the Law of the Republic of Kazakhstan on Children's Rights in 2002, the Law on Reproductive Rights of Citizens and Guarantees of Their Implementation in 2004. Moreover, a couple of healthcare development programs such as "Salamatty Kazakhstan 2011–2015" and "Densaulyk 2016–2020" and the Concept of the State Youth Policy have been initiated (Kabatova, 2018). All are documents established as steps towards the solution of teenage problems in society have recognized the significance of sexual and reproductive literacy for the young generation. However, these policy documents have not given rise to or generated any specific decisions that would lead further improvement of the adolescents' situation in Kazakhstan. Kabatova (2018) states that medical centres, for example, continue to break "the principles of privacy and anonymity" (p.2) and adolescents who are under 18 are not allowed to receive medical support on "sensitive" issues without parents accompanying them. Consequently, it means teens avoid medical support since they fear telling an adult; thus, they struggle alone. Therefore, the Internet often becomes a preferable as well as a valuable resource to search for information although it is often untrustworthy (Kabatova, 2018). The piloting of sexual and reproductive health education courses called "Valeologiya" was proposed in some colleges (UNFPA, 2017). According to the study evaluation, the piloted educational programs proved to be effective. Students' awareness in college about HIV issues increased from 5% to 16%, awareness of using condoms increased from 6.8% to 16.2%. This study also confirmed that sexual health education was not cause for young people to embark on an earlier onset of sexual activity (Ketting & Ivanova, 2018). As Kabatova (2018) argued, parents and students were supportive of these courses despite their ambiguity about the proper approach towards

addressing such a taboo topic. The pilot program introduced sexual health education to the curriculum in the colleges in Kazakhstan and enabled students to talk about and examine topics that have been previously stigmatized.

Teachers' Views toward Sexual Health Education

Due to the complexities and contradictions related to the implementation of sexual health education, it has been advanced through various approaches and taught differently across countries. However, the problems are common. According to the results of several studies, the successful realization of school-based sexual health education is mostly based on the effectiveness of the teachers who implement it (Cohen, Sears, Byers, & Weaver, 2004), and the attitudes of teachers have a significant influence on the effectiveness of sexual education in school contexts (Paulussen, Kok, & Schaalma, 1994). A primary characteristic of the effectiveness of school-based sex education is the teachers' willingness to practice and demonstration of positive attitudes toward teaching this subject (Kirby et al., 2005). The majority of young people, in many countries, recognize teachers as reliable and trustworthy sources of sex-related information, and they remain a preferred initial source of sexual health information by students (Milton, 2003). With this in mind, it is critical to consider teachers' attitudes and beliefs toward the implementation and development of sexual education programs in the context of Kazakhstan.

Research has demonstrated that generally teachers in different countries are very supportive of providing sexual health education in schools but are faced with several obstacles. Teachers often demonstrate difficulties in explaining certain topics (Donovan, 1998; Milton, 2003; Munodawafa, 1991). Moreover, they often feel uncomfortable facilitating conversations about more controversial aspects of sexual health education such as homosexuality which includes discussing young learners' opinions, fears, hopes and expectations about same sex relationships (Shegesha, 2015). While most teachers do not have any problems with explanations connected to biological facts, students

generally want to learn about more than just the physiological side of sexual health (Helmer et al., 2015).

Purpose of the Research

The purpose of this research is to identify Kazakhstani educator's attitudes and beliefs towards the implementation of school-based sexual health education within the curriculum.. This research took place in one city in Kazakhstan. Research evidence has shown that learning about sexual health is important to overall health and social well-being. Currently, schools in Kazakhstan do not provide sexual health education, leaving young people at risk. Instead they receive inaccurate information from peers or the internet if the family is not prepared to discuss this sensitive topic.

Research Question

The current research investigated the following questions:

1. What are teachers' opinions towards including sexual health education in the school curriculum?

The sub-questions are the following:

1. What are the challenges to including sexual health education in schools in Kazakhstan?
2. What topics do teachers think should be included in sexual health programs?

Significance of the study

Like other developing countries, Kazakhstan is still facing problems of unintended pregnancy among teens, gradually increasing rates of STIs and other adverse outcomes related to a lack of sexual awareness. The results of the existing studies have shown that the introduction of sexual education within the school curriculum will be a successful tool to address the problems of

adolescents' sexual behavior. The current study may have an impact on the realization of sexual education in Kazakhstani mainstream schools. An effective school-based sexual education program within the curriculum can provide students with relevant and reliable information which is carefully adapted to the local cultural context and their age. Besides, "sexual education in schools can positively affect and to be beneficial for the government's economic situation by creating a healthier employable generation" (Kabatova, 2018 p.3).

Sexual health education for adolescents provides them with an opportunity to understand their attitudes and values, and also practice life skills such as decision-making, self-esteem, respect of their own boundaries as well as those of others and other life skills that they will need to make conscious choices about their lives (UNAIDS, 2006). However, at the time of writing this thesis, only one study has been conducted by an NGO on sexual health education in Kazakhstan, which is the pilot implementation of sexual education in colleges. Hence, this study will examine, identify and evaluate teachers' attitudes towards the implementation of sexual education in mainstream schools and will assist stakeholders and policymakers in deciding whether to implement such programs within the school curricula.

Theoretical Framework

The current research is conceptualized by social constructivism and supplemented by the theory that describes how teachers' self-efficacy affects their constructed perception.

Social constructivism

Social constructivism theory is defined by the assumption that individuals actively construct their knowledge within interpersonal as well as social interactions (Vygotsky, 1986). This theory was chosen because it focuses on the impact of individual, social, cultural and historical backgrounds on teaching and learning (Ausubel, 1963; Bodner, 1986; Driver et al., 1994; Kelly, 1955; Mathews, 1994 as cited in Appalsamy 2015). This means that individuals tend to learn when they have gained experience from what they learn. In other words, social constructivism posits that

an individual constructs their knowledge or worldview by comparing what they experience in their society with their own existing knowledge, as well as the ways they perceive various phenomena.

According to the Vygotsky (1986), social constructivism mostly emphasizes the social aspect of learning and the way in which people construct and accumulate knowledge. Also, he stresses the significance of language as the premise of cognitive construction. He confirmed that the intellect of individuals is influenced by social as well as cultural environments; thereby knowledge is socially constructed and mediated.

The theory of social constructivism is applicable for the current research since it has investigated teachers' perceptions that are shaped by the conservative cultural aspects of teaching sex-related topics in the social settings in which they live. Besides, sexual health education has a social nature, and social constructivism underlines the different factors which influence the construction of knowledge. For instance, for some teachers, early sexual behavior outside of marriage is taboo in accordance with their cultural background. In this regard, scholars have claimed that individuals construct their knowledge through the social interaction which is shaped within different social contexts as well as those of time (Driver et. al (1994).

In order to identify the norms and reasoning that have been formed by the social forces it is necessary to look at different cultures and beliefs. Various characteristics of different cultures help to identify what is problematic or positive for a particular society.

This study provides an opportunity to investigate how teachers construct their knowledge about teaching sexual health education through investigating teachers' perceptions toward the implementation of sexual health education in school settings.

Teachers' self-efficacy.

The results of Bandura's study (1997) show that there is a correlation between one's efficacy beliefs and performance, that is self-efficacy determines the outcomes. According to Bandura (1997), self-efficacy is one's beliefs in its capability to organize and accomplish a set of activities

required to direct expected situations. An individual's self-belief influences behavior and ultimately results. He stated that through mastery of experiences, an individual develops a high perception of efficacy. That is to say, the accomplishment of certain tasks will build one's belief in a particular area while a misstep will diminish efficacy belief and form negative perception about capability. A strong developing sense of self- efficacy requires a practice of mastering and surpassing the challenges via effort and persistence (Bandura, 1997).

Another aspect of self-efficacy development suggested by Bandura (1997), is impact on the individuals' mental as well as physical states which would have an impact on individual perception about performance. Fear and anxiety due to both emotional and physical stress may negatively affect performance outcomes.

According to Bandura (1997), there is a significant difference between the concept of efficacy of expectation and outcome expectations. Outcome expectations is defined as an assessment of a person's behavior that causes certain outcomes whereas efficacy of expectations is firm belief to successful performance desired outcomes. Namely, if an individual is convinced that a particular action will bring success, despite the presence of some doubts about outcomes, expectations of outcomes will not influence one' s behavior (Bandura, 1977).

In addition, he claims that an individual's perceived sense of control on behavior will define what effort he or she is going to put forth in order to overcome challenges and negative experiences, and how long he or she is going to apply persistent effort on achieving the wanted outcome. That is to say, persons with high self-efficacy will make a sufficient effort to bring success in performance, while those who have low self-efficacy probably come to an end effort before the expected time and fail. Regarding teachers' attitudes toward teaching sexual health education, which is the emphasis of this study; it is compelling to highlight that for effective teaching of any subject teachers should evolve to a positive disposition. Thereby perceived self- belief on ultimate successful outcome will

allow them to establish a positive belief in successfully teaching the topic of sexual health education.

Definition of central terms

Attitudes

Positive or negative feelings of individuals about objects, concepts or ideas that are "modifiable by experience, persuasion and as predispositions to action" (Vashistha & Rajshree, 2012).

Sexual health education

"An age-appropriate, culturally relevant approach to teaching about sex and relationships by providing scientifically accurate, realistic and non-judgmental information. Sex education provides opportunities to explore one's values and attitudes and to build decision- making, communication and risk reduction skills about many aspects of sex" (UNESCO, 2009, p.2).

Thesis Outline

The current paper introduces the concept of sexual health education in the context of international study, and the main issues of sexual health education across the world and in Kazakhstan are presented and discussed within the sections of each chapter. This introductory chapter discusses the problem statement, highlights the main issues that study will investigate and the significance of the study presented.

Chapter two addresses the literature review and touches on the historical background of sexual health education in Kazakhstan as well as globally and provides an overview of the sexual health education teaching approaches. This chapter also explains sexual health education importance through the various theories of human development. The objective review of previous empirical

study's findings on teachers' attitudes and perception are presented, and the substantial impact of teachers' positive viewpoint on the implementation of sexual health education has been reviewed in this chapter.

Chapter three explicitly describes the research methodology, participants and process of the data collection methods and other details such as ethics, and data analysis. Chapter four presents the findings which have been developed from interpretation and analysis of the data which are then discussed in further detail in Chapter five. Chapter six delivers information about the overall conclusions of the given research and recommendation for the future study.

Chapter 2. Literature Review

Introduction

The literature review chapter provides an overview of a range of literature on topics related to sexual health education. The historical background of sexual health education globally as well as in Kazakhstan, is presented here. Also, this chapter provides information about the importance of school-based sexual health education and its positive impacts on students ' behavior explained through several theories.

During the period of puberty, or the adolescence phase between childhood and adulthood, young people change mentally, physically as well as emotionally. It is natural for adolescents to become sexually active throughout this period of development. However, some teenagers are left confused, without an informed understanding regarding their sexual development, which would assist them in coping with their natural sexual urges (Mlyakado, 2013). During the puberty stage, adolescents usually start being interested in sex. However, due to being emotionally immature and ignorant regarding their life, teenagers' transition into adult life often involves risky sexual behaviors (Walcott, Meyers, & Landau, 2008).

Teenagers are unable to control their biological changes and emotions, which are influenced by hormonal changes during puberty. Therefore, adolescents are easily impacted by early sexual intercourse, some having sexual intercourse with many partners, with early pregnancy being the result of unprotected sex (Haruna et al., 2018). Consequently, these behaviors have a negative impact on their future life and health, which may result in their contacting sexually transmitted diseases such as HIV/AIDS, chlamydia, syphilis or gonorrhea. For females there could be an interruption of education or dropping out of school due to the unwanted pregnancy (Walcott et al., 2008). Government investments in socio-economic and political development for sustainable growth should provide funding for the needs of the younger generation which would include provisions for increasing their awareness about sexual health education (Haruna et al., 2018).Introduction of sexual health education in schools is considered as the most cost-effective intervention to provide quality knowledge to adolescents (Rosen 2004; UNICEF 2002) that is aimed to extensively raise awareness of HIV prevention and promote the importance of sexual health (Patsalides 1991; UNFPA 2003) as cited in Gevorgyan et al., (2011).

Many countries have implemented sexual and reproductive health education in the school curriculum which aims to provide credible as well as formal information for adolescents. Introduction of school-based sexual health education encourages teens to make mature decisions and be responsible for their future. Moreover, reliable school-based sexual health education is an opportunity for teenagers to understand the possible adverse outcomes of unprotected sexual activity during adolescence (Mueller, Gavin, & Kulkarni, 2008).

School-based sexual and reproductive health education has been shown to decrease unprotected and irresponsible sexual activity among adolescents (IPPF, 2018). In spite of the positive results in such knowledge transfer, there are two main issues that negatively influence the effectiveness of sexual health education implementation programs. First of all, insufficiently recognizing and addressing the local socio-cultural background, which may harbor a negative

attitude towards discussing sex related topics openly. Also, there is a lack of gender equality in the society norms which restricts its overall impact. Secondly, an absence of universal sexual health education beliefs has resulted in varied interpretations of sexual health education programs on the part of the policymakers who have been involved in it and their context (Aggleton, et. al., 1997; Kaaya, et. al., 2002 as cited in Anaadumba, 2017).

Human Rights

An age-appropriate high-quality sexual health education program is based on human rights that are accepted internationally. International organizations such as the UN Committee of the Rights of the Child, the Committee on the Elimination of Discrimination against Women, the Committee on Economic, Social and Cultural Rights and also the United Nations Convention on the Rights of Persons with Disabilities have confirmed the right to access appropriate health-related information (European Expert Group on Sexuality Education (EEGSE, 2016). Moreover, sexual health education has been lobbied for through the Program of Action of the International Conference on Population and Development in 1994, and its significance has been emphasized in the Right to Education UN report in 2010 which was devoted to this topic (EEGSE, 2016).

Sexual Health Education Globally

The United States was the first country where sexual health education was implemented into the schools' curriculum (Huber, 2009). According to Huber (2009), there were significant issues in this context with high STIs and HIV spread. Also, changes in cultural beliefs due to urbanization prompted the US government to implement school-based sexual education.

Due to urbanization in the early 1900s, which was the result of movement of population from farms to cities in order to improve living conditions and access to health services, clean water, job opportunities and education, there was an increase in social problems of the STI infections

spreading, teen pregnancies and rapes. Consequently, the government was forced to start teaching its citizens the basic rules of life and how to protect themselves from risks of an unhealthy sexual life (Cornblatt, 2009).

However, implementation of sexual education in schools in the US was complicated and lengthy because of the sensitivity of this topic. As Cornblatt (2009) wrote, the subject called An Introduction of Moral Education was put forward as an idea for consideration by the National Education Association in 1892. However, this resolution raised considerable debate due to the controversy around the teaching of sex education. It was only in 1913 that it was implemented in the school curriculum, although the program was based only on morality which did not cover critical content such as contraception and preventing STIs that students expected to learn (Cornbalt, 2009).

As soon as sexual health education was introduced in schools, the US education department rapidly started to train teachers specializing in sex education and designing the educational material of a sex-related content. Additionally, a human sexuality course was integrated into higher education policy and implemented in colleges. Furthermore, in 1964, the Sexuality Information and Education Council of the US was founded. This organization focused on improving the implementation of school-based sexual health education. However, Cornblatt (2009) noted that despite these improvements in the sexual health education program, there was tension in society between politicians and religious leaders due to the controversial issue surrounding this. Religious leaders united to oppose the Sexuality Information and Education Council of the US (SIECUS) to exclude the sex education in public schools because as they believed it promoted amorality among the younger generation.

According to Cornblatt (2009), the next explosion of STI and HIV diseases in the 1980s was given as a reason to strengthen the sexual health education program in public schools. Hence, school-based sex education was approved in almost every state in the US by the 1990s. However,

religious leaders continued to campaign against the sex education movement and demanded its modification into abstinence-only education.

Abstinence-only education focused on teaching students how to refrain from sex and the supposed advantages of abstinence. It also excluded other sex-related topics such as contraception and masturbation. In 1996 the US government adopted a bill sponsoring the abstinence-only approach and disregarded the comprehensive approach towards the teaching of sex education (Cornblatt, 2009).

Sexual health education was implemented in European countries after the US, and the reasons for this were generally the same as in the US. A study stated that the introduction of sexual health education in European countries mostly had the aim to prevent and help people handle such diseases as STIs and HIV (Belly, 2016). The history of sex education in Europe began in 1955, starting in Sweden, and thereafter moving to France, the UK, Spain, Portugal, and then followed by other European countries. However, sexual health education was only adopted formally into the curriculum in the early 2000s. In 2003, Ireland became the first country where sex education was obligatory in primary as well as high school (European Expert Group on Sexuality Education, 2016). Initially, sex education began as a campaign against STIs infection and as a prevention tool for HIV. Currently, school-based sex education in European countries has expanded its content. With regard to this, sexuality education has changed its focus in accordance with educational requirements and includes teaching about social and individual issues such as sexual abuse, the prevention of sexism, gender inequality issues, the formation of personality, and the development of self-esteem (European Expert Group on Sexuality Education, 2016).

Kazakhstan

Kazakhstan is a society that is considered to be traditional, where the majority of the population practices Islam. Historically, in traditional Kazakhstani society, issues of sexual health

education were rarely discussed. Sexual health education occurred in the Soviet Union and was revised during the era of "perestroika." (Marinin & Kabatova, 2018) According to Marinin and Kabatova (2018), in 1982, the USSR Ministry of Education and the Academy of Pedagogical Sciences approved and issued the model program 'Ethics and Psychology of Family Life' intended for high school students. This program received much positive feedback from teachers and students. Further, in 1983 by the decision of the USSR Ministry of Education a compulsory course "Hygienic and Sexual Education" (Grade 8) was added to the school curriculum. The main goal of the compulsory course "Hygienic and Sexual Education" was preparing young people for a responsible marriage, and the formation of sexual consciousness. The complexity involved in meeting the objectives of the program was the lack of specialists for conducting classes with school children; hence, the teaching was often reduced to teachers giving dry lectures. By the late 1980s, sexual health education and courses on the ethics of family life were canceled in schools (Karam, 2012 as cited in Marinin & Kabatova 2018). However, since independence, Kazakhstan has become a signatory of many international documents, one of which is the UN Convention on children's rights (1994) related to obtaining quality education concerning their health, which makes it necessary to continue the discussion on how to address this issue.

Further, in 1997, the government ratified the development strategy program 'Kazakhstan-2030', which includes health and educational policies as one of the priority goals for citizens' well-being. In 2001, the Kazakhstani government designed the 'Concept for morally-sexual health education in the Republic of Kazakhstan,' which regulates the conduct of effective reproductive and sexual health policies of children, adolescents, and youth in general (Koklemina, n.d). The program document noted that one of the prioritized tasks of society is to create a healthy and safe environment for the life and education of children, teenagers, and young people with the conditions to promote their intellectual, spiritual and physical strength, the formation of solid morality, as well as the foundations of a healthy lifestyle. According to the Ministry of Justice (2001), the concept

implied the development of new approaches to tackle the issue of morality and sexual health education, taking into account the rapid growth of young people, and creating a phased and age-appropriate approach to presenting information with the involvement of all stakeholders in the education process - parents, representatives of state and non-state structures. Hence, improvements in strategies for the proposed policy on moral and sexual health education were declared (Marinin & Kabatova, 2018). However, subsequent attempts to start the discourse on this issue in a constructive direction did not find any support from public authorities or the general public. Consequently, the direction for the strategies adopted in Kazakhstan, still designated only a general outline, taking the previous surface level position with respect to the sexual health education of young people did not offer any concrete suggestions as to how to move this issue forward.

Sexual Health Education Teaching Approaches

There are two main approaches in teaching and learning of sexual health education worldwide. Each approach has its benefits and drawbacks. A discussion about the differences and challenges of these two approaches is discussed below.

Abstinence Based Sexual Education.

The abstinence-only approach is a morals-oriented model. In this sexual education approach, the focus is on promoting abstention from sex until marriage (Diamond & Beh, 2008). Abstinence based sex education adherents claim that teaching students various sex-related topics, such as contraception encourages them to be sexually active at an early age (Pittman and Gahungu, 2006), and should therefore should be condemned by the teacher (Libby, 2008). The purpose of the given teaching model is that of suppressing sexual activity of young people; while preparing them for safe sex when they have matured (Pittman & Gahungu, 2006). This approach uses bullying tactics. This artificial limitation of sexual activity and expression leaves students without information about issues related to protection methods, and other questions around sexuality. According to abstinence-

based supporters, sexual activity before marriage is prohibited and has an extremely negative psychological, social, or physiological effect on the individual (Howel, 2001). Moreover, hyper abstinence is considered to be the only effective way to prevent teen pregnancies, as well as STIs and HIV (Pittman and Gahungu, 2006).

The US was the first country to initiate this model of teaching in 1981. The primary intention was promoting a self-control and abstinence mentality among students. The given approach to the teaching of sexual health education was taken as a measure to resolve the problem of teen pregnancy. However, it was insufficient since it focused on only abstinence rather than contraceptives and did not present any information to help prevent pregnancies among teens (Diamond et al., 2008). Moreover, since under the given program, teachers were not allowed to teach additional sex-related topics such as contraception they were limited when delivering the content (as cited in Brewer, Brown, & Migdal, 2007). According to Diamond et al. (2008) the US would spend approximately $170 million every year to subsidize the organization of abstinence-based education in schools, and this had become the dominant approach to sex education instruction. Although the moral basis of sexuality education is not harmful and instilling in teenagers' knowledge and skills based on moral choice is right, this approach, despite its vast popularity, proved to be ineffective (Diamond et al., 2008).

According to a study done to evaluate the effectiveness of the abstinence-based approach in preventing teen pregnancy and HIV reduction, it found that students were still exposed to sexual activity through TV and the Internet (Boonstra, 2015). The main disadvantage of this restrictive model of sexual health education is the biased way of delivering the content. In this way, it does not provide a complete description of contraceptive methods and protection of sexual reproductive health in general. An analysis of abstinence-based sexual health education programs showed that employed on its own, this model was ineffective in reducing teen pregnancies and spread of STIs (Santelli et al., 2006). Accordingly, abstinence-only approach believes students should sign an

agreement to not participate in premarital sex. Since students have signed an agreement to not be involved in sex until marriage, abstinence-only education supporters believed that this program is working. However, a survey showed that only 12% of students were actually abstaining from sex, while the other 88% were still involved in premarital sexual activities (Brewer et al. 2007).

According to Weaver (2005) (as cited in Domingu 2018), statistically, in the US, the average age when young people are exploring sexual activities is 16 years. Therefore, the abstinence-only approach is impractical as it results in a lack of access to accurate information about sexuality that would help young people make informed decisions (Bell, 2009). The abstinence-only approach is based on moral values; however, it is immoral to some extent. Brewer et al. (2007) explained that this is due to the fact that everyone should have the right to have access to scientifically reliable knowledge and information about health services. Hence, abstinence teaching model limits access to the information and hides credible sex-related topic information.

Research which has focused on an evaluation of the abstinence only approach showed that the main issue was the general definition of the "abstinence" terminology (Diamond et al., 2008). According to the results of this study, teachers neglect to emphasize the form of abstinence students should practice.. It is usually focused on vaginal sex, refusing to take notice of other forms of sex, which also cause the spread of STIs. Hence, due to this teaching model, young people ignore other forms of transmission that should also be emphasized (Diamond et al., 2008).

Another study results illustrated the inappropriate methods of delivering sexual health information via this given approach. For instance, Francis (2014) claimed the abstinence-only teaching model is based on assumed moralities and religious beliefs yet is without facts and unrealistic. Moreover, the study exposed that the young generation is sexually active, thus teaching models should correspond to the requirements imposed by the reality that adolescents are faced with in order to teach them how to make informed decisions.

Comprehensive Sexual Education (CSE)

The Comprehensive Sexual Education teaching model takes into account research-based content of human development as well as social issues that can contribute to healthy sexual relationships among adolescents. This given method maintains a holistic approach in terms of empowering students around sexual health issues regarding emotional as well as adverse physical outcomes by providing them with the knowledge of sexual health related topics (Brewer et al., 2007). Mainly, CSE includes a prevention-oriented program to help adolescents make an educated choice and prepare them for adult life. Moreover, this program covers extensive content such as fertility, reproduction, relationship issues, gender norms, and other topics that are primarily intended to provide information to students to minimize the possible negative impacts of sexual activity (Boonstra, 2015). According to Boonstra (2015), this model is age-appropriate as well as scientifically accurate and often contributes to adolescents' delaying sexual activity until they are ready. Moreover, it promotes the use of contraceptives and clarifies its importance, and prepares students to resist outside pressure (Brewer, 2007).

The comprehensive sexual education model leads to lower numbers of unwanted teen pregnancies, fewer reported cases of sexual harassment, and lower rates of STI and HIV spread as reported in Sweden and the Netherlands where the CSE has been implemented successfully within the school curriculum (Boonstra, 2015; Ketting & Ivanova, 2018). Also, Boonstra (2015) stated that students in these countries are welcome to express their sexuality and feel comfortable with it without being bullied for it, and they obtain accurate as well as reliable information about their sexuality. According to the results of studies of the CSE approach, it has been found that there is a lower teen pregnancy rate in Western Europe as these are the countries that have implemented the given model in their educational systems (Bell, 2009). UNESCO (2018) also promoted CSE as a culturally-relevant approach leading the young generation to follow its own cultural beliefs and local social values and to improve general healthcare and the relationship with elders and the whole of society itself.

According to Kirby (2008), CSE is considered an approachable, useful model of delivering sexual health education for students due to its evidence-based and age-oriented information on sexuality. Moreover, CSE encourages students to delay sexual activity, and adolescents who have taken CSE courses have demonstrated high results in preventing sexual abuse and respecting their rights (Kirby, 2008). As UNESCO stated (2018), CSE is a rights-based approach that promotes universal human and children's rights to quality healthcare education. Additionally, CSE encourages young people to raise awareness about their rights, respect others' rights, and be an advocate to those whose rights have been violated. Politics and religion should not be allowed to control the sexual education curriculum. It results in a lack of access to scientifically valid and correct information (Diamond et al., 2008). Moreover, adolescents have the right to be sufficiently educated to make healthy decisions in terms of their sexual life and the knowledge of how to prevent adverse outcomes as the result of their sexual behavior (Grossman et al., 2014).

Despite the differences of the two sexual health education teaching models, both approaches focus on decreasing pregnancy among teens as well as reducing the spread of STIs and HIV, along with other social problems caused by sexual illiteracy among the youth.

The importance of Sexual Health Education

Several theories are represented below. These theories explain the positive impact of sexual health education on students' behavior as a source which would officially teach this topic at school. Also, these theories throw light on how school-based sexual health education approaches the solution of social problems, as the result of sexual health education illiteracy among adolescents.

The primary socialization theory

The primary socialization theory postulates that family and peers, school and media are considered as initial sources of socialization and sexual information since children spend most of

their time in these places while interacting and learning (Oetting & Donnermeyer, 1998). According to this theory, the mass media has a significant impact on sexual education for youngsters because it broadcasts an enormous amount of entertainment programming and commercials through various TV channels, and thereby has emotional and psychological influence on them. Other studies, however, have stated that during the process of maturing, the primary socialization sources may change its influencing effect on young people (Clark, Martin, & Bush, 2001). Oetting & Donnermeyer (1998) argued that the primary agents of socialization reflect both pro-social as well as deviant norms of behavior. A family and school stand for pro social values whilst mass media along with peer groups have the risk of transmitting deviant norms. However, this theory has limitations in terms of recognizing the societies where family, peers and mass media may not be the initial sources of sexual education information due to differing cultural backgrounds.

Clearly, in traditional societies parents are not usually the primary source of socialization in terms of sexual information. According to a study (Kabatova, 2018), parents or adults in traditional cultural societies do not openly talk about sexual issues since it is generally prohibited and embarrassing to talk about sex related topics. Therefore, the primary socialization theory is not applicable in such societies due to the non-existent role of parents and adults as agents of socialization in sexual health education. However, the given theory is relevant to this study in spite of this counterargument. Because it focuses on parents, peers, schools and mass media as agents of sexual socialization for young people, which this study focuses on, this theory has been helpful to our understanding of the role of school as a primary source of credible sex related information.

Theory of Planned Behavior

The theory of planned behavior postulated by Ajzen (1995) presumes that individual behavior represents conscious choice. According to TPB, an individual's behavior is predictable and "represents conscious reasoned choice and is shaped by cognitive thinking and social pressures"

(Bhattacherjee, 2012, p.39). Also, an individual intention depends on three variables such as subjective norms, attitudes and perceptions (Saunders, 2005).

Generally, an individual's positive and negative behaviors are dependent on a consideration of the possible benefits and drawbacks of outcomes. Consequently, TPB theory is applicable in sexual health education in terms of a healthy lifestyle and safety. TPB also explains the behaviors people are able to control. Sometimes individuals' behavioral intentions are influenced by the "attitude about the likelihood that the behavior will have the expected outcome and the subjective evaluation of the risks and benefits of that outcome" (Bhattachejee, 2012 p. 39). According to the Saunders (2005), if students are taught the possible adverse health effects of smoking, unprotected sex and other unhealthy behavior, they are more apt to stop themselves from engaging in such conduct in order to avoid negative consequences. Teachers have to take into account this theory in their teaching process in order to provide complete knowledge about the behavior that will bring adverse impacts on their students' lives. Parents and teachers, as the main stakeholders, should expose students to the outcomes of certain behaviors thereby allowing them to consider the possible consequences of their behavioral choices.

The theory of self-efficacy

This theory was proposed by Albert Bandura (1977) and is based on social learning theory and explains how education on sexual health issues empower student's self- efficacy. SET is about the perception that an individual is able to control that which affects their life. It reflects one's confidence in their capacity to control their motivation, behavior and social environment. This theory touches on the individual's perception to control the elements that affect their life and allows them to control the incidents that may adversely affect their future.

Bandura (1994) stated that the development of self-efficacy depends on motivation, and individuals' thoughts along with performance of role models' help with decision making. People's

major actions begin to construct their thoughts; thus, efficacy is determined by the shaped scenarios which are based on knowledge about the possible consequences of particular actions.

In sexual health education, self-efficacy is associated with condom use and reaching a sexual relationship agreement, thus decreasing HIV/STI cases among adolescents (Sayles et al., 2006). Also, studies have shown the positive connection between a high self-efficacy and awareness of risky sexual behavior and being responsible for sexual issues (Naezer, Rommes & Jansen, 2017). Results of research on determining self-efficacy highlights that people with high self-efficacy are more likely to abstain and avoid sexual abuse, and practice safe sex rather than people who have low self-efficacy (Saunders, 2005). According to the Bandura (1989) (as cited in Domingu, 2018), high self-efficacy encourages an individual to avoid social risks such as unwanted pregnancies at an early age and STI infections.

Also, (Naezer, et al., 2017) has found that students with high self-efficacy are apparently not actively participating in societal events without adults and security guards monitoring incidences where they might be pressured to do partake in activities that they do not really want to. For example, students with high self-efficacy usually do not participate in parties where is there no adult control in order to avoid to being pressured to do things such as drinking alcohol or having sex, since there is nobody who might support them in such cases.

Issue around the teaching of Sexual Health Education

The implementation of sexual health education in the Kazakhstani secondary school curriculum is a highly controversial issue due to its sensitivity. Not all stakeholders are ready to accept the inclusion of sex-related topics from pregnancy to contraception, including tolerance toward homosexuality in the school curriculum due to the conservativeness of this traditional society (Kabatova, 2018). Some decision-makers assume that the explicit explanation of sex related topics at school will promote and encourage young people to be sexually active (Gevorgyan, 2011).

People usually think that sexual behaviour of individuals is often constructed in accordance with one's personal ethical values (Kirby et al, 2005) as cited in Kasonde (2013). Consequently, teachers have their own particular beliefs and attitudes towards school-based sexual health education. Therefore, it is significant to identify teachers' perceptions of sexual health education in order to develop the curriculum to implement sexual health related topics within the school curriculum efficiently. For example, if some educators, according to their religious and cultural beliefs, believe that adolescents should be forbidden to have sex until marriage; this may negatively affect their delivery of information about sexual health education. Studies that have investigated teachers' attitudes towards teaching sexual health related topics have found that some teachers feel uncomfortable mentioning biological terms such as "penis," or "vagina" (Appalsamy, 2015).

One of the main possible problems in the realization of sexual health education in Kazakhstani schools is teachers' reluctance to teach the topic due to the psychological and cultural barriers concerning sex related topics. The majority of local teachers are still part of the Soviet Union generation, where there was no sexuality education and the belief that there was no need to discuss it. Moreover, this former totalitarian regime was repressive towards sexuality in general, and thus would subdue any manifestation of unique human individuality and expression of nonconformity that did not match the prevailing ideology of that period (Geuten et al., 2009). Obviously, Kazakhstan with its totalitarian background has formed a society that is not accepting decisions of sexual-health education in terms of human rights. Therefore, the question of inclusion of sexual health education in the school curriculum, which is considered as providing students with rights to obtain high quality and credible information about their sexual health is underestimated and not discussed on sufficient level.

Several studies which have investigated teachers' attitudes toward teaching sexual health education at schools reveal that teachers have mostly found it challenging to move away from didactic approaches that are considered to be an ineffective method in the teaching process. They

mainly express difficulties in using discussion; group work and role-plays (Buston, Wight, Hart, & Scott, 2002). Besides, teachers are concerned that they do not have sufficient support and encouragement from the administration and parents for sexual health education. For instance, it was found that in 17 secondary schools in England, teachers of sexual health education have been faced with criticism from the administration as well as from parents about improperly delivering the material (Alldred, David, & Smith, 2003). Consequently, without adequate administrational support and the community in general, most teachers have an issue with teaching sexual education to teenagers or children.

Generally, teachers are very supportive of the introduction of sexual health education. However, it is important to understand that despite the teachers' approval toward sexual health education, those who lack the appropriate knowledge and skills regarding this topic can result in hesitation or reluctance in their classroom situation (Shegesha, 2015). Moreover, it has been observed that conventional teacher training in colleges may be inadequate for them to obtain the additional skills and knowledge needed for sexual health education teaching. Therefore, it causes certain inconsistency in practice (Vavrus, 2006; Csincsak, Bourdeaudhuij, & Van Oost, 1994). Obviously, it is necessary to provide special training for teachers to make them skilled in handling particular topics during the sexual health educational process. Also, one of the challenges in sexual health education that teachers faced with their practice is the lack of a clear policy which is aimed at supporting and guiding teachers.

Indeed, many studies have scrutinized the teaching of sexual health education and examined teachers' attitudes toward the implementation of sexual health education in regular schools in countries around the world. However, there are no empirical studies about Kazakhstani teacher's attitudes and perceptions in this conservative society. The realization of sexual health education is not as yet considered as a solution to social problems related to sexual illiteracy among adolescents.

This current study will examine local teachers' perceptions about teaching sexual health education and investigate the possible obstacles to the implementation of sexual health education in the context of Kazakhstan. According to the Kabatova (2018), cases of early pregnancy are more prevalent in traditional densely populated Kazakh-speaking communities than in the Russian-speaking regions. She explained it as being due to the lack of reliable and credible information in Kazakh and the conservativeness of the majority of Kazakh families, who mostly practice Islam. The results of another study have indicated that the main barrier to school-based sexual health education is the cultural beliefs (Kasonde, 2013). For instance, "prominent barriers to sexuality education is culture (60%) followed by lack of training (24%) and 4% each for school policy and religion as barriers," as cited in the survey, which was conducted in Gaborone, Botswana (Kasonde, 2013 p. 36). Therefore, culture is the main issue that policymakers have to take into account when further developing and effectively implementing teacher-delivered sexual health education in mainstream schools.

Teachers' Capacity Building in Sexual Health Education

There are several studies that have been conducted on the importance of teacher training and their confidence delivering sexual health education topics in schools. These studies provide information about the connection between teachers' positive attitudes toward sexual health education teaching and the training they have received. It is significant for teachers to be able to effectively assess and evaluate students' performance and to provide necessary guidance in sexual health education (Mathews et al., 2006). Moreover, the most important item is capacity building for teachers to enhance their professional skills in order to be responsible and confident in their work (Milton, 2003).

Generally, professional training for teachers is used to characterize continuous in-service training. Usually, during these training sessions, teachers receive the opportunity to upgrade their knowledge and improve their professional skills on the teaching of specific topics. Teachers' professional development touches on four different paradigms which are known as deficit, professional growth, educational change and problem-solving. Scholars have often criticized the deficit paradigm since it views teachers as empty containers and is aimed at compensating the knowledge and skills teachers are missing (Gall & Renchler, 1985 as cited in Anaadumba, 2017). Another professional development paradigm, "professional growth", is described as self-directed development stemming from learners' needs and interests (Feiman-Nemser, 2001). An "educational change" paradigm is focused on bringing changes into professional development (Warren-Little, 2001). The next paradigm of professional development is the "problem solving" paradigm. The majority of scholars have stated that it links teachers' professional development to capacity building regarding the addressing of students' achievement needs (Ball & Cohen, 1999; Joyce & Showers, 2002; McLaughlin & Zarrow, 2001) as cited in (Anaadumba, 2017).

As Guskey (2003) stated, the problem-solving notion of professional development directly affects teachers' growth. According to this author, this notion is an intentionally and methodically arranged process which aims to bring about positive outcomes. Professional development for teachers is meant to ensure the sustainable enhancement of their teaching practice. Also, regular training for the improvement of one's knowledge and skills is fundamental for any profession. It has been argued in the study that a competent and skilled teacher, who is trained to solve the problems in teaching and learning, will have a considerable impact on adolescents' behavior (Domingu, 2018) .

Teaching, as a dynamic profession, needs to provide the means for the upgrading of professional knowledge and the development of progressive practices through professional training

(Feiman-Nemser, 2001). However, despite such ongoing teacher training, it alone does not guarantee changes in teachers' classroom practices (Karpati & Gaul, 1995 as cited in Anaadumba, 2017). It is necessary to note that the renewed education system of Kazakhstan has implemented new innovative teaching technologies such as the student-centered teaching approach and the shift towards inclusive education. Therefore, it leads to the Kazakhstani educational system preparing students who are able to match the requirements of global trends as well as the needs of the society in which they live. In a study that was done on teacher training, the majority of teachers confirmed that participation in professional development programs had a significant impact on their professional growth and their gaining additional teaching skills (Gabriel, Day, & Allington, 2011). According to this study, the direct relationship between the quality of instruction and students' academic performance was affirmed.

Teachers play a central role in the school setting thus the success of sexual health education programs mostly depends on the extent to which teachers accept and are supportive toward sexual health education teaching programs. Therefore, one should not underestimate teachers' values towards the implementation of sexual health education. Moreover, it can be claimed that teachers have a core strategic role to play towards the success of any educational program in the school. Teachers' capacity building on sexual health education equips them with adequate knowledge as well as appropriate skills to help them to construct a friendly environment for students to learn about sexual health issues (Anaadumba, 2017).

According to Shuby (2004), gaining information about sexuality for young people has changed due to rapid urbanization and globalization. A tremendous development of modern technologies across the world have significantly influenced the spread and sharing of information including that related to sex, and this has mostly negatively impacted adolescents (Shuby, 2004). Therefore, the content of teachers' professional development programs should be focused on content-related activities with students that would promote a trustworthy connection between

teacher and learner (Guskey, 2003). During the active engagement of the learning process with students, teachers are able to monitor students' interaction with each other. Also, professional development for teachers on topics of sexual health education should focus on developing content-related strategies that connect with the issues faced by the youth of today in order to improve learning outcomes (Guskey, 2003).

The strategies of active learning are the most effective in enabling teachers to learn communication techniques along with teaching skills and help promote a closer interaction with learners (Desimone et al., 2002; Gibson & Brooks, 2002 as cited in Anaadumba, 2017). Further, researchers claim that professional development is characterized as coherent when the content of teacher's learning programs have been designed in accordance with educational policy. Professional development becomes valuable for sexual health teachers in case of consistency of policy and practice along with an interconnection between teaching and confidence. Consequently, since teachers are aware that they are delivering the necessary and relevant knowledge for learners it provides them with confidence (Garet et al., 2001).

Summary

According to the various literature teachers mostly supportive toward implementation of school based sexual health education. However, they face challenges during the teaching process. In most cases teachers do not have professional development training in teaching sexual health education. Hence, the lack of special training causes their low self-efficacy which adds to the culture-based psychological barrier toward teaching sexual health education in schools.

Chapter 3 - Methodology

Kazakhstan is faced with social problems such as high teenage pregnancy rates, abortions and increasing number of STIs. The school system is not providing students with consistent and relevant sexual health education leaving young people at risk. The purpose of this research is to identify educator's attitudes and perceptions towards implementation of school- based sexual health education within the secondary school curriculum. Research evidence has shown that learning about sexual health is important to overall health and social well-being. Adolescents are getting inaccurate information from peers or the internet if the family is not prepared to discuss this sensitive topic. This study seeks to explore the teachers' attitudes about whether sexual health education needs to be provided in mainstream schools. The research is in one city in Kazakhstan.

The empirical studies that have investigated school-based sexual health education claim that effectiveness of school-based sexual education depends on teachers' positive attitudes and their readiness to deliver the sexual health related information. A qualitative semi-structured individual interview methodology has been employed in the given research to illustrate teachers' opinions and detailed insights.

In seeking to explore teachers' attitudes and perceptions toward school- based sexual health education, the study addressed the research question: What are teachers' opinions of including sexual health education in the secondary school curriculum? This chapter describes the study's research methodology and includes discussion around the research design, site of research, and information about sampling, data collection instrument, ethical consideration and the data analysis.

Research Design

Since this research is focused on the educators' attitudes and perceptions on the implementation of sexual health education in the curricula, a qualitative research methodology has been applied. There are many diverse opinions about the implementation of school-based sexual health education since it is controversial in the local context. Hence, applying a quantitative approach by using closed-ended questionnaires does not entirely enable participants to express their understanding and opinions about teaching sexual health education. In this case participants cannot express their own unique views and opinions. Therefore, a qualitative research design will be used in the present study. An open-ended semi-structured interview is suitable and a convincing methodology for data collection for the current study. According to Rubin and Rubin (2012), in-depth qualitative interviewing allows for rich and detailed information and cannot be limited by agree or disagree answers, and yes or no responses. Therefore, open- ended questions are more applicable to obtain deeper views on the issue.

This research aims to explore teachers' opinions on implementation of sexual health education as the teacher-delivered sexual health education is yet to be implemented in the Kazakhstani school context. Therefore, this research has been designed as an exploratory qualitative research study in order to determine the nature of the problem. Exploratory research is not intended to provide conclusive evidence but helps researchers to have a better understanding of the problem (Saunders et al, 2009). Semi-structured interviews will be used as a research tool allowing me to be involved in face-to-face encounters with teachers enabling them feel comfortable to answer openly during the interview process. Moreover, individual interviews are very worthwhile for complex and controversial subjects.

The main characteristics of a qualitative approach have been described by Creswell (2007). Firstly, in qualitative methodology a researcher is the main instrument of data collection. It suggests

that all necessary data will be collected by the researcher personally. According to Creswell (2018), qualitative research is conducted when the issue as well as problem needs to be explored. Also, qualitative studies are employed for investigating complex and detailed issues. This requires having direct conversations with people in which they can share their stories. Moreover, qualitative research design allows for theory development in case some inadequate theories do not appropriately capture the complexity of the examined problem (Creswell, 2018). This is an essential quality of the holistic approach toward the investigated phenomena. As long as study is grounded on several understandings of the scrutinized phenomenon, it provides diverse points of investigation from different aspects, and maintains to illustrate the picture in its entirety. Getting a holistic view is possible through asking an opinion and talking with people who have connection to the examined issues.

Exploratory qualitative research is designed according to the benefits of qualitative research that have been described above. It was understood from analyzing the literature from the various sources that teachers often have the psychological barriers toward school-based sexual education due to the lack of complete understanding of the sexual health education concept (Mkumbo, 2012). Additionally, there is a paucity of literature on the teachers' perspective toward implementation of sexual health education in the Kazakhstani context. Hence, qualitative research methodology is applied to thereby focus on collecting teachers' deep insights for the current study on this given topic.

Qualitative research is often described in accordance with its aims which seek to explain certain features of social life, and use word generated methods in data analysis rather than numbers. Moreover, these methods are aimed at finding answers to the nature of phenomenon by asking the questions such as why, how and what (Cohen et al., 2007). Additionally, the given approach is an interpretive, in-depth investigative, subjective and open-ended in nature, and applies itself to the usual environment settings for participants. In terms of the current research context, all the above

features which belong to qualitative research are intended to assure that the given study is comprehensively completed and detailed as well as having made a valuable contribution.

Research Site

The current research has been conducted in a northern city of Kazakhstan in both Russian as well as Kazakh speaking schools. The current study involved a total of 9 biology teachers from 5 various schools. These schools were secondary Kazakh-Russian mixed schools where student numbers varied from 2000 to 3500 students. In addition, schools are located in new as well as old districts of the city.

Sample and Sample procedures

In qualitative research, the total numbers of interview respondents usually are not known in advance, since it changes during the study (Cresswell, 2014). Selection of interview participants can be made until saturation is reached when new information is no longer generated. Therefore, 9 biology teachers were chosen purposely for the current research. The purposive sampling was used to understand phenomena in detail, since the representatives are knowledgeable on the topic in this particular case, due to their professional roles (Cohen.,et al. 2007). The research was among only biology teachers since biology covered the topics of physiology, anatomy and reproductive system of humans and it was supposed that biology teachers are more suitable in case implementation of sexual health education in Kazakhstan schools. Hence, it was significant to do interviews with biology teachers who have possibly already encountered topics relating to sexual health in their teaching.

Data Collection Instrument

The semi-structured interview with open-ended questions was employed as the data collection instrument for the study. The semi-structured interview was chosen since it encourages a

participant to express their own thoughts on the investigated topic through the use of guided questions. Also, it is suitable for exploring perceptions and opinions of participants in related complex and sensitive issues that allows for examining more detailed information and getting response clarification. The given data collection tool allows the respondents to give specific information on the topic being investigated. Additionally, it provides an opportunity for the interviewer as well as the interviewee to clarify the question or answer in case they are uncertain (Cohen et al., 2006). Moreover, follow up questions or probing is allowed during open-ended semi-structured interviews (Creswell, 2014).

The interview protocol contains interview information and instructions, interview questions and space to take additional notes and reflections. The interview consisted of 19 questions which included basic introductory questions that help to explore the teachers' opinions about sexual health education in general. Also, the interview questions were designed deductively from general to specific.

The interview was done in a language and location convenient for participants and took no longer 30 minutes. Interview questions were drawn up in English in the beginning then it was translated into Kazakh as well as Russian languages. In order to get more detailed answers from respondents, the additional questions were asked.

Data Collection Procedures

The five different schools intentionally chosen were located in different districts of the city for the research. In order to recruit participants meetings were arranged with school principals beforehand to provide information about study purpose. All principals approached except one were eager to help and support this study, since it raised questions of an important social issue in Kazakhstan. However, one of the school principals stated that such problems are not related to their

school, since it is located in a new decent area where students and their parents are only focused on academic achievements.

As soon as the permission was obtained from school principals, then a meeting with teachers was set up in order to request their participation. Further the time and place of interview was arranged with the biology teachers who agreed to participate. Before the day of the interview, a call was made in advance to confirm the upcoming meeting with each biology teacher. Most of the participants chose to be interviewed at their school during the school break. Five out of nine teachers were from Kazakh speaking schools and four of them were representatives of Russian speaking schools. Due to the ethical consideration in order to provide anonymity, all respondents of the interview were given pseudonyms which were labeled as BT1, BT2 and etc. With the permission of the participants, all data was recorded as well as taking reflective notes throughout the interview process that could be referred to during the analysis.

The collected interview data was stored securely on a personal laptop which is password protected. All audio taped information was transcribed in written form with no personal information about interview respondents. The data collection process lasted approximately one month.

Data Analysis

The data analysis process followed the techniques described by Hubert J. Rubin and Irene S. Rubin (2015) and Saldana (2013). The recorded audio data were transcribed and translated in English. These translated transcriptions of the taped interview were summarized to highlight particular insights. After analyzing the transcribed data then began the manually decoding or reflecting on the data to determine the deeper meaning (Saldana, 2013). Then the encoding process was employed to label the text. During the multiple listening and reading the gathered data, certain words and phrases were repeated by participants in all interviews. In order to identify emerging themes refining the coding took place (Rubin & Rubin, 2012). Five distinct themes were revealed

after completing the actual process of data analysing. The manual thematic analysis of in-depth interviews transcriptions was completed through identifying common themes and meaningful quotes of respondents relating to the implementation of sexual health education in Kazakhstan secondary school context.

Summary

Qualitative research methods have been determined to best explore teachers' deep insights and perspectives toward the investigated phenomena. The process of data gathering throughout the semi-structured interview with open-ended questions was enabled to comprehend to what extent teachers are willing to deliver sexual health related information in the secondary classroom. Nine biology teachers from five schools were involved in a research interview. All recorded data were transcribed and translated for further analysis.

Chapter 4. Results

This qualitative research aimed to explore the teachers' perceptions toward teaching and implementation of sexual health education within the secondary school curriculum in Kazakhstan. Also, the current study aimed to discover the possible barriers of the school-based sexual health education in the local context. This chapter presents the key findings to the research questions:

"What are teachers' opinions towards including sexual health education in the school curriculum?"

"What are the challenges to including sexual health education in schools in Kazakhstan?"

"What topics do teachers think should be included in sexual health programs?"

It is worthy to highlight that the answers were homogeneous and there was no considerable dissimilarity between participants' viewpoints. The results of the study were derived from the nine in-depth semi-structured interviews. The interviews participants were biology teachers from 5 different Russian and Kazakh speaking schools in one Kazakhstan city. The results have been analyzed and are presented in this chapter. Five broad themes which emerged from analysis are presented in Table 1.

Table 1. Main themes from the analysis

Theme 1	Teachers' Background
Theme 2	Teachers' attitudes toward sexual health education
Theme 3	Parents' responsibility
Theme 4	Cultural barriers
Theme 5	Teachers' capacity building

However, despite the fact that themes are distinct, it is significant to note that every particular theme is inextricably intertwined within the discourse so that one topic flows out from the next one. The themes distinction has been done for the purpose of explaining and further clarifying the phenomenon that was investigated. Information derived from the participants and quotations are provided as evidence to illustrate the findings and conclusions. To keep the identity of participants confidential, the nine interviewees are identified by numeric codes.

Teachers' background

In total, nine teachers from both Kazakh as well as Russian speaking secondary schools were involved as respondents for the semi-structured interviews. Four of nine teachers were from Russian speaking schools and five from Kazakh speaking schools. Only one male teacher participated in the study. It was considered fundamental to interview Biology teachers since they cover the topic of the reproductive system of humans for 8th grade (15 yrs.), 9th grade (16 yrs.), and 10th (17 yrs.) graders. Each participant was privately interviewed in the language that they preferred. In order to keep the participants anonymous, each person has been assigned a numeric code. All participants had extensive years of experience (15-30 yrs.) in teaching biology (see Table 2). It was essential that every teacher's voice be heard in order to examine their professional experience and personal set of values.

Table 2 Information – Participant Information

Participant	TB1	TB 2	TB 3	TB 4	TB 5	TB 6	TB 7	TB 8	TB 9
Gender	F	F	M	F	F	F	F	F	F
Experience (years)	30	25	30	15	15	30	25	28	30
Language	K	K	K	K	R	R	K	R	R

The findings indicated that responses of both Russian speaking as well as Kazakh speaking schools do not vary from each other. Respondents' viewpoints from the two types of school were the same and did not indicate that Russian speaking school teachers were particularly different from Kazakh speaking ones or vice versa.

Most of the participants in this study shared the same opinion about the future implementation of sexual health education in the secondary school curriculum. Also, it was noticed that the common belief that teaching sexual health education might encourage young people to be sexually active is absent among participants in this research. However, there is a minor difference in teachers' responses about parents' attitudes toward teaching sexual health education at secondary schools between Russian as well as Kazakh speaking schools. Teachers from Russian speaking schools expressed the opinion that Russian parents are very open to speak about sex related topics with their children while Kazakh speaking parents have an adverse viewpoint about teaching sex related topics at schools. Therefore, parents from Russian speaking schools do not have negative attitudes toward teaching of sexual health education at secondary schools.

The research revealed the high level of necessity and importance of providing sexual health education among the respondents and identified socio-cultural barriers as the major underlying issues in it being enacted in this context. All interviewees confirmed that they do have a class hours where teachers try to touch upon sex related topics. These class hours are part of the educational delivery process, which is introduced as an extracurricular subject, and conducted with class curator twice in a year. It was found that in these class hours students' sexual health education questions are raised. However, these hours are more emphasized on the moral aspect of sexual upbringing rather than practical ones such as condom use or other types of birth control. This means even these extra-curricular hours do not provide students with reliable information related to sexual health issues and the fact that is only offered twice a year means that the hours devoted to it are insufficient .

Teachers' attitudes toward sexual health education

It must be mentioned that all respondents clearly highlighted the importance of sexual health education in students' lives. Students have to be correctly informed and receive relevant knowledge about sex related risks in order to make informed decisions. Therefore, all participants are

supportive and have positive attitudes toward the provision of sexual health education at school as this is a subject that many families are uncomfortable speaking about with their child and for this reason it may be ignored.

> **TB 3**: *Perhaps students have to be educated at school about sexual health education since their parents do not pay enough attention to it. However, I don't know how it should be. Some parents may be against and disagree with their children getting sex related information at school.*

> **TB 5***: I am completely in support of teaching students about sexual health at schools. Not all students are nurtured in the whole family. Half of my students are growing up without one parent, and schools should be the first sources of getting quality information.*

Others spoke of the need to teach sexual health education so as to clarify misinformation that students may get from internet sources that in addition to being wrong can also be dangerous.

> **TB 2:** *I think almost all students know what the sex is. There is a lot of information on the Internet in open access. Sexual health education should be taught for the reason to avoid destructive information.*

> **TB 4:** *It is really important these days to be equipped with proper information about sexual health since it is not talked about openly. But it should not be so unusual since the information is there on the Internet.*

However, when participants were asked about their opinion on implementation of sexual health education as a single subject, five participants out of nine were against this idea.

> **TB 3:** *There is no need to implement sexual health education as a single subject, we just have to speak about sexual health education often in our class hours and involve the parents in this process.*

TB 8: *I do not think sexual health education should be implemented as a single subject. In my opinion, it is enough to realize it as optional courses*

A common view among interviewees was that the start of sexual health education should begin at the age of puberty starting (10-13 years or 6-7th grade) as most children already have some knowledge related to the sex.

TB 3: *Contemporary kids are developing more rapidly rather than those who were in my generation. Therefore, I think it will be good if the reproductive topics will be shifted to the 6-7 graders.*

TB 6: *Reproductive topics usually started in 8-9 grades, but I think by this age students almost all are informed about sex.*

TB 9*: I think sexual health education should be started when students come to be interested in sexual development at age 12-13 years.*

Respondents were asked to suggest their thoughts on decreasing rates of unintended pregnancy among school students. The majority answers thought there needed to be a return to the valeologiya subject which is focused on healthcare.

TB 1: *Once valeologiya was taught at schools, then, I do not know why it was cancelled. Maybe it should be included again in the curriculum.*

TB 5: *I think valeologiya should be implemented again as earlier, and the possible negative impacts of teen pregnancy and abortion should be explicitly explained.*

The subject of valeologiya was taught at Kazakhstani schools in the early 2000s. Valeology was a discipline about the knowledge of body health and a healthy lifestyle. However, it was cancelled due

to some reasons such as lack of a single concept of teaching and experienced teachers in content delivery.

Parents' responsibility

In response to the question: "Who is responsible to educate students about sexual health?" all study participants shared the same opinion. According to the findings, all participants think that educating children about sexual health education is the parent's responsibility. As the studies show (Kabatova, 2018), adults in traditional and conservative countries are reluctant to speak about issues related to sex due to its stigmatization in society. Hence, respondents think that explaining sex-related topics should be the parents' responsibility and they have to provide quality knowledge for a safe lifestyle of their children. This opinion was shared by several participants.

> **TB6***: .....parents' role is vital. Only parents are able to explain that stuff since teachers do not know what the atmosphere at home is*

> **TB 1**: *Parents should be responsible for their children's future and they have to speak openly about sex issues*

> **TB 8:** *It is not a secret that students are living a sexual life and cases of teen pregnancy are often. Parents have to be an active participant in their children's life.*

However, teachers also recognized that parents do not talk on sex related topics at home due to the conservative nature of Kazakhstan society. Therefore, they do understand students are in many cases limited to getting information from the Internet. Moreover, they claimed that free access to the internet is destructive for teens' understanding of sexual health issues.

> **TB 5:** *....yes it is difficult for parents to speak about sexual issues with their children. Even when I was a teen my mom did not explain about 'girls monthly' issues*

TB 9: *Even in days when the internet was lacking, we got information from our peers or older sisters. It was a shameful for me to ask sex related question from my mom. It was not accepted for us (Kazakh culture) to talk about sex related topics with parents.*

Moreover, all participants stated that they have never considered that sexual health education should be taught at school as a way to reduce some of the current social problems such a teen pregnancy. That is, respondents felt that education on sexual health topics should be the responsibility of parents.

TB 3: *As a father of three boys I am trying to explain about negative outcomes of irresponsible behavior*

TB 4: *I have never thought that sexual health issues can be solved by teaching sexual health at the school*

It was noticed that teachers have not considered or underestimated the impact of sexual health education on solving social problems and empowering students' behavior. Therefore, they have an opinion that speaking on sex- related topics is parental duty.

TB 7: *…initial information about sexual health should be set in the family and the role of school is to complete that information in a proper way. Parents and school have to work in collaboration, but parents' role is essential*

Respondents were asked to suggest other reasons for the reported gradually escalated tendency of teen pregnancy and high rates of STIs among students. A repeated opinion amongst interviewees was that the fast pace of today's society and the fact both parents are working outside of the home, parents do not have the time to give enough attention to their children. Lack of parents' time to offer appropriate guidance means children are left on their own and will go to friends or the internet when they have questions.

TB 2: *…these days are different from our young days when people had different values. Nowadays parents do not pay enough attention to their children's nurturing. Young people spend a lot of time on the internet and get various information about everything from the internet without parents' control.*

TB 9: *All students have unlimited free access to the Internet via gadgets 24/7, and there is enough destructive information that encourages them to an early sexual life. Also, parents do not control the content that their children have consumed.*

A common view amongst interviewees from Kazakh speaking schools was that teaching sexual health education at school will be problematic due to the conservative nature of the parents. They expressed the opinion that one of the possible reasons why sexual health education is not implemented yet in secondary schools in Kazakhstan is due to the parents' opposition. Parents see this subject as taboo and are worried that talking about it will encourage their children to have sex.

TB 7: *Majority of parents are not ready to accept that such things will be discussed at schools.*

TB 3*: Parents think talking about sex will encourage their children to be active in such things or awaken their desire to search for information about sex.*

TB 2*: I had a case when parents complained about some topics in physiology. They said there is no point to teach them about such things at school.*

However, this opinion was different among participants from the Russian schools. Respondents expressed the opinion that Russian parents are very open to speak about sex related topics with their children. Their opinion regarding the reason why sexual health has not been implemented yet is that the issues associated with sexual health education is underestimated and not given much importance

by the government. The Kazakhstan government does not accept this as the problem that has to be solved strategically.

TB 9: *They (the government) have other more important problems as the country's economy*.

TB 8: *Russian parents exactly differ in this that they speak on this topic more openly, especially with girls.*

In addition, all respondents claim that without parental support of school education about sexual health, they are unable to thoroughly teach and discuss this topic. Before this issue can be moved forward, schools must work in collaboration with parents.

Cultural barriers

Another theme that emerged from the interviews was cultural barriers. It was revealed the main obstacle to teaching sexual health education is a cultural-related psychological barrier. When the participants were asked about the most difficult topic in the human reproductive system chapter to explain for them, the majority commented that they feel uncomfortable to deal with the demonstrative explanation of sexual development and reproductive health. Although, they are teachers, they are also Kazakh and have grown up in this society so they also have cultural viewpoints that may be impossible to overcome. This is a topic most are still uncomfortable to discuss openly.

TB 1: *….for me personally difficult to explain explicitly the sex related topics of the lesson.*

TB 4: *…usually I give these topics as independent learning*

TB 6: *..... I am not sure that I am able to explain if they ask additional questions or explanations*

TB 9: *There are some difficulties for me to explain explicitly about physiology development of humans since usually students start giggling*

Just over half of those who answered this question reported that students also feel discomfort during the lesson as this is still considered a taboo subject. The discomfort experienced by both teachers and students is probably a barrier to open conversation on certain topics.

TB 8: *I noticed that some students are embarrassed to ask questions, especially students from Kazakh classes.*

TB7: *In my lessons I usually notice that students are ashamed to ask additional questions since my age I think.*

TB 5: *In my reproductive lesson I use a lot of demonstrative materials but I notice some students especially girls feel uncomfortable with this.*

The terms such as tradition, our mentality, the Kazakh society and shame have been often used by participants in order to express their discomfort about delivering the sex related topics in the biology lesson. Getting beyond cultural beliefs that have been engrained since childhood is challenging in providing an open conversation on this topic within the classroom. Moreover, during the interview teachers did not confidently use some biological terms related to the sex. They often replaced these terms such as "these things", "girls' issue" and others. That is to say, teachers are very uncomfortable to pronounce even scientific terms related to the reproductive topics that students need to know.

Teachers' capacity building

The answer to the question that has been asked from participants about teachers needing additional skills in order to teach sexual health education at schools was discussed. The overall

response to this question was very positive. All respondents of this question answered that they would welcome the chance to be better trained on this topic.

> **TB 3**: *I think teachers have to get a course at a pedagogical university that covers child development psychology.*

> **TB 2:** *Of course, now I am unable to deliver sexual health education at school since I am not a specialist in it. I cannot explain more than the biological aspect of anatomy since I have no qualification.*

Respondents were asked whether they are ready to teach sexual health education in their schools if it were to be provided. All participants refused to teach sex-related topics since additional professional knowledge and skills are absent. Obviously, teachers' capacity building has an enormous impact on their professional ability as well as self-confidence to handle specific situations related to the teaching process. Due to the lack of professional development on teaching sex-related topics, respondents in this study all unwilling to have an active involvement in the realization of sexual health education in their schools.

> **TB 1:** *I do not think that I can teach this subject. I think young teachers who are more specialized are ready to teach it.*

> **TB 8:** *Definitely only highly qualified specialists should be teaching sexual health education for students. I am not aware of some specific aspects of this question. I think psychologists and nurses should teach since they can approach medicine as well as psychological aspects of the topic.*

Summary

In conclusion, all respondents were very supportive and agreed that students need to receive quality sexual health education within the school environment. However, respondents mentioned it

should not be implemented as a separate subject, and Valeologiya should be returned as the main subject which focuses on health education in general. Several reasons, such as uncontrolled internet searching and lack of active parental involvement in the process of nurturing contribute to students making incorrect decisions about their sexual life. As the study revealed, teachers have the common opinion that educating about sexual health education foremost is the parental obligations rather than school. Although, they have an opinion that most parents do not speak openly with their children which forces them to search for information on the Internet. "Kazakh culture", "tradition", "shame" and others were expressions often used by participants in order to explain the main obstacles of sexual health education in Kazakhstan. Also, participants are all in agreement in their opinion about the necessity of a special qualification for sexual health education teachers. According to them, unqualified teachers are unable to teach the students such a sensitive topic at schools. The essential barrier that they faced in delivering the topics around sexuality and reproduction is the local mentality and perceived shame among students as well as teachers. Taken together, these results suggest that there is an association between teachers' conception of sexual health education due to the Kazakh culture as well as their own lack of professional development. There is a misconception regarding sexual health education due to the lack of professional skills and the knowledge of what sexual health education should include. The cultural-based psychological barrier for teachers in this context and a general lack of understanding of how providing a detailed and developed program for sexual heath would help overcome some of the current social issues among Kazakhstani youth.

Chapter 5. Discussion

The previous chapters of the current paper presented the theoretical foundations, described the methodological approach and presented the findings of this study. The findings, which were presented in the previous chapter, were revealed through semi-structured interviews with teachers on exploring teachers' perception about the implementation of sexual health education in Kazakhstan within the secondary school curriculum. The present chapter discusses emerging themes in the Findings chapter and connects them with the theoretical framework and other literature. The discussion of the current research was framed within the theory of social constructivism and self-efficacy theory. Also, this chapter discusses data findings that were synthesized and compared with the previous studies presented in the literature review.

The discussion is divided into three sections. The first section focuses on teachers' general viewpoint about inclusion of sexual health education in secondary school curriculum in Kazakhstan. The second section focuses on cultural-based obstacles in the society, and the last one highlight teachers' self-efficacy and capacity building.

Framework

The theory of social constructivism was extensively discussed and written on by Vygotsky. According to Vygotsky (1986), individuals and their living environment are tightly connected. Besides, this link is fundamental in terms of construction and transfer of knowledge. Hence, learning occurs as the result of the social construction of knowledge which is the consequence of interrelated engagement between an individual and society. Social constructivism theory explains how teachers' knowledge and perception has been constructed and is applicable to explore the phenomenon of

teachers' attitudes toward sexual health education within the school curriculum. Indeed, when individuals' perception mostly depends on their culture and social context, social constructivism theory appropriately fits with the investigation of sexual health education concept while at the same time contradicting with the traditional context of Kazakhstan. In addition, self- efficacy theory was applied to explain teachers' unwillingness to teach sexual health education in Kazakhstan. This theory is applicable to understand the reasons for teachers reluctance to deliver the sex-related topics such as lack of knowledge, skills and thereby confidence to overcome culture-based barriers.

Teachers' perceptions

The results of this research suggest that teachers' positive attitudes toward the inclusion of sexual health education are connected with their awareness of social problems among adolescents in Kazakhstan. Also, they recognize that lack of credible and relevant information from both teachers as well as parents force students search for information from internet thereby jeopardizing them with sometimes destructive sex-related information.

Teachers' self-efficacy closely interconnected with their constructed knowledge about sex, as was explained in social constructivist theory. At the beginning of the data collection process, the majority of participants were reluctant to answer the questions about sexual health education and displayed disinterest in this topic. This is because education in Kazakhstan is more focused on students' academic achievements rather than developing social life skills of students such as improving decision-making about health. Therefore, it is accepted that teachers do not play the central role of students' life beyond what is considered academic subjects. However, as the interview progressed, it was observed that respondents gradually shifted their viewpoints and delivered deep and valuable insights since they acknowledged the importance of this current issue in Kazakhstani society, which needs more attention. In this research all participants indicated they are very positive toward inclusion sexual health education into school curriculum. They recognized the social

responsibility in terms of addressing teenage sex related issues which can be connected with lack of appropriate information and knowledge (Shegesha, 2015). Therefore, as the interview progressed teachers firmly agreed with the idea of teaching and learning about sexual health issues within the school curriculum. Schools play an exceptional role in influencing the students' development of a healthy lifestyle, and inclusion of sexual health education into schools with involvement of medical specialists has the ability to cause behavioral change which leads to maintaining lifelong health (Milton, 2003).

Since sexual health education is not taught in Kazakhstani schools it is necessary to highlight the importance of providing sex related education in terms of human rights as well as education. It has been scrutinized that school-based sexual health education is mostly influenced by teachers' attitudes toward teaching it (Shegesha, 2015). The essential quality of effective school-based sexual health education mainly depends on teachers' willingness to teach positive attitudes toward it (Kirby et al., 2005). Different studies which have been conducted in different countries show that teachers are very supportive toward teaching and learning information related to sexual health issues. However, they also expressed some difficulties in delivering the materials connected with what are seen as more sensitive topics such as masturbation, condom use, sexual orientation, abortion and contraception (Shegesha, 2015).

Another study which confirmed the findings of this research revealed that teachers' negative attitudes toward teaching the sex-related materials are due to a lack of a real and tangible program for implementation. Since teachers do not have a common educational program they are encouraged to prepare their own program without guidance, which is time consuming and then may miss important topics. Also, the lack of special training leads to teachers' confusion and discomfort, and they fear uncertainty if they go too far in delivering the materials (Christman, 2014). According to the Geuten (2009), teachers are dissatisfied with teaching actual sexual health education at their school for the reason of knowledge and skills absence. They state that they trained insufficiently.

Indeed, teachers of this study are very supportive of sexual health education for the young generation and claim the need to start speaking about sex-related issues since they acknowledge the significance of the escalated problems among the young generation. However, they are unconfident whether they are able to overcome their own culture-based barriers in order to deliver specific topics in sexual health education. Therefore, participants are unwilling to be accountable for sexual health education for the young generation, and claim that parents must take responsibility and have a more active involvement in their children's life.

In this country, there is an avoidance of an open conversation on sexual health-related topics between parents and students, it is taboo, and it is not accepted to openly ask about sex related issues (Kabatova, 2018). According to Kabatova (2018), majority of parents in Kazakhstan are reluctant to speak openly with their children on the sex related topic due to the culture issues. Also, she claimed another reason for their reluctance is that parents do not know how to talk with children appropriately since they were not educated about sexual health as well. Hence, it causes students to be at risk from getting wrong and unreliable information from their peers or internet resources.

Teachers in this research were concerned that teaching sex-related topics at schools may be challenged by negative viewpoints coming from parents. It has been argued in other studies that parents seem to worry when their children ask sex-related questions. Hence, they express disagreement about promoting sexual health education in schools (Geuten, 2009). Consequently, these kinds of parents complain and are against schools offering this subject which may be a reason why teachers are not eager to teach or deliver information related to sex issues. As the results of other studies show, parents against teaching sexuality education since it may touch upon the issues related to the homosexuality which some still believe promotes immorality (Geuten, 2009).

Culture-based Barriers

It was revealed that local culture plays a central role in constructing dominant social rules about sexual life. Kazakh culture is deeply interrelated with Islamic morality and deeply ingrained cultural values. Having sex and giving birth out of marriage is prohibited and considered as a shame according to the religion of Islam. Therefore, any sex-related problems cannot be discussed in the traditional Kazakh family due to the deeply rooted social norms. However, culture needs to evolve and contemporary Kazakhstan is facing many social problems related to a lack of sexual health knowledge among teens. Adults do not know how to deal with these problems due to its sensitivity in the given context. It contributes to the community continuing to ignore sex-related difficulties and not openly discussing sexual health issues.

There is a dilemma in the implementation of sexual health education in Kazakhstan between modern social problems among adolescents and the traditional mindset of the population. Due to the moralistic treatment of sex-related issues in society which fostered a conspiracy of silence, there is a commonly accepted wrong and scientifically unproven assumption that providing sexual health education will encourage adolescents to become promiscuous (Shuby, 2004). It was also found that this is the same reason stakeholders are against inclusion of sexual health education in Russia (Gevorgyan et al., 2011). Given this cultural mindset, the government does not even make an effort to openly discuss these issues in their daily schedule. Therefore, educational authorities' absence of commitment continues to ignore the fundamental rights of students to get quality health-related education by non-inclusion of the sexual health program in the school curriculum.

Respondents were corrected by the interviewer during the conversation process since they predominantly used the phrase "sexual health" in the context of "sexual relationships" (zhynystyq qatynas). This means the term "sex" (zhynys) in Kazakh language is deeply rooted with words such as "relationship" and "intercourse". Therefore, it assumed that the conception of sexual health

education for teachers is associated with teaching how to have sex. This means, teachers misinterpret sexual health education by suggesting it would be only about learning to have sexual intercourse. This misunderstanding of concepts due to the lack of special training, leads to their reluctance to teach it. Since intimate sexual relationship until marriage is forbidden within the socio-cultural orientation and it is considered that sex-related information is only for adults (Sabah, Boujemaa, Salah-Eddine, Taoufik, & Dominique, 2010). Therefore, it results in teachers having a disinterested attitude toward teaching a sexual health education program (Guskey, 2003) which is a contradiction to their agreeing it was a subject needed within the school curriculum.

The current social problems due to the adolescents' sexual illiteracy contribute to the critical need in breaking the silence about human sexuality education. Consequently, society and educators are faced with challenges on improving and overcoming socio-cultural barriers of school-based sexual health education programs.

Teachers' capacity-building

One of the main issues of sexual health education misconception among teachers is the lack of any understanding of sex-related topics due to the cultural values of society. Inclusion of a sexual health education program at secondary schools in Kazakhstan is not mandated. Consequently, pedagogical universities and teacher preparation programs do not require the addition of professional training for teachers in specific subject areas. That is to say, teachers in Kazakhstan have a very narrow understanding about sexual health education, and their knowledge is restricted only to biology subjects. Hence, teachers are unaware and have limited understanding of sexual health education concepts.

Indeed, in light of the social constructivism theory it is assumed that teachers' unwillingness to teach sexual health education is connected with their perceived self-efficacy. This means that teachers' knowledge about sex is based on socio-culture aspects and therefore negatively effects

their self-belief in teaching a taboo topic thereby decreasing their motivation and willingness to deliver this subject. Further, lack of sexual health education policy and underestimating the role of education in resolution of social problems at the state level highlights the dominance of cultural values in social norms which play an essential role in beliefs of teachers' self-efficacy.

Sexual health education at schools touches on contraception and preventive methods to avoid unpleasant results as a result of participating in a sexual relationship. According to the results of some scholars, sexual health education should be taught from a personal perspective rather than the scientific standpoint, and effectiveness of this program was indicated by decreasing the rates of STIs and pregnancy among adolescents (Reynolds, 2009) as cited in (Helmer et al, 2015). However, school-based sexual health education defined as "an age-appropriate, culturally relevant approach to teaching about sex and relationships by providing scientifically accurate, realistic, non-judgmental information' (UNESCO, 2009 p. 69), also implies a broader notion, and covers the issues of gender inequality, self-effectiveness, self-esteem, decision-making skills and healthy relationships. The results of research found that the sexual health education program for adolescents is often "clinical, didactic and unengaging, and are missing in relevant content" (Helmer et al., 2015). Helmer et al.(2015) stated that adolescents are interested in getting knowledge about first sexual experience and condom-use discussion in order to negotiate healthy relationships. Therefore, it is significant to pay attention to young people's wishes and address their needs. Making sexual health education priority for teens may positively affect their attitudes and empower them in making decisions about sex-related issues.

A misunderstanding of the sexual health education among school teachers was found in the current study. As the results show, the understanding of conception of sexual health education among teachers was limited to physiology development and the human reproductive system. The central issue of teaching sexual health education is lack of professional development training and the availability of prepared materials about school-based sexual health education. It is worth

highlighting that while teachers are supportive toward implementation of sexual health education at schools, they oppose teaching it themselves due to a lack or specific training and their own ingrained cultural views.

During the interview it was also found that topics of contraception as well as STI issues are not discussed thoroughly with students at the school throughout biology subject as well as during additional class hours. Consequently, students only received a basic awareness about preventive methods of unwanted pregnancy and diseases that can be a consequence of unprotected sex. One of the issues that emerge from these findings is that teachers are struggling with delivering the sex-related information within the biology subject, and they need professional development to empower skills and improve self-efficacy in addressing these issues (Haruna, Hu & Chu, 2018).

As it argued throughout this thesis, providing the sexual health education within the school curriculum is the fundamental opportunity to ensure students to receive the relevant sex-related knowledge, gain decision-making skills, and form the positive attitudes for a healthy life in terms of sexual health. Nevertheless, in order to make this achievable it is a significant to ensure teachers, who are the primary delivers of information related to the sex, have the comprehensive knowledge and skills.

Gender and education scholars claim that it is worthwhile to highlight the importance of special professional development training in teaching sexual health education for the reason "sexuality is a topic that is surrounded by taboos, cultural and moral values, and that is difficult for the majority of teachers to address" (Kasonde, 2013). Indeed, special professional development training helps teachers to overcome the barriers. For example, research found that teachers who have trained in sexual health education deliver more information related to the sex rather than their non-trained colleagues (Martínez et al., 2012). As Wight and Buston (2003) stated that special professional training increased teachers' knowledge about sexual health education content, improved

their practice in employing the educational material, enabling them to gain the methodological skills which strengthen their self-belief thereby implementing the sexual health education successfully. It can be clearly seen from the study that teachers' special development training is central to empower teachers' self-efficacy.

According to the Methews et al., (2006), there is a connection between teachers' sense of self-efficacy and execution of HIV/AIDS education. For instance, teachers with high self-efficacy implement HIV/AIDS education as they feel sure it is an effective way to impact adolescents' behaviors. Namely, teachers feel success when they are able to speak on sexual health topics openly, involve the students in the content through participation in the learning process (Mathews et al. 2006).

According to the another study, teachers described the qualities of the most effective teachers as "being non-judgmental; being trustworthy; being open and honest; being a good listener; having a sense of humor; establishing relationships/having rapport with the students; being comfortable with your own sexuality; respecting students' rights to choices/decisions; being flexible" (Milton, 2003 p.179). That is to say, teachers who feel the high sense of self-efficacy are likely to realize sexual health education when they possess the above-mentioned characteristics in themselves. Consequently, it was suggested that sexual health education teachers should receive professional development training, so that these specific training would "ensure that teachers will have the desired qualities" which enables them to introduce sexual health education effectively (Milton, 2003 p.184). As the results of this study show, teachers have low self- efficacy since they do not have professional development training.

The response to the research questions have been discussed in this chapter. This chapter is divided into three sections that emerged from the results of this study. It was found that teachers are very supportive; however, due to the lack of capacity building in sexual health education, they are

not welcome to teach it. The socio-cultural values are identified as the main barrier to introducing school-based sexual health education in Kazakhstan.

Chapter 6. Conclusion

The current research aimed to explore the teachers' perceptions about whether school-based sexual health education should be provided within the curriculum. It also investigated what are the main barriers of the inclusion of sexual health education in the Kazakhstani secondary school curriculum. The study was conducted among teachers in one urban region in Kazakhstan. Recommendation for policy and practice as well as for future research, summary of findings and the limitations of the research are described in this chapter.

This study has been guided by the following research questions:

Main question:

What are teachers' opinions towards including sexual health education in the school curriculum?

Sub-questions:

What are the challenges to including sexual health education in schools in Kazakhstan?

What topics do teachers think should be included in sexual health programs?

Taking into account the results of the current research several conclusions can be drawn. Teachers demonstrate very supportive attitudes and positively accept the idea of implementation of sexual health education at schools. However, all participants refused to teach school- based sexual health education, if it will be implemented. They argued that teaching such a sensitive subject requires additional qualification. Since they do not have a special professional training, they are not confident to teach a subject with such controversial content in the local context.

The research revealed that the main obstacle of effective implementation of school-based sexual health education is connected to the culture. Also, it was revealed that sexual health education may be challenged due to parents' negative attitudes toward it. Hence, teachers contend that delivering the information of sexual health issues is primarily parents' duty and responsibility. Moreover, it was uncovered that teachers feel uncomfortable with the idea of delivering information related to the reproductive development of humans within the biology subjects, or other social aspects considered part of sexual health education. Therefore, it was assumed that in the line of social constructivist viewpoint teachers constructed knowledge about sexual health education is based on socio-cultural values which are conservative with sexual health issues often stigmatized. Due to this culture-based taboo, they do not feel free to and are uncomfortable to talk openly about scientific terms related to reproductive biology or questions related to developing healthy relationships. Respondents also claimed that they notice embarrassment or discomfort from students

during the explanation of sex-related information. However, this could be due to students' picking up on teachers' discomfort with the topic.

All respondents agreed the topics of human physiology should be taught in sexual health education if it were to be implemented. Therefore, the assumption can be made that teachers do not have a clear understanding what the concept of sexual health education is in general. Sexual health education is not mandated in school curriculum thus teachers are not trained or do not have special professional development. Absence of additional professional training is the reason why teachers have misconceptions about sexual health education. The inclusion of sexual health education into school curriculum is considered as an effective way to solve the social problems such as high rates of STIs and unwanted pregnancy among teens.

Limitations of the study

The current research is limited by several factors. First of all, this study was conducted in an urban area which is located in the North region of Kazakhstan. This region in Kazakhstan is not considered as traditional as the South part where it is more densely Kazakh in its population. Also, the city where research has been conducted is not a majority of the population. Secondly, this study has a small sample size, limited around the teachers from five schools. That is to say the given sample size cannot be generalized to the whole country. Thirdly, this study also limited by social desirability of teachers since they may not answer completely honestly to the more sensitive questions

Recommendations

Policy and Practice

Based on the literature, it is found that school-based sexual health education plays an essential role in decreasing the social issues such as teen pregnancy and HIV among young people.

These problems are due to the sexual health illiteracy among adolescents. Therefore, teaching sexual health education should be made compulsory and effective thereby providing adolescents their rights to receive the quality information on sex-related issues. Determined attempts also should be made to improve professional training programs for teachers and develop the educational materials with sufficient contents in sexual health education. Even biology teachers need additional training in order to overcome some socio-psychological barriers in teaching human reproductive development within the biology subject. It is significant to take into account local characteristics of cultural values, since comprehensive sexual education is considered as a culture-oriented approach (UNESCO, 2018). Also, stakeholders should provide a friendly environment and encourage involvement and partnership of the community and health specialists to build the dialogue around the implementation of school-based sexual health education.

It is important to create a national policy of sexual health education in Kazakhstan. This would help raise the awareness of cause and negative consequences of sex-related risks and negative impact of irresponsible behavior for both the individual as well as the economic impact on society. Moreover, these acts toward development of policy and practice will provide young people with the necessary information for the right decision-making about relationships and a healthy lifestyle. Schools are the places where the students spend the majority of their time, and it should provide a safe environment for the students' proper development. Therefore, to address the students' developmental needs comprehensive policies are required so this becomes a natural part of students' learning.

Future Research

Having analyzed the findings of the present study, some recommendations for future study have emerged in order to further the understanding of the sexual health education realization in Kazakhstani secondary schools. Since results have revealed possible parents' disagreement with

inclusion of sexual health education in school programs, it is significant to conduct this research among parents. Due to the small sample size of study it is also recommended to carry out quantitative research to gather data from a larger number of respondents. Also, there is a suggestion to conduct the study among both parents as well as teachers in rural regions through the mixed methods in order to obtain more extensive findings.

What have I learned?

While completing this research project, I realize the importance of topics that determine the education role in resolving social problems. This study proves that sexual health issues among students' should no longer be silenced in Kazakhstan. It is a time to break the silence and start to talk about sex-related issues among the young generation, and to take the responsibility to start solving these issues. Also, it is significant that we recognize sexual health education as a part of inclusive education which helps us to shift to the issues of gender in education and the whole society.

An academic journey throughout the year allowed me to apply my theoretical knowledge in practice. I find myself a more confident researcher than at the beginning of the thesis. Doing this research was challenging for me due to the lockdown pandemic circumstances at the end of the thesis. However, these occasions were the trigger for growth and evolution as a professional researcher. Also, it was a test of how I enhance my academic skills such as critical evaluation of various sources, analyzing the issue and synthesizing them into findings. I also improved the skills on how to assess the methodology, support statements with a strong argument and contradict other opinions. It is worth highlighting that during this research, I also enhanced the life-long skills such as time-management, task delegation and prioritizing them which helped to proactively approach and apply any project.

References:

Appalsamy, S. (2015). Educators' Experiences of Teaching Sexuality Education in the FET Phase (Doctoral dissertation, University of KwaZulu-Natal, Edgewood).

Anaadumba, H. Z. (2017). Assessing the training of teachers on sex education in the Gumani (Unpublished Doctoral dissertation. University for development studies, Tamale).

Bhattacherjee, A. (2012). Social science research: Principles, methods, and practices. Florida, USA

Bell, K. J. (2009). Wake up and smell the condoms: An analysis of sex education programs in the United States, the Netherlands, Sweden, Australia, France, and Germany. *Inquiries Journal*, *1*(11).Retrieved from http://www.inquiriesjournal.com/a?id=40

Boonstra, H. D. (2015). Advancing Sexuality Education in Developing Countries. *Evidence-based approaches to sexuality education: A global perspective*, 346. Retrieved from: https://books.google.kz/books?id=uPyPCgAAQBAJ&pg=PA110&dq=Boonstra,+D.+(2015).+Advancing+sexuality+education+in+developing+countries:+evidence+and+implications.+Evidencebased+Approaches+to+Sexuality+Education:+A+Global+Perspective,+180.&hl=ru&sa=X&ved=0ahUKEwi_lMjwxdfkAhWNlosKHfi6Bs0Q6AEIKzAA#v=onepage&q=Boonstra%2C%20D.

%20(2015).%20Advancing%20sexuality%20education%20in%20developing%20countries%3A%20evidence%20and%20implications.%20Evidence-based%20Approaches%20to%20Sexuality%20Education%3A%20A%20Global%20Perspective%2C%20180.&f=false

Boghossian, P. A. (2007). What is Social construction? Retrieved from http://philosophy.fas.nyu.edu/docs/IO/1153/socialconstruction.pdf

Brewer, G., Brown, M. B., & Migdal, M. J. (2007). The importance of appropriate sexuality education. *Center for Inquiry, 1*. Retrieved from: https://www.centerforinquiry.net/uploads/attachments/appropriate-sexuality-education.pdf

Buston, K., Wight, D., Hart, G., & Scott, S. (2002). Implementation of a teacher-delivered sex education programme: Obstacles and facilitating factors. *Health Education Research, 17*, 59-72.

Che, F. S. (2005). A study of the implementation of sex education in Hong Kong secondary schools. *Sex Education, 5*(3), 281-294. https://doi.org/10.1080/14681810500171458

Christman, R. (2014). Teachers' Perception of Sexualities Education: A Study of Secondary School Teachers in Montreal (Unpublished Doctoral dissertation, McGill University Libraries).

Creswell, J.W (2014). *Qualitative inquiry and Research Design; Choosing among Five Approaches, 3rd* edition, London: Sage.

Cohen, L., Manion, L., & Morrison, K. (2007). *Research Methods in Education (5th Edition)*. New York: Routledge Falmer

Cohen, J. N., Sears, B., & Weaver, A. D. (2004). Sexual health education: Attitudes, knowledge and comfort of teachers in New Brunswick schools. *The Canadian Journal of Human Sexuality, 13*, 1-15.

Cornblatt, J. A. (2009). Brief history of sex education in America. Newsweek. Retrieved from: http://www.newsweek.com/brief-history-sex-ed-america-81001

Csincsak, M., De Bourdeaudhuij, I., & Van Oost, P. (1994). School-based sex education in Flanders: problems, barriers and perceived needs for future practice. *Health Education Research, 9*, 473-483. http://dx.doi.org/10.1093/her/9.4.473

Christensen, L. B., Johnson, R. B., & Turner, L. A. (2012). *Research methods: Design and analysis.* California: SAGE.

Cyprus Family Planning Association, (2015). *Comprehensive sexuality education material available in Cyprus, Norway and Europe*. Nicosia: Cyprus.

Diamond, M., & Beh, H. G. (2008). Abstinence-only sex education: potential developmental effects. *Human_ontogenetics: an international journal of interdisciplinary developmental research, 2*(3), 87-91.Retrieved from: https://onlinelibrary.wiley.com/doi/full/10.1002/huon.200800018

Domingu, E. (2018). Implications of Sexual Health Education Learning & Teaching in Namibian Educational Curriculum: Natural Sciences and Life skills Teachers Perceptions (Unpublished master's thesis). *University of Eastern Finland School of Applied Educational Science and Teacher Education.*

European Expert Group on Sexuality Education, (2016). Sexuality education – What is it?, *Sex Education* (*16)*4, 427-431, DOI: 10.1080/14681811.2015.1100599

Francis, D. A. (2014). Teacher Perspectives on Abstinence and Safe Sex Education in South Africa. *Sex Education: Sexuality, Society and Learning*, 14(1), pp. 81-94.

Feiman-Nemser, S. (2001). From preparation to practice: Designing a continuum to strengthen and sustain teaching. *Teachers' College Record, 103*(6), 1013-1055. Retrieved from http://bir.brandeis.edu/bitstream/handle/10192/33196/From%20Preparation%20to%20Practice-Feiman-Nemser-2.pdf?sequence=6&isAllowed=y

Gabriel, R., Day, J. P., & Allington, R. (2011). Exemplary teacher voices on their own development. Phi Delta Kappan, 92(8), 37-41. Retrieved from https://www.researchgate.net/profile/Rachael_Gabriel/publication/261738586_Exemplary_Teacher_Voices_on_Their_Own_Development/links/55021d7a0cf24cee39fb2ac9/Exemplary-Teacher-Voices-on-Their-Own-Development.pdf

Garet, M. S., Porter, A. C., Desimone, L., Birman, B. F., & Yoon, K. S. (2001). What makes professional development effective? Results from a national sample of teachers. *American educational research journal*, *38*(4), 915-945. Retrieved from http://www.artsintegrationpd.org/wp-content/uploads/2017/07/What-makes-PD-effective-Garet_et_al.pdf

Geuten, J., Shyyan, O., Slyvka, Y. & Brinkman, F (2009). Teachers' conceptions about sexual health education in Ukraine. Conference paper. August 2009. Retrieved from https://www.researchgate.net/publication/238108457_Teachers'_conceptions_about_sexual_health_education_in_Ukraine

Gevorgyan, R., Schmidt, E., Wall, M., Garnett, G., Atun, R., Maksimova, S., ... & Renton, A. (2011). Does Russia need sex education? The views of stakeholders in three Russian regions. *Sex Education*, *11*(02), 213-226.

Grossman, J. M., Tracy, A. J., Charmaraman, L., Ceder, I., & Erkut, S. (2014). Protective effects of middle school comprehensive sex education with family involvement. *Journal of School Health*, *84*(11), 739-747.

Guskey, T. R. (2003). "What Makes Professional Development Effective?". *Phi Delta Kappan*, 748-750

Haruna, H., Hu, X. & Chu, S (2018). Adolescent School-Based Sexual Health Education and Training: A Literature Review on Teaching and Learning Strategies. *Global Journal of Health Science*, *10*(3). doi:10.5539/gjhs.v10n3p172

Howell, M. (2001). The future of sexuality education: Science or politics. *Transitions*, *12*(3), 1-17. Retrieved from https://www.advocatesforyouth.org/wpcontent/uploads/storage//advfy/documents/transitions1203.pdf

Huber, V. (2009). *A historical analysis of public school sex education in America since* 1900. Retrieved from: https://digitalcommons.cedarville.edu/education_theses/21/

International Planned Parenthood Federation, University of Lund and WHO Regional Office for Europe. (2006). *Sexuality Education in Europe – A Reference Guide to Policies and Practices. The SAFE-Project*. London: IPPF.

Helmer, J., Senior, K., Davison, B., & Vodic, A. (2015). Improving sexual health for young people: Making sexuality education a priority. *Sex Education*, *15*(2), 158-171.

Kabatova, K (20018, January 29). Overcoming a Taboo: Normalizing Sexuality Education in Kazakhstan. *Central Asia Program.* Retrieved from http://centralasiaprogram.org/publications

Kasonde, M (2013). *Perception of teachers to sexuality education in secondary schools in Gaborone, Botswana (*Unpublished master thesis). Stellenbosch University, Western Cape, South Africa.

Ketting, E., & Ivanova, O. (2018). Sexuality Education in Europe and Central Asia: State of the Art and Recent Developments. *Federal Centre for Health Education, BZgA and the International Planned Parenthood Federation European Network, IPPF.*

Kirby, D., & Laris, B. A. (2009). Effective curriculum-based sex and STD/HIV education programs for adolescents. *Child Development Perspectives*, *3*(1), 21-29.

Koklemina, D. (n.d). Problema socialno-pedagogicheskogo sopravajdeniya polovogo vospitaniya podrostkov. Retrived from http://repository.nkzu.kz/6998/1/%D0%A1%D1%82%D0%B0%D1%82%D1%8C%D1%8F%20%2819%29.pdf

Kohler, P. K., Manhart, L. E., & Lafferty, W. E. (2008). Abstinence-Only and Comprehensive Sex Education and the Initiation of Sexual Activity and Teen Pregnancy. *Journal of Adolescent Health*, *42*(4), 344-351. https://doi.org/10.1016/j.jadohealth.2007.08.026

Marinin, S & Kabatova, K (2018). Polovoe prosveshenie v sisteme shkolnogo obrazovaniya Respubliki Kazakhstan: Uchit nelzya, molchat'?. Soros- Kazakhstan Fund, Almaty. Retrieved from http://nur.nu.edu.kz/handle/123456789/4008

Martínez, J.L., Carcedo, R.J., Fuertes, A., Vicario-Molina, I., Fernández-Fuertes, A.A. & Orgaz, B., (2012). Sex education in Spain: teachers' views of obstacles. *Sex Education, 12*(4), 425-436.

Mathews, C., Boon, H., Flisher, A. J., & Schaalma, H. P. (2006). Factors associated with teachers' implementation of HIV/AIDS education in secondary schools in Cape Town, South Africa. *AIDS Care*, 18, 388-397.

Mellanby, A. R., Newcombe, R. G., Rees, J., & Tripp, J. H. (2001). A comparative study of peer-led and adult-led school sex education. *Health Education Research, 16*(4), 481-492. https://doi.org/10.1093/her/16.4.481

Milton, J. (2003) Primary school sex education programmes: views and experiences

of teachers in four primary schools in Sydney, Australia. *Sex Education, 3,*

241-256.

Ministry of Justice (2001). O Koncepcii po nravstvennoe-polovomu vospitanie v Respublike Kazakhstan. Government Resolution of the Republic of Kazakhstan. Retrieved from http://adilet.zan.kz/rus/docs/P010001500_

Mkumbo, K (2012). Teacher's attitudes towards and comfort about teaching school-based sexuality education in urban and rural Tanzania. *Global Journal of Health.15(3)*

Mlyakado, B. P. (2013). Attitudes and Views of Teachers Towards Students ' Sexual Relationships in Secondary Schools in Tanzania, *4*(1), 232-241.

Mueller, T. E., Gavin, L. E., & Kulkarni, A. (2008). The Association Between Sex Education and Youth's Engagement in Sexual Intercourse, Age at First Intercourse, and Birth Control Use at First Sex. *Journal of Adolescent Health*, *42*(1), 89-96. https://doi.org/10.1016/j.jadohealth.2007.08.002

Naezer, M., Rommes, E., & Jansen, W. (2017). Empowerment through sex education? Rethinking paradoxical policies. Sex education, 17(6), 712-728.

Nchia, L. N., Fonkeng, G. E., Joseph, L. T., & Clement T, P. (2013). Teachers' Conceptions and Obstacles to Sex Education in Primary and Secondary Schools in Cameroon. *International Journal of Science and Research 4*(1)

Oetting, E. R., & Donnermeyer, J. F. (1998). Primary socialization theory: The etiology of drug use and deviance. I. Substance Use and Misuse, 33, 995-1026.

Oshi D, Nakalema. S & Oshi L (2005). Cultural and social aspects of HIV/AIDS sex education in secondary schools in Nigeria. *Journal of Biosocial Science*. 37(2), 175–183

Paulussen, T., Kok, G., & Schaalma, H. (1994). Antecedents to adoption of classroom-based AIDS education in secondary schools. *Health Education Research: Theory & Practice*, 9, 485-496.

Peter, H. (2013). Assessment of knowledge on reproductive health among adolescents attending secondary schools in Moshi Municipality of Kilimanjaro, Tanzania. *Masters Thesis*. The Open University of Tanzania.

Ponzetti, J. J. (2016). *Evidence-based Approaches to Sexuality Education: A Global Perspective*. (J. J. Ponzetti,Ed.). New York: Routledge: Taylor & Francis Group.

Rubin, H. J., & Rubin, I. S. (2012). *Qualitative Interviewing: The art of hearing the data* (3rd ed.). Thousand Oaks, CA: Sage.

Saldana. J. (2013). *The coding manual for qualitative researchers.* Thousand Oaks, CA: Sage

Santelli, J., Ott, M. A., Lyon, M., Rogers, J., Summers, D., & Schleifer, R. (2006). Abstinence and abstinence-only education: A review of US policies and programs. *Journal of Adolescent health*, *38*(1), 72-81.

Sabah, S., Boujemaa, A., Salah-Eddine, K., Taoufik, E. L., & Dominique, B. (2010). Sexuality Education: Analysis of Moroccan Teachers' and Future Teachers' Conceptions. Online Submission, 7(8), 28-36.

Saunders, J. A. (2005). Adolescent pregnancy prevention programs: Theoretical models for effective program development. *American Journal of Sexuality Education*, *1*(1), 63-84.

Saunders, M., Lewis, P., & Thornhill, A. (2009). Research methods for business students 5th edition. *Prentice Hall.*

Sayles, J. N., Pettifor, A., Wong, M. D., MacPhail, C., Lee, S. J., Hendriksen, E.,& Coates, T. (2006). Factors associated with self-efficacy for condom use and sexual negotiation among South African youth. *Journal of acquired immune deficiency syndromes (1999), 43*(2), 226.

Shaw, D. (2009). Access to sexual and reproductive health for young people: Bridging the disconnect between rights and reality. *International Journal of Gynecology and Obstetrics, 106*(2), 132-136.https://doi.org/10.1016/j.ijgo.2009.03.025

Shegesha, M. B. (2015). Tutors ' Experiences of Sex and Relationships Education in Tanzania. (Unpublished Masters' Thesis) Hedmark University College. Retrieved from https://brage.bibsys.no/xmlui/bitstream/id/391406/Shegesha.pdf

Shuby, K. (2004). Sexual and reproductive health need of young people: A study examining the fit between need and current programming Responses in India. (PhD Thesis) University of Bielefeld.

United Nations Population Fund (2017). *Young people need better information on sexual and reproductive health, parliamentarians told at the Central Asian Conference on youth policy*. Kazakhstan: UNFPA. Retrieved from www.unfpa.org

UNESCO (2009). International technical guidance on sex education: an evidence-informed approach for schools, teacher and health educators: the rationale for sex education. Retrieved from www.unesco.org/aids.

Vashistha, K. C. & Rajshree. (2012). A study of attitudes towards sex education as perceived by parents and teachers. *Samwaad*: e-journal. 1(2). Retrieved from http://dialog1.webs.com/sejv1i2/samwaad_6.pdf

Vavrus, F. (2006). Girls' schooling in Tanzania: The key to HIV/AIDS prevention? *AIDS Care, 18*, 863-871.http://dx.doi.org/10.1080/09540120500307776

Warren-Little, J. (2001). Organizing schools for teacher learning. In L. Darling-Hammond & G. Sykes, *Teaching as the Learning Profession: Handbook of Policy and Practice.* San Francisco: Jossey Bass.

Walcott, C. M., Meyers, A. B., & Landau, S. (2008). Adolescent sexual risk behaviors and school-based sexually transmitted infection/HIV prevention. *Psychology in the Schools*. https://doi.org/10.1002/pits.20277

Wight, D., & Fullerton, D. (2012). A review of interventions with parents to promote the sexual health of their children (Structured abstract). *Journal of Adolescent Health, Jun 2012*(4), 4-27. Retrieved from http://onlinelibrary.wiley.com/o/cochrane/cldare/articles/DARE-12012028388/frame.html

WHO Regional Office for Europe/BZgA (WHO; 2010). *Standards for Sexuality Education in Europe.* Federal Centre for Health Education (BZgA): Cologne

Women, U. N., & UNICEF. (2018). *International technical guidance on sexuality education: an evidence-informed approach*. UNESCO Publishing.

Appendices

Appendix A

INFORMED CONSENT FORM

Is it really necessary to learn? : Teachers' perception on school-based sexual education in Kazakhstan

DESCRIPTION: You are invited to participate in a research study on exploring the attitudes of teachers towards the implementation of sexual education in Kazakhstani schools. You will be asked to participate in a face-to-face interview which will last about one hour and will be audio taped. Your name in the data will be coded and will not be associated with any part of my written research report. All the information and interview responses will be confidential.

TIME INVOLVEMENT: Your participation will take approximately 1 hour.

RISKS AND BENEFITS: The risks associated with this study are minimal. Participating will in no way have an impact on your current employment status. There are no other risks associated with this study. I am going to collect personal information that is absolutely essential to the research activity only. The research has an interest in the teachers' attitudes and perception about implementation of sexual health education

PARTICIPANT'S RIGHTS: If you have read this form and have decided to participate in this project, please understand your participation is purely voluntary and you have the right to withdraw your consent or discontinue participation at any time. The alternative is not to participate. You have the right to refuse to answer particular questions. The results of this research study will be written up in my Masters' Thesis. They may also be presented at scientific or professional meetings or published in scientific journals.

CONTACT INFORMATION:

Questions: If you have any questions, concerns or complaints about this research, its procedures, risks and benefits, contact the Master's Thesis Supervisor for this student work.

Independent Contact: If you are not satisfied with how this study is being conducted, or if you have any concerns, complaints, or general questions about the research or your rights as a participant, please contact the NUGSE Research Committee to at gse_researchcommittee@nu.edu.kz

Please sign this consent from if you agree to participate in this study.

- I have carefully read the information provided;
- I have been given full information regarding the purpose and procedures of the study;
- I understand how the data collected will be used, and that any confidential information will be seen only by the researchers and will not be revealed to anyone else;
- I understand that I am free to withdraw from the study at any time without giving a reason;
- With full knowledge of all foregoing, I agree, of my own free will, to participate in this study.

Signature:_____ Date: _____

The extra copy of this signed and dated consent form is for you to keep.

According to the law of the Republic of Kazakhstan an individual under the age of 18 is considered a child. Any participant falling into that category should be given the Parental Consent Form and have it signed by at least one of his/her parent(s) or guardian(s).

Appendix B

Interview Schedule

Interviewee: _____

Interviewer: _____

School: _____

Participant No: _____

Place: _____

Date: _____

Age: _____

Gender: _____

Interview Starting Time: _____

Interview Questions

Thank you for agreeing to participate in this research project.

I would like to ask some questions relating to implementation of sexual health education in order to explore your attitudes and perceptions toward teaching sexual health education in schools. An interview is confidential. The interview will be recorded on the phone, all recorded information will be deleted. After it has been transcribed. All data will be kept in a secure place that can only be accessed by me.

Please provide as much detail as possible. If you are unclear about the meaning of any questions, please ask for clarification.

1. How long have you been teaching in secondary school?

2. Which subjects do you normally teach?

3. What do you think about the role of school in a person's life?

4. What do you think about the role of school in sexual health education?

5. Who do you think should be responsible to educate students about sexuality?

6. Why do you think KZ faced with the problem of increasing the rate of teen pregnancy and abortion and STD rates?

7. What do you think about possible impacts of teen pregnancy and abortion?

8. What are the main challenges of implementation of sexual health education in secondary schools?

9. Do you think teaching about sexual health education will improve health issues related to students being uninformed about sexual health?

10. What do you think about implementation of sexual health education in your school?

11. What do you think about if you will teach sexual health education in schools?

12. From what age sexual health education should be taught?

13. What is your possible solution of decreasing the teen pregnancy?

14. At the moment, where do you think students get information on sexual health?

15. What are the main barriers of sexual health education in Kazakhstan?

16. What additional skills teachers should have in order to teach sexual health education in schools?

17. What content should sexual health education cover in schools?

18. What is the most difficult content in sexual health education?

19. What is your opinion on the statement "Knowing about sexual health is a human right"?

Interview finishing time_____

Tables

Table 1. Themes

Table 2. Participant Information