

**Parents' Perceptions and Attitudes Towards Implementing School-Based Sexuality  
Education in Schools of Kazakhstan**

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## ETHICAL APPROVAL



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14<sup>th</sup> October 2022

Dear Ainur,

This letter confirms that your research project *Parents' Perceptions and Attitudes towards Implementing School-Based Sexuality Education in Kazakhstan* has been approved by the Nazarbayev University Graduate School of Education Ethics Committee.

You may proceed with contacting your preferred research site and commencing your participant recruitment strategy.

Yours sincerely

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## ABSTRACT

### **Parents' Perceptions and Attitudes Towards Implementing School-Based Sexuality Education in Schools of Kazakhstan.**

In Kazakhstan, a traditional society with Soviet legacy, discussing sexuality topics with children and teenagers has traditionally been seen as taboo. However, social issues such as family violence, high rates of teenage pregnancies and sexually transmitted infections (STIs) demonstrate the urgent need to implement school-based sexuality education. Access to sexuality education is a fundamental right for children, and the absence of it can have critical consequences. Despite the global development and implementation of sexuality education, it is still not provided in Kazakhstan's educational system due to cultural sensitivities. However, the Ministry of Healthcare of the Republic of Kazakhstan (2020) has suggested school-based sexuality education as a means to improve overall health and well-being, raising the hope that it will soon be introduced in schools. This study aimed to explore parents' attitudes and perceptions towards the implementation of school-based sexuality education, as they are the main stakeholders in education and may represent an obstacle to educational reform. The study employed qualitative research methods, gathering data through semi-structured interviews. The findings revealed positive attitudes towards sexuality education, regardless of the participants' age, gender, place of residence, and education level. However, the understanding of the concept of sexuality education was limited. These results may influence the realization of sexuality education in mainstream Kazakhstani schools. An effective, age-appropriate school-based sexuality education program can provide students with relevant and reliable information, enabling them to make informed choices regarding their sexual life.

*Keywords:* sexuality education, parents' perceptions and attitudes, Kazakhstan

**Аңдатпа**  
**Қазақстан Мектептеріне Жыныстық Тәрбиені Енгізу Туралы Ата-Аналардың**  
**Көзқарасы мен Қабылдауы**

Дәстүрлі қоғам үлесі басым посткеңестік мемлекет Қазақстанда балалар мен жасөспірімдермен жыныстық қатынасты талқылауға көбінесе тыйым салынған. Дегенмен, балаларды зорлау, жасөспірімдердің жүктілігі мен түсік жасатудың жоғары деңгейі, жыныстық жолмен берілетін инфекциялар (ЖЖБИ) сияқты әлеуметтік мәселелер мектептерде жыныстық тәрбие беру бағдарламасын енгізудің өзекті қажеттілігін көрсетеді. Жыныстық білімге қол жеткізу балалардың негізгі құқығы болып табылады және бұл білімнің болмауы маңызды салдарға әкелуі мүмкін.

Көптеген елдерде жыныстық тәрбиенің жаһандық дамуы мен енгізілуіне қарамастан, ол мәдени ерекшеліктеріне байланысты Қазақстанның білім беру жүйесінде әлі де қарастырылмаған. Дегенмен, Қазақстан Республикасы Денсаулық сақтау министрлігі (2020 ж.) жалпы денсаулық пен әл-ауқатты жақсарту құралы ретінде мектептерде жыныстық тәрбие беру бағдарламасын енгізуді ұсынды, бұл осы білімнің жақын арада мектептерде енгізілуіне үміт береді. Бұл зерттеудің мақсаты мектептегі жыныстық тәрбиені енгізуге ата-аналардың көзқарасы мен қатынасын зерттеу болды. Ата-аналар білім берудегі негізгі мүдделі тараптар болғандықтан, олар білім беру реформаларына кедергі болуы мүмкін. Зерттеу сапалы зерттеу әдістерін қолдану арқылы, жартылай құрылымдық сұхбат арқылы деректер жинау арқылы жүргізілді. Нәтижелер қатысушылардың жасына, жынысына, тұрғылықты жеріне және білім деңгейіне қарамастан жыныстық тәрбиеге оң көзқарасты көрсетті. Алайда жыныстық тәрбие туралы түсінігінің шектеулі екені анықталды. Бұл нәтижелер Қазақстандағы жалпы білім беретін мектептерге жыныстық білім беруді енгізуге әсер етуі мүмкін.



Тиімді, жас ерекшеліктеріне сәйкес мектептегі жыныстық білім беру бағдарламасы оқушыларға өздерінің жыныстық өмірі туралы саналы шешім қабылдауға мүмкіндік беретін жаңартылған және сенімді ақпаратпен қамтамасыз ете алады.

*Түйін сөздер:* жыныстық тәрбие, ата-ананың қабылдауы мен көзқарасы, Қазақстан

**Аннотация**  
**Восприятие и Отношение Родителей к Внедрению Полового Образования в**  
**школах Казахстана.**

В Казахстане являющимся постсоветским государством с большей долей традиционного общества, обсуждение тем сексуальности с детьми и подростками традиционно считалось табу. Однако социальные проблемы, такие как детское насилие, высокие показатели подростковых беременностей и абортов, а также инфекций, передающихся половым путем (ИППП), демонстрируют неотложную необходимость в введении программы сексуального образования в школах. Доступ к сексуальному образованию является основным правом детей, и отсутствие этого образования может иметь критические последствия. Несмотря на глобальное развитие и внедрение сексуального образования во многих странах, оно до сих пор не предоставляется в системе образования Казахстана из-за культурных особенностей. Однако Министерство здравоохранения Республики Казахстан (2020) предложило введение программы сексуального образования в школах в качестве средства улучшения общего здоровья и благополучия, что дает надежду на скорое введение этого образования в школах. Цель данного исследования заключалась в изучении отношения и восприятия родителей к внедрению сексуального образования в школах. Так как родители являются основными заинтересованными сторонами в образовании, они могут представлять препятствие для образовательных реформ. Исследование было проведено при помощи качественного метода исследования, собирая данные через полу структурированные интервью. Результаты показали положительное отношение к сексуальному образованию независимо от возраста, пола, места проживания и уровня образования участников. Однако понимание концепции сексуального образования как выявилось, ограниченное. Эти результаты могут повлиять на внедрение сексуального образования в основные школы Казахстана. Эффективная программа сексуального

образования в школе, соответствующая возрасту учеников, может предоставить им актуальную и достоверную информацию, которая позволит им принимать обоснованные решения в отношении своей сексуальной жизни.

*Ключевые слова:* половое воспитание, восприятие и отношение родителей, Казахстан.

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## **1. Introduction**

This study aims to explore parents' attitudes and perceptions towards the implementation of school-based sexuality education. In addition, this study seeks to identify potential obstacles to implementing school-based sexuality education in Kazakhstan. This introductory chapter will cover the study's background, the problem statement, the study's purpose, and significance of the study. The research questions and definitions of terms used throughout the study are provided at the end of this chapter. Also, the theoretical framework for sexuality education is discussed.

### **1.1 Background Information**

The Declaration of the Rights of the Child (1959) claims that children have a right to fundamental human necessities such as health care, shelter and nutrition, protection from discrimination and torture and punishment, and a right to education (United Nations, 2020). Today, the global community stresses the relevance of education in improving a well-developed, respectful, prosperous, successful, and contented community. According to the United Nations Educational, Scientific, and Cultural Organization (UNESCO), a proper education affords a child the chance for optimal growth and equips him or her with the ability to execute all of his or her rights (UNESCO ICT Competency Framework for Teachers, 2018).

The objectives of education have evolved beyond just literacy and numeracy. Rather than focusing solely on rote memorization of information, schools have recently begun to consider strategies to provide an educational process for personal growth (UNESCO ICT Competency Framework for Teachers, 2018). However, sexuality education is not still included in the school curriculum of many countries. This is connected with different social, cultural and economic factors of the states.

“Sexuality education is defined as a lifelong process through which individuals learn to make appropriate sexual decisions” (UNESCO, 2018, p.12). This education provides the learner with vital knowledge and skills for achieving and sustaining improved health and well-being (Bruess & Schroeder, 2014; European Expert Group on Sexuality Education, 2015). Different societies around the globe have to deal with complex, interrelated problems such as adolescent pregnancy, early childbirth and increasing rates of sexually transmitted infections (STI) such as chlamydia, syphilis and gonorrhoea (UNICEF, 2018).

Educators, governments, and parents in developed and developing countries have been worried for decades about social issues affecting the youth (Finer & Henshaw, 2006). The young generation is exposed to a great deal of novelty due to technological advancement. As a result, their lifestyle has formed primarily around the media, television, and free Internet access (Boonstra, 2015), allowing them to mature rapidly as they are exposed to numerous new ideas. Unquestionably, the rapid development of new technology has an effect on life in general, and the younger generation is disproportionately impacted by both positive and bad changes. Internet information is not always accurate, despite the fact that it is frequently a valuable educational resource.

This wealth of information can often lead to young people making wrong decisions or engaging in unsafe behavior. Frequently, these harmful behaviors involve sexual health. Incorporating sexual health education into the school curriculum is one method to empower students to make informed decisions. It is questionable if the younger generations have the right to grow and strengthen their knowledge in order to make informed and accountable decisions regarding their physical and mental health (European Expert Group on Sexuality Education [EEGSE], 2016).

According to UNESCO (2018), students can receive a scientifically accurate, age-appropriate education on sexuality and relationships through school-based sex education. The



aim of sexual health education in European nations is to increase awareness of sexuality, health, and gender concerns (UNFPA, 2015). Sexual health education is founded on universal principles such as open-mindedness, self-respect, establishing one's own boundaries, and respect for the boundaries of others. In addition, it encourages gender equality and equitable social norms and empowers youth to reflect critically on their environment and behaviors.

Appropriate delivery of sex education can have a positive effect on individuals' sexual and reproductive health (SRH) and aid in preventing unintended pregnancy and STIs, such as HIV. A systematic review of research revealed that school-based sex education programs in low- and middle-income countries (LMICs) have contributed to increased HIV knowledge, increased self-efficacy, increased contraception and condom use, and a decrease in the number of sexual partners (Fonner et al., 2014). A comprehensive evaluation of international research indicates that offering sexuality education to young people in school-based settings has major positive consequences, many of which extend beyond sexual health criteria (UNESCO, 2016)

### ***1.2.1 Sexuality Education Issues in Kazakhstan***

Kazakhstan, like many other countries in the world, has not developed a clear strategy for the implementation of sexuality education in school program yet. Certain cultural, social, and political factors influence one another, resulting in policies that are insufficient to address the issue. In the strategies "Kazakhstan -2030", "Strategy on moral and sex education in Kazakhstan," and "Densaulik," the Kazakhstani government has emphasized the need to prioritize the health and well-being of the population, particularly women and children. However, sexuality education is a highly sensitive topic, and currently, it is not a compulsory subject in the official school curriculum (Ketting & Ivanova, 2018). Opponents of school-based sexuality education claim that it is the responsibility of parents to teach their children on such a sensitive and private topic. This view seems to be shared by a broader public in

Kazakhstan. The United Nations Fund for Population (UNFPA) found that 84 percent of respondents to a survey regarding reproductive health and family planning believe that sexuality education is a family responsibility (UNFPA Kazakhstan, 2020).

Despite this broadly shared view, not all parents in Kazakhstan are ready or think it's acceptable to converse with their children regarding topics that concern sexuality and reproductive health. Some of them are actually afraid of having these discussions with their children, and many of them employ metaphors when naming the reproductive organs (Kabatova, 2018). Kabatova (2018) says that, due to the uniqueness of Kazakh culture, many parents do not discuss puberty, even with one other, for fear of destroying pure childish ideas of the world and promoting sexual curiosity too early. This is how a normal and necessary aspect of human life becomes a prohibited topic for discussion. When children become adults, they absorb the same stereotypes, apply them in their own lives, and pass them on to their children, thereby perpetuating the cycle (Kabatova & Marinin, 2018). However, some parents realize the importance of providing information on sexuality literacy and seek advisors or specialists to engage in dialogue with their children (Kabatova, 2018).

Since parents represent one of the main education stakeholders, it is vital to know their understanding of the “sexuality education” notion and their views on its delivery. Thus, this paper aims to explore the perceptions and attitudes of school parents in Kazakhstan towards implementing sexuality education in schools of Kazakhstan.

## **1.2 Problem Statement**

Kazakhstan, like many developed and developing nations around the globe, faces the social problem of teen pregnancy among its youth. There have been a number of incidents involving the abandonment of newborns in garbage bins or public restrooms (Kabatova, 2018). According to recent surveys carried out by UNFPA, a significant proportion of adolescents in Kazakhstan have engaged in sexual activity, with approximately one-third

reporting being sexually active. Furthermore, nearly 15% of sexually active teenagers experienced at least one symptom of a sexually transmitted infection within the past year. Despite this, a majority of these individuals did not seek medical attention. Additionally, over one-fifth of sexually active girls reported having undergone an abortion.

More recently, in some countries, emphasis has been placed on school-parent collaborations and the implementation of Sexuality Education (further SE) in the classroom and at home. While parents are an important source of information in developing their children's understanding of relationships and sexuality in the family, home education is most effective when it is supplemented by school instruction and vice versa (UNESCO 2018). Therefore, it is fair to claim that not only school, but parents and society as a whole is responsible for proper sexuality education for children.

Although school-based sexuality education courses have been found to improve the sexual behaviors and health of young people internationally, apparent parental disagreement is frequently identified as an obstacle to implementation in many countries including Kazakhstan.

### **1.3 Research Questions**

The central question that guides this study is as follows:

What are school students' parents' perceptions of sexuality education and attitudes towards implementing sexuality education in schools in Kazakhstan?

The sub-questions are the following:

- 1) How do parents understand the notion of sexuality education?
- 2) What are parents' attitudes towards school-based sexuality education?
- 3) What are parents' views about the best age to start sexuality education,

what topics should be covered, who should teach and in what format?

### **1.4 Significance of the Study**

While government and policymakers are debating about the need to implement sexuality education in the school curriculum, teachers, school leaders, parents and the broader community keep contending with how to adequately educate children about the numerous themes that belong under the umbrella of gender relationship and sexuality education.

Numerous international studies, including those conducted in the United States (Fisher et al. 2015), India (Toor 2016), Nigeria (Ogunjimi 2006), and Canada (McKay et al. 2014), indicate that the vast majority of parents and educators support school-based sexuality education. However, no similar research has been published in Kazakhstan.

The majority of studies done previously in this area focus on teachers' perceptions and attitudes towards school-based sexuality education and there is a lack of information about parents' perceptions and attitudes in Kazakhstan (Kargayeva, 2020; Zhuravleva, 2021). However, parents as all education stakeholders, play an important role in the implementation of any educational reform, sexuality education being a highly sensitive topic is even more dependent on parents' opinions.

While parents can contribute significantly to sexuality education, school-based programs in their turn can considerably amplify their impact by reaching large numbers of adolescents from diverse backgrounds (Gordon 2008). In addition, a school environment facilitates the delivery of sexuality education in the optimal age- and developmentally-appropriate sequence over time, with new information building on previous information (Gordon 2008).

Before planning and implementing such a curriculum-based program, however, it is essential to obtain the parents' perceptions of SE and attitudes towards its implementation in schools. Therefore, this study might be of interest for research on educational reform implementation because it will provide insights about the difficulties and challenges of implementing the school-based sexuality education in Kazakhstan.

The Ministry of Education, as well as any interested individuals working in the field of education, scholars, teachers and particularly students' parents, will be interested in this study because it will provide valuable information about parents' perceptions of the sexuality education in school and their attitudes to the implementation. This information can be applied in the process of building the curriculum for sexuality education for primary school students. Moreover, the results of the study will contribute to the development and implementation procedure.

### **1.5 Definition of Main Terms**

Perception is the manner in which people observe things, mostly through the senses. Moreover, perception is a notion, a belief, or a picture that individuals have as a result of how they see or comprehend (Hornby, 2006, p.1079). Perception is the process of selecting, organizing, and interpreting information, according to Schmitz (2009). Perception is the process by which people control and interpret their sense impressions to make sense of their environment.

Attitude is a positivity or negativity regarding objects, concepts, or ideas is "modifiable by experience, persuasion, and as dispositions for action" (Vashistha & Rajshree, 2012, p 65).

In literature the terms 'sex education' and 'sexuality education' are used interchangeably, however these are related but distinct concepts (WHO, 2018).

Sex education typically refers to instruction on sexual anatomy, reproduction, contraception, and sexually transmitted infections (Shartkshall et al., 2007).

Sexuality education is defined as "a process of acquiring information and forming attitudes, beliefs, and values about identity, relationships, and intimacy" (WHO, 2018, p14).

Sexuality education refers to an educational approach that is tailored to the appropriate age range and cultural context of students, which involves teaching about sexuality and relationships in a manner that is based on scientific accuracy, non-

judgmentalism, and realism. This form of education provides a platform for individuals to examine their values and attitudes and develop skills for decision-making, communication, and risk reduction related to various aspects of sex, according to UNESCO's definition from 2009 (p. 2).

Relying on the definitions provided by WHO (2018) and UNESCO (2009), this research aimed to explore parents' attitudes and perceptions of 'sexuality education'.

## 2. Literature Review

### 2.1 Introduction

Sexuality education has emerged as a critical component in preparing young individuals to lead a safe, productive, and fulfilling life in a world where a range of risks to their health, such as HIV and AIDS, sexually transmitted infections (STIs), unintended pregnancies, gender-based violence, and gender inequality, continue to pose significant threats. Despite the compelling evidence on the efficacy of high-quality, curriculum-based sexuality education, a paucity of children and adolescents have access to the life preparation necessary for them to take ownership of their sexuality and relationships in a free and responsible manner. This observation, advanced by UNESCO in 2018, underscores the pressing need for a more comprehensive and effective approach to sexuality education.

Many adolescents approach maturity in the midst of contradictory, unpleasant, and perplexing sexuality-related messages, which are frequently amplified by the embarrassment and silence of adults, including parents and educators. In many nations, attitudes and regulations restrict public discussion of sexuality and sexual behavior, and social conventions may promote detrimental conditions, such as gender inequality in sexual relationships, family planning, and the use of modern contraceptives (Ketting et.al., 2018).

Empirical evidence supports the notion that sexuality education (SE) is instrumental in fostering the development of children and youth in several key areas. Specifically, SE enables individuals to acquire accurate, age-appropriate knowledge, positive attitudes, and skills that promote safe, healthy, and positive relationships, while also cultivating values such as respect for human rights, gender equality, and diversity. Additionally, SE affords young people the opportunity to reflect on social norms, cultural values, and traditional beliefs, which enhances their ability to navigate their relationships with peers, parents, teachers, other adults, and their communities more effectively (UNESCO, 2018). This assertion, advanced by UNESCO in

2018, further underscores the significance of SE in facilitating the holistic development of young individuals.

Countries are actively appreciating the significance of educating young people with the knowledge and skills necessary to make responsible decisions in their lives, especially in light of their increased exposure to sexually explicit content via the Internet and other media. The 2030 Agenda and its worldwide Sustainable Development Goals (SDGs) demand that no one be left behind and that human rights and gender equality are implemented for everyone (UNESCO, 2018).

## **2.2 Theoretical Framework. Social Constructivism.**

Multiple theories are applied by researchers to investigate various aspects of sexuality education. This research is conceptualized by social constructivism theory. The feature of social constructivism theory is that individuals actively construct their knowledge through interpersonal and social interactions (Vygotsky, 1986). Additionally, Vygotsky emphasizes the necessity of language as the foundation of cognitive development. Consequently, knowledge is socially created and mediated, as the intellect of individuals is influenced by their social and cultural surroundings. The theory was chosen for its emphasis on the impact of personal, societal, cultural, and historical circumstances on education and learning. Several sources, including Ausubel (1963), Bodner (1986), Driver et al. (1994), Kelly (1955), and Mathews (1994), cited in Appalsamy (2015), support this idea. This indicates that people are more likely to acquire knowledge after applying what they have learned through experience. Social constructivism proposes that an individual constructs their understanding and perception of the world by comparing what they observe in their environment with their existing knowledge and beliefs.

According to Driver and colleagues (2005), sexual health education has a social aspect to it, and social constructivism emphasizes the different factors that impact the development



of knowledge. For instance, some people may have cultural beliefs that forbid early sexual activity outside of marriage. Scientists have suggested that individuals acquire knowledge through social interactions that occur in different settings over time.

It is essential to examine various cultures and beliefs in order to determine the norms and beliefs that have been shaped by social factors. Various cultural traits aid in determining what is harmful or advantageous for a certain civilization.

This study provides the chance to analyze how parents construct their understanding of sexuality education by examining their perceptions of the implementation of sexual health education in school settings.

### **2.3 Sexuality Education and Human Rights**

Students are denied access to high-quality sex education on a global scale. This can have serious and catastrophic results, particularly for girls and women, and perpetuate disadvantage and poverty patterns. Often, arguments for restricting and limiting sex education are based on traditional religious and cultural norms (Campbell, 2018).

According to Campbell, (2018) access to sex education is fraught with a multitude of complex obstacles. The Special Rapporteur on the right to education, the United Nations Educational, Scientific, and Cultural Organization (UNESCO), and the United Nations Population Fund (UNFPA) are drafting standards for sex education. These actors expressly request that states approach sex education from a human rights standpoint. Under this new approach, sex education must provide enough information on reproduction, sexually transmitted infections (STIs), consent laws, and violence against women. Human rights-based sex education aims to alter traditional gender norms and incorporates a variety of perspectives on sex and sexual relationships (UNSR on the right to education, 2010, section 87(d)).

The fundamental basis of high-quality sexuality education rests on internationally recognized human rights, particularly the right to access health-related information. This right has been confirmed by several entities, including the United Nations Committee on the Rights of the Child, the Committee for the Elimination of Discrimination against Women, the Committee of Economic, Social, and Cultural Rights, and the United Nations Convention on the Rights of Persons with Disabilities. Additionally, the significance of sexuality education has been underscored in the 1994 Programme of Action of the International Conference on Population and Development, as well as by the United Nations Special Rapporteur on the Right to Education in a 2010 report to the United Nations General Assembly dedicated exclusively to this subject. The European Court of Human Rights also affirmed the importance of sexuality education in 2011 (EEGSE, 2016).

The European Expert Group on Sexuality Education (2016) highlights the significance of accessing high-quality sexuality education as a fundamental human right. It is based on human rights principles, which aim to foster an understanding and appreciation of universal human rights, including those pertaining to the rights of children and young people, as well as the rights of all individuals to health, education, information equality, and nondiscrimination. The World Health Organization (2018) further underscores the role of sexuality education in promoting human rights, specifically through providing young individuals with the tools to make informed decisions and to exercise their sexual and reproductive rights.

Comprehensive sexuality education (CSE) inspires young people to understand their own rights and respect the rights of others. It also tries to provide a conscientious understanding towards those whose rights are infringed. Delivering equal access to CSE displays respect for young people's rights to get the knowledge necessary for successful self-care as well as providing the highest health standard (WHO, 2018).

#### **2.4 The History of Sexuality Education Development**

The United States was the first nation to incorporate sexual health education into the school curriculum (Huber, 2009). According to Huber (2009), high rates of STIs and HIV transmission posed substantial problems in this scenario. In addition, changes in cultural views as a result of urbanization pushed the United States government to develop school-based sexual education.

In Europe, the incorporation of sexuality education into the school curriculum dates back more than half a century. Its inception can be traced back to Sweden in 1955, followed by its adoption in numerous other Western European countries during the 1970s and 1980s. In subsequent decades, France, the United Kingdom, Portugal, Spain, Estonia, Ukraine, and Armenia have implemented school-based sexuality education programs. Ireland went further by mandating sexuality education in all primary and secondary schools in 2003. The primary focus of sexuality education programs is on relationships, sexuality, and the promotion of mental and physical well-being, and does not condone sexual activity among children and adolescents (BZgA, 2016).

The development of sexuality education programs has evolved in tandem with contemporary educational and public health concerns. Beginning with unplanned pregnancy prevention in the 1960s and 1970s, the programs expanded to include HIV prevention in the 1980s, sexual abuse awareness in the 1990s, and gender equity, sexism, homophobia, and online bullying prevention in the 2000s. In the present day, gender norm analysis and discussions on gender inequity are crucial components of sexuality education programs (European Expert Group on Sexuality Education, 2016).

## **2.5 Sexuality Education in Asia**

UNAIDS (2012) reported that in most Asian countries, unprotected sexual contact is the primary mode of HIV transmission while sharing injecting needles and equipment is significant in some countries. Given the close relationship between HIV education and

education about sex, sexual relations, and sexuality, UNESCO, in collaboration with UNAIDS, UNFPA, and UNICEF, developed recommendations for successful HIV prevention and sexuality education. Thus, HIV and sexuality are discussed jointly in this guidance (UNESCO, 2007, 2008, 2009, 2010).

However, despite worldwide and national initiatives, implementing comprehensive HIV and sexuality education in Asian schools faces significant challenges. Iyer et al. (2013) reported that data from the 2010 national UNGASS HIV and AIDS reports indicate that relatively few countries have fully covered life skills-based HIV education in schools (Indicator 11). Furthermore, Brunei Darussalam, China, Fiji, Indonesia, Kyrgyzstan, Maldives, Marshall Islands, Micronesia (FSM), Mongolia, Myanmar, Pakistan, Palau, Philippines, Samoa, and Sri Lanka did not provide any data on this indicator.

According to Iyer et al. (2013), UNAIDS reported that less than fifty percent of young people in most countries that submitted UNGASS country reports had comprehensive knowledge of HIV and sexuality education. This suggests that the quality of much of the available HIV and sexuality education is unclear. The situation is particularly challenging in Asian nations, with only Kazakhstan, Singapore, and Uzbekistan reporting greater than fifty percent school coverage of life skills-based HIV education (Iyer et al., 2013).

## **2.6 Kazakhstan**

Kazakhstan is considered a traditional society, with the majority of the population practicing Islam. Historically, in Kazakhstan's traditional society, sexuality education was rarely discussed. Nonetheless, since gaining independence, Kazakhstan has signed a number of international accords, including the United Nations Convention on the Rights of the Child (1994) relating to children's access to quality health education, making it vital to continue discussing how to solve the issue of youth's reproductive health, particularly high rates of teenage pregnancy and abortions, sexually transmitted infections among adolescent, child

sexual abuse and etc. The survey of 4,360 15- to 19-year-olds from across Kazakhstan indicated that 16.7% of respondents had had at least one pregnancy (Zhulmukhametova, 2018: para. 2 and 3, as cited in Vaigorova et.al., 2021). Aizhan Shabdenova, head of the Data Analysis and Processing Department at the Public Opinion Research Center, observed that the majority of pregnancies involving young women resulted in birth (Zhulmukhametova, 2018, as cited in Vaigorova et.al., 2021). "22% of respondents had abortions performed safely in the medical centers, while 16% suffered miscarriages. The incidence of home abortions among adolescent girls was 2%" (Zhulmukhametova, 2018: para. 2 and 3, as cited in Vaigorova et.al., 2021). According to data, some women continue to perform abortions at home, which is both dangerous and illegal (Zhulmukhametova, 2018, as cited in Vaigorova et al., 2021).

The Kazakhstani government has prioritized health and education policies for the well-being of its citizens through the development plan program "Kazakhstan- 2030," passed in 1997 (Koklemina, n.d). In 2001, the government formulated the "Concept for morally-sexual health education in the Republic of Kazakhstan" to govern the implementation of reproductive and sexual health programs for children, adolescents, and youth (Koklemina, n.d). This program aims to create a healthy and safe environment for the life and education of children, adolescents, and young adults that fosters their intellectual, spiritual, and physical strength and the formation of a strong moral character, and a healthy lifestyle (Koklemina, n.d).

The Ministry of Justice proposed a new approach to address the issue of morality and sexual health education, which involves a phased and age-appropriate method of presenting information with the participation of all stakeholders in the education process, including parents and representatives of state and non-state organizations (Ministry of Justice, 2001; Marinin & Kabatova, 2018). Modifications were made to the recommended methodologies

for moral and sexual health education to reflect this new approach (Marinin & Kabatova, 2018). However, despite these efforts, the public and public officials did not support attempts to initiate a healthy conversation on this issue. As a result, the methods adopted for sexual health education of young people in Kazakhstan lacked specific proposals on how to move forward and remained at a basic level based on the prior position (Marinin & Kabatova, 2018).

## **2.7 Approaches to Sexuality Education**

Literature suggests that globally, there are two primary approaches to teaching and learning sexuality education. Each strategy has advantages and disadvantages. Below is a summary of the contrasts between these two approaches.

Abstinence-only education involves discussions of values and character development, as well as refusal skills in some situations.

- Encourage abstinence from sexual activity
- Deny that many adolescents will become sexually active
- Do not teach about contraception or condom use
- Avoid discussions about abortion
- Cite sexually transmitted diseases and HIV as justifications for

abstinence (Collins et al., 2002)

Abstinence-plus or also known as Comprehensive sexuality education programs investigate the context and significance of sexual activity.

- Encourage sexual abstinence
- Recognize that many adolescents will become sexually active
- Teach about contraception and condom use
- Include topics on contraception, abortion, sexually transmitted

diseases, and HIV (Collins et al., 2002)

The discourse over sex education policy has focused on the message that students receive from sex education: encouragement of abstinence until marriage and without any information on contraceptives (abstinence-only) or abstinence as the safest option with information on contraceptive use (abstinence-with-information) (abstinence-plus). It has been established that carefully designed abstinence-plus programs influence hazardous sexual behavior and delay the onset of sexual activity, but few abstinence-only curricula have demonstrated behavioral effects (Tortolero et al., 2011).

According to Collins et al. (2002), the abstinence-only approach to sex education lacks empirical evidence to support its effectiveness in reducing STIs, HIV/AIDS, and unplanned pregnancy among young people. Instead, comprehensive sex education programs that include information on abstinence, contraception, safer sex practices, and healthy relationships have been found to be more effective. Research has shown that these programs can delay sexual initiation, decrease the frequency of sexual activity, increase condom use, and reduce STI and unplanned pregnancy rates (Collins et al., 2002).

Collins et al. (2002) argue that the abstinence-only approach is based on moral or ideological beliefs rather than empirical evidence and fails to address the reality of young people's sexual behavior and needs. They suggest that policymakers, educators, and parents should adopt a more evidence-based approach to sex education that provides young people with comprehensive and accurate information to make informed decisions about their sexual health.

Haberland and Rogow (2015) define comprehensive sexuality education (CSE) as a curriculum-based method of teaching and learning that covers cognitive, emotional, physical, and social aspects of sexuality. The primary goal of CSE is to equip children and adolescents with the knowledge, skills, attitudes, and values necessary to promote their health, well-being, and dignity. Additionally, "CSE aims to help young people develop respectful social

and sexual relationships, consider how their choices affect their own and others' well-being, and understand and protect their rights throughout their lives” (UNESCO, 2018, p.12).

UNESCO promotes the adoption of CSE as an approach to sexuality education.

Multiple studies have demonstrated that comprehensive sexuality education can raise understanding about sexuality and sexual risk awareness, decrease teen pregnancy rates, delay sexual debut, and effectively encourage safe sexual activity (Brewin et al. 2014; Erkut et al. 2012; Kirby et al. 2007; Macdowall et al. 2006). Despite its significance for the reproductive and sexual health of young people, SE is frequently a highly sensitive, controversial, and polarizing topic. While preventing sexually transmitted infections (STIs) and reducing teen pregnancy rates are commonly agreed-upon goals, there are ongoing debates about what type of sexuality education (SE) is appropriate for young people, what message about human sexuality should be emphasized, and whether SE should be the responsibility of parents. The preference for abstinence-only school-based SE versus comprehensive school-based SE often reflects differing moral and ideological perspectives. Abstinence-only SE emphasizes sexual abstinence before marriage, promoting a monogamous, long-term commitment as the assumed norm of human sexual behavior (Calterone Williams, 2011). However, abstinence-only programs have been criticized for concealing information about sexual risk reduction strategies, which raises ethical and human rights concerns, and is justified by the risk-avoidance approach (Kantor et al., 2008).

According to Kantor et al. (2008), abstinence-only programs, which are most commonly found in the United States, receive support primarily from conservative, faith-based civic organizations that advocate for traditional moral values. Conversely, Parker et al. (2009) note that comprehensive sexual education programs are prevalent in countries such as Sweden, Denmark, and the Netherlands, which have liberal traditions and where religious organizations and groups exert little or no influence over educational policies.



According to the United Nations Educational, Scientific and Cultural Organization (UNESCO, 2018), the International technical guidance on Sexuality Education highlights the significance of Comprehensive Sexuality Education (CSE) programs that are scientifically accurate, incremental, and follow a spiral-curriculum approach, while also being appropriate for the intended age group and culturally and contextually relevant. The guidance further emphasizes that CSE programs must be customized to meet the unique cultural and religious requirements of the local community. It is essential to involve key stakeholders, including religious leaders, in the design process to ensure that the content is culturally appropriate and relevant (UNESCO, 2018).

## **2.8 Parents' Role in the Implementation of School-based Sexuality Education**

Sexuality education is a controversial topic in many societies (Kivela et.al., 2013) thus its successful implementation necessitates the participation of all stakeholders at various level and parents play a great role. Numerous studies say that sometimes parents are seen as an obstacle to the implementation of school-based sexuality education.

According to Bleakley et al. (2010), parental attitudes towards Sexuality Education (SE) can be influenced by three distinct belief sets. These sets include a conviction in the ability of SE to provide young people with crucial health-related skills, the belief that SE may lead to early sexual activity and increased exposure to risks, and the perception that SE is a waste of school time and ineffective. These beliefs are intertwined with personal values and ideology, including both restrictive and permissive sexual philosophies (McKay, 1998), as well as with parents' (mis)understandings of the SE curriculum taught at their children's school (Bleakley et al., 2010).

Mastro and Zimmer-Gembeck (2015) and Walker (2004) suggest that parents are important socialization agents and play a vital role in promoting health-related habits and skills in their children. Despite this, studies have shown that children want their parents to be

involved in their sexuality education, yet they rarely discuss it with them (Morawska et al., 2015; Shtarkshall et al., 2007). Although most parents possess basic educational skills, they often feel embarrassed and uncertain when it comes to discussing sexuality education (Burgess et al., 2005; Campero et al., 2010). Some parents fear that discussing sexuality may lead to unwanted attention and encourage earlier sexual activity, which is a similar argument made against comprehensive school-based sexuality education (Braeken & Cardinal, 2008; Herrman et al., 2013). Despite mounting evidence that comprehensive sexuality education is more effective in delaying sexual debut and reducing teen pregnancies and STIs when compared to abstinence-only programs (Fortenberry, 2005; Kantor et al., 2008; Kirby, 2008; Lindberg & Maddow-Zimet, 2012; Santelli, 2008; Stanger-Hall & Hall, 2011; Underhill et al., 2007), parents who oppose comprehensive approaches to teaching have not been persuaded.

The available literature suggests that there may exist a mismatch between parents' views on sexual health topics and the actual content of sexuality education (SE) offered in schools (Eisenberg et al., 2008; Peter et al., 2015). Although most parents consider it necessary for their children to have access to a diverse range of information and topics, they may differ in their opinions on when and how these materials should be introduced and discussed in the classroom. Furthermore, the perceived effectiveness of SE programs appears to influence parents' preferences for SE. A study by Bleakley et al. (2010) found that parental support for a particular SE program was significantly related to their views on the program's effectiveness in preventing teenage pregnancies and sexually transmitted infections.

Critics of sexuality education argue that teaching children about sexuality is the responsibility of parents. However, "sex conversation" is also considered taboo inside the families. The majority of Kazakh parents find it uncomfortable to discuss sexuality with their children. Another crucial question is whether or not all parents have the information to

educate their children about sexual and reproductive health. However, sexuality and reproduction education are crucial for Kazakhstan's youth (Kabatova, 2018).

### **3. Methodology**

Kazakhstan experiences societal issues such as a high teen pregnancy rate, abortions, child sexual abuse and a rising number of sexually transmitted infections. Students are at risk because the school system does not provide consistent and meaningful sexual health instruction. This study seeks to determine parental attitudes and perspectives on the implementation of school-based sexuality education in school curricula. According to the findings of numerous scientific studies, sexual health education is essential for overall health and social well-being. If the family is not prepared to handle this sensitive matter, adolescents will obtain false information from peers or the internet. This study aims to investigate the perspectives of parents regarding the necessity for sexual health teaching in public schools in Kazakhstan. A qualitative research design was employed in the study to examine parents' attitudes and perceptions towards school-based sexuality education.

To achieve this purpose, this study sought to answer the following research question: What do parents believe about the implementation of sexuality education in school curricula? This chapter starts by providing a description of the study's research design, then it gives information about the research site, sample and sampling procedures, data collection instrument, data collection and data analysis techniques. The chapter concludes by outlining the ethical considerations that guided the study.

#### **3.1 Research Design**

This research is conducted using a qualitative method as the most appropriate research strategy that encompasses the concept of “fitness for purpose” (Creswell, 2002). According to Smith and Smith (2000), employing a descriptive qualitative research methodology will help the researcher obtain a broad picture of parents' attitudes towards the implementation of sexuality education in schools and establish a thorough knowledge of those perceptions.

Due to the fact that the adoption of school-based sexuality education is controversial in the local context, there are numerous divergent perspectives regarding its implementation. Consequently, employing a qualitative methodology with open-ended questions allow participants to convey their understanding and opinions regarding the teaching of sexuality education in its entirety. In this circumstance, participants express their own distinct perspectives and beliefs.

This study seeks to investigate parental perspectives on the implementation of school-based sexuality education. Sexual education has not yet been established in Kazakhstani schools. In order to determine the nature of the problem, this research has been developed as an exploratory qualitative study. The purpose of exploratory research is not to produce conclusive proof, but to help researchers gain a deeper knowledge of the issue (Saunders et al., 2009). The use of semi-structured interviews as a study method will allow me to engage in face-to-face interactions with parents, allowing them to feel at ease and answer candidly during the interview process. Furthermore, individual interviews are extremely beneficial for difficult and sensitive topics.

Commonly, qualitative research is described in terms of its aims, which strive to explain particular aspects of social life, and its use of word-based approaches rather than numbers in data analysis. Moreover, these strategies try to determine the nature of a phenomenon by posing questions such as why, how, and what (Cohen et al., 2007). In addition, the proposed methodology is interpretive, in-depth, subjective, and open-ended, and it pertains to participants' typical environments. In terms of the current research setting, all of the aforementioned characteristics of qualitative research are meant to ensure that the offered study is thoroughly completed, detailed, and has made a significant contribution.

The researcher assumes that the majority of parents will answer the questions truthfully, irrespective of their positive or negative sentiments, thus expressing their hopes, anxieties, and concerns.

### **3.2 Research Site**

There is no single research site for this research since the participants were recruited through snowball sampling and represent different parts of Kazakhstan. For the purpose of offline interviews, the researcher rented an office or conference room in coworking areas to provide a convenient atmosphere and confidentiality. For online interviews Zoom platform was used.

### **3.3 Research Sample**

The Ministry of Healthcare (2020) recommends introducing sexuality education at the age of ten. Many 10-year-old students are still enrolled in elementary school because they begin at age seven. Therefore, parents of primary school pupils as well as parents of secondary school students were invited to participate in the study.

Nine parents were recruited as participants in this research. Their gender, age, level of education, the number of school-age children were noted because they are all important components of a person's personal culture, which impacts views toward a phenomenon (Cohen et al., 2018). Due to their various social and economic backgrounds and life experience, they may respond differently to the same questions. The researcher looked for any differences or resemblances in their responses that can be taken as having practical significance for implementation in the future. The impact of the respondents' age, gender, ethnicity, and language on their responses is another point made by Cohen et al. (2018).

**Table 1***Participants' Backgrounds*

#	Gender	Age	Level of education	Number of school-age children	City
1	Female	35-40	TVE	3	Astana
2	Female	35-40	Bachelor's degree	1	Shymkent
3	Female	30-35	TVE	2	Aktobe
4	Male	35-40	Bachelor's degree	2	Aktobe
5	Female	45-50	Master's degree	2	Almaty
6	Female	50-55	Higher education	1	Astana
7	Female	40-45	Bachelor's degree	1	Shymkent
8	Male	35-40	Master's degree	2	Astana
9	Female	35-40	Master's degree	6	Shymkent

Snowball sampling was used to recruit the participants since the topic of sexuality is sensitive and delicate in its nature. Not all people agreed to participate in the research. Cohen et al. (2018) define snowball sampling as a valuable and especially appropriate method for

the qualitative research when the topic is sensitive, and it may be difficult to reach enough participants.

The researcher identified a number of potential participants with various features, as Cohen et al. (2018) advise. These participants then pointed out more people who could be eligible and eager to engage. The researcher made contact with coworkers, friends, and family members as well as parents of the children's classmates. These parents then made contact with their coworkers and friends who might meet the primary inclusionary criterion. Being a parent of a child or children who are in school was the only criteria for participation.

The researcher compiled a list of people in his immediate vicinity and sent them a message with a request to forward it to potential volunteers. The message briefly stated the study's topic, objectives, and purpose. Additionally, the message instructed prospective participants to get in touch with the researcher if they were interested in participating in the research and (or) had any questions. As soon as the researcher received agreement for participation, a detailed explanation of the research aim, purpose, methodology and a consent form were emailed to the participants.

### **3.4 Data Collection Tools**

I have chosen a semi-structured, open-ended interview as an appropriate data collection tool for current study. According to Cohen et al. (2018), interviews include more than simple data collection. It is a progression towards the exchange of perspectives between two persons on a mutually engaging issue. They share their individual worldview and evaluate the scenario from their own perspective (Cohen et al., 2018). Cohen et al. (2018) claim that an interview is adaptable since information can be gathered through both verbal and nonverbal channels. The framework of an interview allows for spontaneity, and the interviewer is permitted to explore deeper into responses. By requesting additional information, the



researcher can acquire a clearer image and a deeper knowledge of the participants' responses, which can be valuable to the research.

More specifically, the researcher conducted semi-structured one-on-one interviews. The researcher developed an interview protocol that comprises interview information and instructions, interview questions, and a place for extra notes and comments (Creswell, 2014). The protocol for the interview included interview material and directions, interview questions, and space for extra notes and reflections. The interview protocol comprised 18 questions and included four blocks covering four research sub-questions (see Appendix B). It also included several opening questions that aid in elucidating parents' perspectives on sexuality education in general.

### **3.5 Data Collection Procedures**

After GSE Ethics Committee granted permission to start data collection, the researcher prepared a list of potential participants from people he/she knows (colleagues, friends, groupmates, neighbors, relatives, parents of children's classmates) who fit the purpose of the research. The list included participants who differ in their backgrounds, since heterogenous sampling approach implies presenting multiple perspectives of individuals. The researcher made the initial contact to invite them to participate in this research. With those agreed, the time and place for the interview was arranged. The consent form was sent to their emails.

On the interview day, the researcher made a call to confirm the meeting (either offline or online) with the participant. Before giving a consent form to an interviewee, the researcher explained the details and emphasized that participation in the study was voluntary and participants might withdraw from the study at any time. After signing and collecting the consent form, the researcher asked permission to digitally record the interview. All the participants agreed. The time of start and finish of the interview was also noted.

The researcher contacted the participant two days before the interview to remind the interview and to arrange a time and location. The interview schedule was sent to the participants prior to the interview in order to afford enough time for consideration. In four cases, the interviews were postponed because of the participants. Each participant had one-on-one interviews in Kazakh, Russian or English, with a follow-up interview, if necessary, in an environment and at a time convenient to the interviewees.

According to Creswell (2002), it is crucial to conduct the interviews at a neutral or known venue, so participants feel secure and are not terrified of any perceived dangers. The researcher chose small peaceful cafes, offices, or libraries. Each interview lasted for one hour at least, with replies noted and audio recorded, later transcribed and translated into English if necessary. According to ethical considerations to ensure anonymity, pseudonyms P1, P2, etc. were assigned to all interviewees in order to provide anonymity. With the participants' permission, all data was collected and reflective notes were taken throughout the interview process for use during the analysis. From October 25<sup>th</sup> to November 25<sup>th</sup>, 2023, the researcher conducted nine semi-structured interviews. The gathered interview data was stored safely on a researcher's personal computer, which is password protected. All audio-recorded information was transcribed in writing form with no personal information regarding interview respondents. Data was collected and analyzed using field notes and the researcher's reflective diary.

### **3.6 Data Analysis**

The actual data analysis process began when the researcher started to reflect on the data collection phase and make sense of the raw data. Since this is a qualitative study, the data was analyzed using texts, interpretations, and meanings. Manipulation and selection of large volumes of qualitative data were expected. The interviews were first transcribed, translated into English, and then coded. The data was segmented into units of meaning by re-reading the

raw material: a process that involved identifying concepts, ideas, and concerns that participants mentioned more frequently during the conversation.

The themes which arose from the data that were relevant to the research questions were placed within the broader meaningful categories. The categories that emerged from the data were thoroughly examined in light of the research questions and context. The final action was to combine the categories to create titles that structured the debate and allowed common themes to emerge (Creswell, 2014).

### **3.7 Ethical Issues**

From the beginning, this research was conducted in compliance with ethical standards and principles. The primary objectives were treating participants with respect, preserving their interests, and not placing them in danger. Participants were chosen on the basis of their willingness to participate and were fully informed about the study's objective and nature. The duration of the study, the nature of the research, and the specific requirements for participation were communicated to the participants.

An introduction letter, a participant consent form (see Appendix A), and a letter of support from the research supervisor were issued to each participant. The introductory letter and participant consent form elucidated the purpose of the study, provided the confidentiality statement, and clarify that involvement in the study is self-imposed. Participant could withdraw from the study at any time. If the participant did not choose to respond to any of the questions during the interview, he or she might state so, and the interviewer would go on to the next question. The participants were informed that the information they provided would be used to write a qualitative research report that would be read by the researcher's supervisor. Although extracts from the interview would be published in the final study report, the participant's name and other identifiable information stay kept anonymous. Furthermore, the researcher used pseudonyms to provide the confidentiality and protect identities of the

participants. Participants in the research were notified that the data collected during the interview would not be used for any other purpose and would not be kept for longer than necessary. The participant were assured that the material recorded would be kept private, and that the recordings would only be accessible to the researcher and her supervisor. The participant were informed that his or her involvement would contribute to a deeper comprehension of sexuality education implementation process in Kazakhstan.

#### 4. Findings

The research purpose was to explore parents' understanding of sexuality education (SE), perceptions and their attitudes towards implementing school-based sexuality education in schools. The analysis of nine in-depth semi-structured interviews with parents of different school age children from several parts of Kazakhstan is presented in this chapter. Research findings presented in this chapter answer the following research questions:

- What are school students' parents' perceptions of sexuality education and attitudes towards implementing sexuality education in schools of Kazakhstan?
- How do parents understand the notion of sexuality education?
- What are parents' attitudes towards school-based sexuality education?
- What are parents' views about the appropriate age to start SE, the topics to be covered and in what format SE could be offered?

The results are presented in accordance with the themes, identified in the literature review, as well as those, which emerged during interview data coding. The themes are presented in Table 2.

**Table 2**

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*Main Themes from the Analysis*

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Theme 1	Importance of school-based sexuality education.
Theme 2	Whose responsibility is sexuality education?
Theme 3	Parents' perceptions of sexuality education and their attitudes towards implementing it in school.
Theme 4	Parents' views on how sexuality education should be taught.

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The objective of this study was to elicit information from parents in Kazakhstan regarding their associations with and comprehension of sexuality education, their views on

the role of schools in sexuality education, the appropriate age and format for imparting such education, and the responsible party for providing it. Through interviews, the researcher sought to gain a deeper understanding of the attitudes and perceptions of parents toward sexuality education within the school environment, as well as their apprehensions concerning the implementation process. Additionally, the interviewees were questioned about the potential benefits and drawbacks of sexuality education, the ideal type of teacher for instructing students, and their preferred methods of content delivery.

It is noteworthy, that the participation rate of fathers was lower than that of mothers, and parents who were solely proficient in Kazakh refused to partake in the study. As a result, the sample of participants comprised only Russian-speaking or bilingual individuals, with two participants choosing to conduct the interview in English.

In spite of variations in participants' age, gender, level of education, the number and age of children, the vast majority of the study participants expressed positive attitudes and support for the implementation of sexuality education within the school system. Only one parent expressed uncertainty and did not support the implementation of sexuality education at school. Those who were positive about SE acknowledged the significance of school-based sexuality education and expressed appreciation for gaining insight into their children's sexual development. Although all participants believed that it is the responsibility of parents to educate their children about sexuality, most of them reported discomfort and uncertainty in discussing this topic with their children, and therefore were open to sharing the responsibility of sexuality education with schools. Participants highlighted the need for a comprehensive sexuality education program at school, led by a specialist in the field. Subsequent sections in this chapter will present detailed findings for each theme.

#### 4.1 Importance of School-based Sexuality Education

This section will reveal parents' opinions about the importance of school-based sexuality education. In order to better understand parents' views about school-based sexuality education, the researcher initially asked the participants to define the role of school in a person's life in general. All parents said that school plays a big and significant role in a person's life. The first thing which some of the parents mentioned was that school gives basic literacy and education and added that school prepares children for future life.

*P 1: Well, this [school] is probably the most important thing in the life of every person. It is where people learn to write, count, and get a secondary education, which makes the foundation and prepares for life. [mother, 3 school-age children, TVE graduate]*

*P 2: The child receives the basic education and the foundation of knowledge at school. [mother, 1 school-age child, undergraduate degree]*

*P 6: School is the basis for life, this is the environment for communication, this is where they [children] learn to write, read and other basics of literacy. [mother, 1 school-age child, higher education graduate]*

The majority of parents interviewed asserted that schools play a significant role in the development of their children's personalities and the acquisition of crucial social skills necessary for navigating life. A subset of the parents noted that schools tend to occupy a larger proportion of children's time than their parents and thus become a crucial component of their social environment. However, two participants highlighted the notion that the family's role in shaping their children's values and attitudes should not be superseded by schools.

*P 3: School is the main environment in which a person's personality is formed. Of course, the family comes first but the school is the environment, friends,*

*classmates where the kids spend most of their time. [mother, 2 school-age children, TVE graduate]*

*P 5: For me, the school is the second institution [after the family], which gives you education and a view of life, and direction to a future life, but family is first. [mother, 2 school-age children, graduate degree]*

*P 6: The role of the school is very important in shaping a person as personality. The main foundation for the future life of a person is provided by the school. [mother, 1 school-age child, higher education graduate]*

After defining the role of school in a person's life, interviewees were asked about the role of school in sexuality education. Almost all parents admitted that school's role is important in sexuality education. Moreover, they expressed their opinion, that schools should have a subject or curriculum for sexuality education.

*P 2: In general, it is desirable that the school has a subject in this direction, since if the children initially get some ideas about what it is.... [mother, 1 school-age child, undergraduate degree]*

*P 6: I think it would be nice if this was taught in school. [mother, 1 school-age child, higher education graduate]*

*P 8: I think there should be sex education in schools. [father, 2 school-age children, graduate degree]*

Participants mentioned that school would be even more helpful than family since not all parents are able to provide their children with sexuality knowledge due to such factors as embarrassment to discuss the topic with their children or lack of knowledge on the subject.

*P 1: Sometimes parents probably cannot explain or talk about something, but teachers can calmly talk about this topic with students and students will feel more*



*relaxed than [talking about SE] with their parents. [mother, 3 school-age children, TVE graduate]*

*P 3: ... at school, the teacher has authority over the child and everything that sounds from the teacher is considered correct, rather than when a mother and daughter are talking, there will be an embarrassment. [mother, 2 school-age children, TVE graduate]*

In addition, all participating parents acknowledged that the internet has become the primary source of information for children regarding sexuality and sexual health. However, they expressed concerns regarding the credibility and trustworthiness of the information found online, citing the potentially negative influence of social media platforms on children's behavior and decision-making. Parents also viewed that providing sexuality education in schools would equip children with the necessary knowledge and awareness to avoid engaging in risky sexual behavior. Notably, when asked about the main sources of information regarding sexual health, parents provided brief responses, demonstrating some level of discomfort and reluctance to elaborate further on the topic.

*P 2: ...social media, probably. But not at school. [mother, 1 school-age child, undergraduate degree]*

*P 5: The Internet and social media teach everything. [mother, 2 school-age children, graduate degree]*

*P 5: ... if the school provides SE children will keep away from doing silly things. I think that it is not a school but the internet is promoting early sexual activity.*

*[mother, 2 school-age children, graduate degree]*

Based on the responses of parents of school students, it appears that they view schools as appropriate settings for the provision of sexuality education. One parent noted that schools are suitable platforms for imparting knowledge about sexuality and sexual health. All but one

participant expressed a belief that school-based sexuality education can be an effective strategy for preventing HIV/AIDS, sexually transmitted infections, abortions, and teenage pregnancies. Parents emphasized that schools are reliable sources of information as compared to the internet.

*P 4: Yeah, I think that it's one major solution to the problem [of high abortion and pregnancy rates among school students]. [father, 2 school-age children, undergraduate degree]*

*P 5: School actually may be a platform, where SE could be properly introduced. Rather than unfiltered content on the internet. [mother, 2 school-age children, graduate degree]*

*P 7: Oh sure [school can be trusted]. Children will be informed [about SE] by a reliable source. [mother, 1 school-age child, undergraduate degree]*

#### **4.2. Whose Responsibility is Sexuality Education?**

This section describes parents' views on who is responsible for children's sexuality education. Six out of nine participants concurred that parents are the main responsible people for educating children about sexuality.

*P 1: Parents of course [are responsible]. Because parents have to talk to their children and explain what is good and what is bad. [mother, 3 school-age children, TVE graduate]*

*P 3: Mainly, parents. [mother, 2 school-age children, TVE graduate]*

*P 5: Parents first of all and school to some extent. [mother, 2 school-age children, graduate degree]*

A few of the interviewed participants contended that both parents and schools share equal responsibility for providing sexuality education to children. They suggested that since children spend a significant amount of time with their teachers and peers at school, schools

should play a vital role in this regard. Parents were willing to share the responsibility over SE education of their children with the school for various reasons. Some cited a lack of knowledge or confidence in discussing the topic with their children, while others pointed out that both parents and children might feel uncomfortable broaching the subject.

*P 4: I think this is about two sides, school and parents should be equally responsible [about delivering SE]. [father, 2 school-age children, undergraduate degree]*

*P 5: I think in this [SE] question school is more important and helpful. It will be easier for parents if school takes the responsibility for kids' sexuality education. [mother, 2 school-age children, graduate degree]*

*P 8: ...But it would be nice if the school had a specialist who could competently help children [learn SE]. [father, 2 school-age children, graduate degree]*

Although all participants agreed that parents are primarily responsible people for children's sexuality education, in their responses they demonstrated an avoidance approach to addressing the topic and, thus, willingness allow schools to handle SE.

#### **4.3. Parents Perceptions of Sexuality Education and Their Attitudes**

This section will describe how parents understand sexuality education and their attitudes. Eight parents out of nine discussed sexuality education as a positive phenomenon and emphasized the importance of school in educating children about sexuality. They expressed their beliefs that sexuality education should be available at schools. The following statements from the parents illustrate this perspective:

*P 1: [I view SE] Positively. In our time, I believe that the school should have such a subject, which teaches children about sexuality in order to identify any inclinations in children at this moment. ... I believe that it is the psychology of sexual relations that should be explained at school, plus girls should know what*

*time to start their sexual life. We need to talk about it openly.* [mother, 3 school-age children, TVE graduate]

**P 3:** *[My assessment of SE is] Positive. I think SE should be [taught] at schools.*

*Firstly, in order to prevent the consequences of sexual life when the child does not have certain knowledge.* [mother, 2 school-age children, TVE graduate]

Only one parent expressed unfavorable attitude towards sexuality education, highlighting that their family practices Islam, where the topic of sexuality, according to this parent's understanding, is not for discussion. Moreover, she mentioned that in her family children are motivated by parents not to communicate closely with their peers of the opposite sex. However, this mother admitted that her uncertainty about the need of sexuality education in school was caused by the lack of knowledge about sexuality education and there is a possibility that she might agree that teacher delivers some information.

**P9:** *Well, our family practices Muslim religion [Islam]. So, our children are taught to have less contacts one-on-one with opposite sex people. ...*

*Unfortunately, I am not that professional to give my children sex education, so I could allow a school teacher to give some information about it. But mostly, I guess it is more negative for me [if the school offered SE].* [mother, 6 school-age children, graduate degree]

Overall, the associations and understandings of the notion of sexuality education differ among the participants. For example, talking about what SE would cover, two parents mentioned only methods of contraception as a way to prevent the negative consequences of an early sexual engagement and one parent mentioned only condoms and LGBT.

**P 1:** *SE is about methods of contraception, so that tomorrow there will be no consequences, such as unwanted pregnancy, or genital infections, so that children will be prepared for sexual life.* [mother, 3 school-age children, TVE graduate]

*P 9: I associate SE with Condoms and LGBT [mother, 6 school-age children, graduate degree]*

*P 4: This term [SE] describes the idea of teaching concepts related to sexual education, potential dangers of being engaged in sexual relations and benefits of being aware of things related to sexual interaction at an early age for children.*

*[father, 2 school-age children, undergraduate degree]*

Although for some parents the understanding of sexuality education represents information about contraception, physiology and sexual engagement, others connect the notion with psychology, relationship and moral values. These statements of parents illustrate this perspective:

*P1: I believe that it is the psychology of sexual relations that should be explained at school, plus girls should know what time to start their sexual life. [mother, 3 school-age children, TVE graduate]*

*P 2: Teach the child initially how to communicate [with the opposite sex] in the first place. So that children understand [sexual relations] and do not cross some line. [mother, 1 school-age child, undergraduate degree]*

*P 7: Morality, purity, education of the future generation, it [SE] should be in the national color. Kazakh traditions and mentality say that young people should not start sexual intercourse before marriage, especially girls. [mother, 1 school-age child, undergraduate degree]*

Another perception of sexuality education among parents is teaching children about “the borders” or “crossing the line” as not to become pregnant or contract some infection. These answers demonstrate that still there are parents among the participants who have limited knowledge and information about what sexuality education is.

*P 8: This is sex education, about what is allowed and what is not. But I find it difficult to answer this question [what should SE focus on] [father, 2 school-age children, graduate degree]*

Participants in this research believe that knowing about such consequences as abortions, unwanted pregnancy, STDs will enable students to make informed decisions and prepare for adult life. SE should prepare for that.

*P 3: I think SE should be at schools. Firstly, in order to prevent the consequences of sexual life when the child does not have certain knowledge [about safe sex]. [mother, 2 school-age children, TVE graduate]*

*P 7: ...it is necessary to educate children in this direction and convey the correct information so that they make fewer mistakes [in their sexual behavior] or do not make them at all. [mother, 1 school-age child, undergraduate degree]*

Overall, parents would favor incorporating SE into the school curriculum. Even the parent who opposed the idea of SE at schools expressed openness to allowing teachers to cover certain topics related to sex education. Thus, this participant's stance can be considered partially positive. In terms of parents' comprehension of SE content, there appears to be a wide range of perspectives, ranging from a focus on contraception and physiology to the psychological aspects of relationships and moral values. Despite the variation, most parents have emphasized the importance of educating children about the consequences of early sexual activity and promoting awareness of sexual health.

#### **4.4. Parents' View on how SE Should be Taught**

This section describes parental opinions and concerns about how sexuality education should be provided at school. Parents were asked several questions about the best age to start sexuality education, what should be the format of instruction, topics that must be covered and who should teach. In general, the respondents' perspectives did not deviate from each other

strongly. There was a slight difference in the views about the format of providing sexuality education, however the parents shared quite a common perspective on the age to start sexuality education.

A common view among the respondents was that school-based sexuality education should start from grades 4 or 5 at the age of 10 to 11. Interestingly, they connected it with the transition from primary to lower secondary school. Parents think that approximately in this period children distinguish gender and experience their first feelings toward the opposite sex.

**P 4:** *My personal and subjective opinion is that ideally, it should be grade 5 and onwards. Because this is the moment of transition from primary school to secondary school. They are better prepared at that age to get some sexuality awareness.* [father, 2 school-age children, undergraduate degree]

Others said that particularly at this period children are ready to perceive knowledge about sexual health. Only one parent suggested grades 7 or 8 at the age of 13-14 arguing that at this age children experience puberty.

**P 1:** *I think from the 7th grade, well, or from the 8th. For girls, puberty occurs in the 7th or 8th grade. The first menstruation at this age, they want to grow up, begin to pay attention to the opposite sex. First dates, first kiss at that age.*  
[mother, 3 school-age children, TVE graduate]

And one parent who does not support SE refrained from answering this question saying that she needed to know more about sexuality education to be able to answer this question.

**P 9:** *In order to answer this question [when and how SE should be taught at school], I need to know more about sexuality education.* [mother, 6 school-age children, graduate degree]

The majority of parents, five out of nine, suggested that SE should be introduced in school as a separate subject, emphasizing that in that way all children will get sexuality education and feel the responsibility for their sexual behavior. Two parents had opposite views as they argued that sexuality education should be offered as a supplementary subject (“fakultativ”) at school that should not be assessed. Moreover, children should be allowed to choose to participate in this course or not.

**P 6:** *In our time, it seems that it is necessary to directly introduce it [SE] as a subject, then the children will be more responsible about this. [mother, 1 school-age child, higher education graduate]*

**P 3:** *This program [SE] can be implemented as an elective or some kind of monthly course, something like that. I'm not saying that this should be a mandatory lesson in the schedule. They will not study this subject for grades. It should be interesting information. [mother, 2 school-age children, TVE graduate]*

According to the findings of the interviews, the majority of the parents thought that children should receive gender-segregated sexuality education. They suggested that the instruction on this topic should be delivered by teachers of the same gender as the students, with male teachers instructing boys and female teachers instructing girls. This, the research participants argued, would create a more comfortable environment for students, enabling them to ask questions and participate in discussions without feeling embarrassed.

**P 3:** *I think that now it is necessary to separate boys and girls as in other subjects, for example, labor. When the boys go to the carpentry workshop, and the girls to the sewing workshop. [mother, 2 school-age children, TVE graduate]*

**P 5:** *I think that boys and girls should be taught separately and by different teachers. Because if they are taught together, they may feel embarrassed and even offended. SE maybe introduced as a lesson once a week. And it would be good if*



*girls were taught by female teacher and boys by a male teacher. [mother, 2 school-age children, graduate degree]*

In response to the question: “Who should teach sexuality education in school?”

Parents had mainly three common viewpoints. One group thinks that sexuality education is close to the subject of biology, accordingly it might be taught by a biology teacher or psychologist. Another part shared the opinion that SE should be delivered by medical workers or doctors, while the third group considered that there should be specially trained and prepared specialists. Parents also emphasized that the personality of a teacher is very important. They mentioned that it is necessary to prepare such specialists, who can teach SE, first.

**P 3:** *It would be nice if the girls were taught by a woman, and the boys by a man. It should rather be a biology and anatomy teacher or a medical professional.*

[mother, 2 school-age children, TVE graduate]

**P 8:** *Specialist as a psychologist. Maybe even a gynecologist. The personality of a person is very important. [father, 2 school-age children, graduate degree]*

**P 6:** *It should be an individual specialist; it cannot be any teacher. Children should trust this person and be able to talk about such delicate topics with this teacher. Probably it is necessary to prepare such specialists first. [mother, 1 school-age child, higher education graduate]*

Almost all participants shared a common opinion about the topics which should be taught within SE curriculum. Thus, they mentioned hygiene, relationship between man and woman, physiology, safety measures during sexual intercourse reproduction and negative consequences of early sexual engagement.

**P 1:** *Well, I think the difference between female and male, at what age can you start having sex, if it starts, what precautions should be taken and [what are] the consequences [for an intercourse].* [mother, 3 school-age children, TVE graduate]

**P 8:** *[SE content should cover] Anything related to sex education. These are relationships, physiology, contraceptives, pregnancy, the menstrual cycle, and so on.* [father, 2 school-age children, graduate degree]

Some parents emphasized that the content should be age appropriate and suggested that young learners should be taught only such topics as the difference between boys and girls, morality and correct attitudes toward the representatives of the opposite sex, while higher grades should cover more sophisticated topics, such as puberty, contraception, unwanted pregnancy and STDs.

**P 6:** *In different classes, topics should be different according to the age. Initially, you need to reveal the topic of sex, what it leads to, why it is necessary, what kind of protection measures exist.* [mother, 1 school-age child, higher education graduate]

**P 7:** *Morality topics for elementary grades, these lessons can be held together, there you need to explain the differences between boys and girls, the correct attitude towards the opposite sex, etc., and in high school more serious topics like contraception, etc.* [mother, 1 school-age child, undergraduate degree]

One parent who mentioned that she actively practices Islam, emphasized that teachers may teach students only how to keep personal space borders.

**P 9:** *Only the borders [of personal space] - that no one is allowed to touch your body without your permission.* [mother, 6 school-age children, graduate degree]

To sum up, parents' views on how SE might be provided in school vary. Some believe that it should be a compulsory subject, so that all children learn about SE. At the same time

others consider that it should be presented as an elective course which is age-appropriate and taught by a teacher trained in the subject area.

#### **4.5. Chapter Summary**

This chapter presented the findings drawn from the interviews with parents of school-aged children and revealed their attitudes towards the implementation of sexuality education. The participants had different backgrounds. They were male and female, young and mature and with different levels of education. Despite different backgrounds, the majority of respondents support school-based sexuality education as they believe it will prevent uninformed decisions, raise awareness about sexual health, and decrease rates of teenage pregnancies, abortions, and HIV/AIDS/STIs. While parents acknowledge their responsibility to provide sexuality education, they are happy to share this responsibility with schools due to their lack of knowledge, time, or embarrassment. Parents have different perspectives on how school-based SE should be implemented, from a separate subject to a short-term course or even an elective one. They suggest a range of topics, from hygiene and physiology to means of contraception, and emphasize the importance of psychological aspects and moral values. Parents agree that sexuality education should be introduced during the transition from primary to secondary school and should be taught by either a biology teacher or school psychologist, with separate instruction provided by the same gender teacher.

## 5. Discussion

The preceding chapters of this thesis have established the theoretical foundations, described the methodology employed, and reported on the results of the study. The empirical data presented in the previous chapter was obtained from semi-structured interviews with parents of school children, which aimed to investigate their perceptions of and attitudes towards the inclusion of sexuality education in school.

This chapter presents a discussion of the results presented in the previous chapter. It aims to provide further consideration to the research question about the perceptions of Kazakhstani school students' parents regarding sexuality education and their attitudes towards school-based sexuality education. The chapter adopts a social constructivism theoretical framework and presents the results of data analysis, which are then compared with existing literature.

The chapter is organized into three distinct sections, which are focused on the research questions. The first section is dedicated to investigating parents' attitudes towards school-based sexuality education. The second section is concerned with parents' beliefs about who should bear the responsibility of providing sexuality education to their children. Finally, the third section examines parents' perceptions of the form and content of sexuality education introduced in schools.

### 5.1 Parents' Attitudes Towards School-based Sexuality Education

Numerous studies (Acharya et al., 2018, Fonner et al., 2014, Marshal et al., 2020, Bruener et al., 2016) have demonstrated that sexuality education does not have a negative impact on the cognitive development of young individuals, despite popular beliefs to the contrary. Rather, it plays a crucial role in promoting sexual health by affording young learners the opportunity to develop a positive and accurate understanding of sexuality and sexual health. (Wilhelm, 2011) The provision of age-appropriate sexuality education is thus

essential in enabling young children to access empowering information about their sexuality, including values and human relationships. The principal objective of sex education is to offer adolescents the chance to acquire knowledge, reflect on their beliefs, and acquire interpersonal abilities that will empower them to refrain from engaging in sexual activities until they are prepared, avoid unprotected sexual intercourse, and develop into responsible, sexually healthy individuals (UNESCO, 2018).

The results of this research indicate that the vast majority of participants, regardless of their age, educational background, place of living and gender, have positive and supportive attitudes towards the introduction of school-based sexuality education in Kazakhstan. Overall, this finding is consistent with similar research conducted by Leowalu and Hendriks (2021) in Indonesia, which aimed to explore Indonesian parents' perceptions of school-based SE. Their paper says that despite concerns that sexuality education in schools might be against family values and parental approval, studies examining parental attitudes have generally found that parents are in favor of the provision of age-appropriate sexuality education in school. For example, in Canada, a study involving 1,002 parents reported that 87% either strongly agreed or agreed that sexuality education should be provided (McKay et al., 2014, as cited in Leowalu & Hendriks, 2021). Similarly, two separate studies conducted in Australia showed overwhelming support from parents for sexuality education in schools (Macbeth et al., 2009; Robinson et al., 2017, as cited in Leowalu & Hendriks, 2021). Even in countries with strong religious beliefs, research has shown that parents are in favor of school-based sexuality education. For instance, in Oman, 72.8% of 250 participants supported school-based sexuality education (Al Zaabi et al., 2019, as cited in Leowalu and Hendriks, 2021), in Malaysia, 73.0% of 211 respondents supported it (Makol-Abdul et al., 2010 as cited in Leowalu & Hendriks, 2021), in Iran, 77.6% of 600 parents supported SE (Ganji et al., 2018

as cited in Leowalu & Hendriks, 2021), and in Bangladesh, 84% of 1,531 parents supported it (Rob et al., 2006 as cited in Leowalu & Hendriks, 2021).

The findings of this study suggest that parents who hold favorable views towards the integration of sexual health education into the school curriculum are aware of the social issues faced by adolescents in Kazakhstan. Additionally, they acknowledge that the absence of trustworthy and pertinent information both from school and parents compels students to resort to seeking information online, thereby exposing them to potentially harmful and damaging material related to sex. Depauli and Plaute (2018) in their research of Austrian parents' and teachers' attitudes towards sexuality education, support Kazakhstani parents' concern that the influence of digital media on adolescents' sexual development is substantial. On the one hand, it offers a convenient means for young people to quickly obtain answers to their sexual queries. On the other hand, the unfettered access to explicit pornography promotes early sexual intercourse, pertains to gender and sexual violence, including emerging forms of harassment like 'grooming' 'sexting' and etc.

## **5.2 Whose Responsibility is Sexuality Education?**

As mentioned in the previous section children receive information about sexuality and sexual health from the internet since neither parents nor school provides any. Consequently, the question of responsibility for educating students about sexuality arises. The research conducted in Indonesia by Leowalu and Hendriks (2021) confirms the findings that parents admit their primary role in educating children about sexuality and, at the same time view SE as a shared responsibility between school and parents. Three main reasons emerged in this research for such a perspective of parents: lack of proper knowledge, lack of time spent with their children, and socio-cultural barriers that lead to avoiding discussions about sexuality issues. Several studies confirm the finding of this research that parents often avoid discussing human sexuality with their children (Hashimoto et al., 2012 as cited in Olufadewa et al.,

2021; Onwuezobe & Ekanem, 2009) In a qualitative study of Kenyan parents, Wanje et al., (2017 as cited in Olufadewa et al., 2021) discovered that many parents preferred for sexuality education to be taught by school teachers, and some fathers reported difficulties communicating about sexual health and relationships with their daughters due to cultural and religious reasons. A quantitative study by Hashimoto et al. (2012) of over 5,000 parents in Japan similarly found a preference for teaching the physiological aspects of human sexuality in schools rather than at home, although the reasons for this preference were not fully explored. The study done by Marshall et al. (2020) in Arkansas, USA confirms that parents are unaware and uneducated about sexuality and therefore don't feel themselves equipped to address most sexuality topics. Such similar findings from multiple studies indicate that parents are willing to delegate the responsibility of teaching sexuality education to teachers and school (Depauli & Plaute, 2018; Leowalu & Hendriks, 2021; Olufadewa et al., 2021). Furthermore, some participants of this study emphasized that school might be a good platform for providing SE to children. This finding is in line with the study done by Tanton et al. (2015) where parents suggest that the school provides an ideal platform for teaching sexuality education, as teachers are able to follow a structured curriculum that is specifically designed to address the unique needs and concerns of students at different developmental stages. In contrast, parents may not have access to this curriculum or the requisite knowledge and skills to teach about sexuality in a comprehensive and age-appropriate manner. Ultimately, by providing accurate and reliable information about sexuality in a safe and supportive environment, teachers can help young people develop healthy attitudes towards sex and sexuality and make informed decisions about their sexual health and well-being.

Furthermore, participants of the study agreed that school is an environment where children not only receive academic knowledge but also learn life skills. According to UNESCO (2018), sexuality education is an ongoing process that equips students with crucial

knowledge and skills to promote better health and well-being (Bruess & Schroeder, 2014; European Expert Group on Sexuality Education, 2015).

In conclusion, Kazakhstani parents, like parents in other countries, recognize the important role they play in educating their children about sexuality. However, many of them lack the confidence to provide age-appropriate, credible, and scientifically accurate information due to a lack of knowledge, time, and feelings of embarrassment. This finding suggests that before parents can effectively educate their children about sexuality, they themselves need to receive sexuality education. This would enable them to better understand the sexuality education curriculum and facilitate better communication between schools and families. Ultimately, this could lead to better outcomes in terms of children's sexuality education.

### **5.3 Parents' Perceptions of the Form and Content of School-based SE**

#### ***5.3.1. Age-Appropriate Sexuality Education***

Since sexuality education is described as a life-long process of acquiring knowledge, values, and competencies that enable individuals to make responsible decisions about their sexual lives (UNESCO, 2018), it cannot be offered as a one-time course, and almost all participants of this study suggested that it should be implemented in the school curriculum as a separate long-term subject. In the USA and most the European countries sexuality education is incorporated into school curriculum (Huber, 2009), however, in Asian countries the implementation of sexuality education in schools faces significant obstacles due to socio-cultural barriers (Clarke & Aggleton, 2012) which is similar to the Kazakhstani context.

One of the major concerns in implementing SE is the best age to start offering sexuality education. According to the findings of this research, parents suggest to start educating children from the age of 10-11. They connected it with the transition from primary to middle school. This finding is close to a similar study conducted in Indonesia (Leowalu &



Hendriks, 2021) According to this study, Indonesian parents were in favor of introducing sexuality education topics before grade four, which is around the age of 9-10. It has been suggested by previous Indonesian researchers that the appropriate timing for sexuality education is in line with a child's age, level of maturity, and physical development. This view is supported by research conducted in other Muslim-majority countries. (Bennet, 2007; Pakasi & Kartikawati, 2013).

However, in Malaysia which is also partly Muslim country, parents' opinion is different. The results of the study conducted in Malaysia by Pute and colleagues (2009) indicate that seventy three percent of parents approved that SE should start in primary school at the elementary level. This result is also supported by previous research findings (Price et al., 2003; Welshimer & Harris, 1994 as cited in Pute et al., 2009). The parents in these countries believe that sexuality education should begin before puberty so that when children reach this period are already aware and equipped with needed knowledge and skills (Pute et al., 2009). On the contrary, parents from Nepal argued that sexuality education should be introduced from grade seven, because teenage students have an increasing interest in sex and sexual content due to the modernization (Acharya et al., 2019). Thus, the views of school-aged children's parents differ.

International technical guidance on sexuality education (ITGSE) (UNESCO, 2018) suggests providing SE from the age of 5. The international technical guidance in sexuality education aims to provide comprehensive sexuality education to young people in stages based on their age and educational level. ITGSE defines four age groups (5-8 years, 9-12 years, 12-15 years, 15-18+ years). The program's learning objectives for younger students are basic and involve simpler activities and less complex cognitive tasks. The second and third age groups overlap to cater to the needs of learners of different ages in the same class. The last age group, ages 15-18+, acknowledges the possibility of having learners older than 18 and

accommodates more mature learners in tertiary institutions. This model differs substantially from what parents offer in the interview in this research, therefore UNESCO (2018) recommends tailoring sexuality education appropriately. It is necessary to consider the social and cultural norms and the epidemiological context of the country or region. Cultural norms play a vital role in shaping attitudes and beliefs about sexuality and sexual health, and programs should respect and reflect this. Similarly, understanding the epidemiological context, including STI prevalence and unintended pregnancies, is essential in designing effective programs that address the specific needs of the population.

### ***5.3.2 Content of Sexuality Education***

One of the major findings of this research is parents' awareness of the content of sexuality education curriculum. Parents' understanding of SE content is limited and mostly focused on physiology, contraception and preventing negative consequences. As per the methodology employed in this research, an open-ended question was used to inquire about the topics parents think should be covered in sexuality education with the aim of assessing the extent of parents' awareness about the subject matter. However, the findings revealed that in order for parents to be able to make meaningful input to what they think SE program should cover, they must be given a comprehensive list of possible topics. Without such guidance, parents may provide responses that are solely based on their life experiences.

This is confirmed by several studies, exploring the level of approval for specific topics and particular age-groups of students. For example, Depauli and Plaute (2018) conducted a study in Austria where they surveyed parents and teachers to gather their opinions on the importance of the topics covered by the World Health Organization (WHO) standards, as well as any additional aspects they believed should be included in the primary school curriculum for sexuality education. The study revealed that, according to the parents,

the most significant topics were the biological fundamentals, hygiene, and safety-related aspects.

This finding is in agreement with the themes identified by Kazakhstani parents. This suggests that parents' concerns are comparable across different contexts, and that they are primarily influenced by social issues. This finding is supported by several studies. For instance, a study conducted in Malaysia found that more than 90% of parents surveyed desired topics covering physical and social changes during puberty to be integrated into the school curriculum (Makol-Abdul et al., 2010, as cited in Leowalu & Hendriks, 2021). Similarly, in Oman, parents expressed the need for subjects concerning personal safety and sexual abuse to be introduced as early as grades one to four, with other subjects being presented in later grades based on children's developmental stages (Al Zaabi et al., 2019, as cited in Leowalu & Hendriks, 2021).

The perception of school-based sexuality education among Nepali parents is similar to that of Kazakhstani parents, and both are based on common social problems such as high rates of teenage pregnancies, STIs, and abortions (Adhikari & Prevalence, 2015; NDHS, 2016 as cited in Acharya et al., 2019). Acharya et al. (2019) reported that in Nepal, parents evaluate the current sex education policy as not effectively implemented in classrooms, resulting in poor understanding and inadequate delivery of sex education programs. The authors note that sex education in Nepal primarily focuses on factual biological issues while overlooking important topics such as feelings, relationships, and social issues.

Stone et al. (2013, as cited in Acharya et al. 2019) highlight the lack of comprehensive information on sexual reproductive health, including sexual behaviors, relationships, and life skills. This deficiency in sex education in Nepal fails to address the needs of students and parents in terms of sexuality education. Overall, it is worth noting that parents from the countries mentioned above including Kazakhstan associate sexuality

education mostly with negative social issues and view it as an effective way to prevent those. Nonetheless, sexuality education is not only about preventing negative issues it is also about gender equality, health and well-being, relationship and family planning and more.

### ***5.3.3 Teachers of Sexuality Education***

To successfully introduce effective school-based sexuality education despite such significant aspects as curriculum, age-appropriateness and government policy, there should be proper educators to conduct the program. In delivering effective school-based sexuality education, teachers play a crucial role, and this importance cannot be understated. The participants of this research expressed three common views on who should deliver SE at school: biology teacher, psychologist or specially trained teacher, additionally parents expressed their concern regarding the personality of the teacher, they emphasized that children should trust this person and be able discuss sensitive topics. This finding is consistent with what Rosenthal et al. (2011), state. Researchers claim that young people prefer to receive sexuality education from teachers because they are perceived as the most trustworthy, reliable, and credible source of information on sexuality. Additionally, young people may feel more comfortable discussing sexuality with teachers than with their parents, who they may perceive as too close to them to have an open conversation about this sensitive topic.

Pound and colleagues (2016 as cited in Acharya et al., 2019) suggests that sexual health educators who establish a positive relationship with students should deliver school-based sex education. Besides, the qualifications of the sexuality education teacher are of significant importance. Teachers who deliver sexuality education subject need to be well-trained and qualified in the subject area. This finding is supported by the findings of similar research conducted in Austria (Depauli & Plaute, 2018), Malaysia (Pute et al., 2009), the USA (Marshall et al., 2020) and Indonesia (Leowalu & Hendriks, 2021).

International technical guidance on sexuality education (UNESCO, 2018) states that it is crucial that competent and assisted educators teach SE programs within a school context, as this enables the provision of sexuality education to a significant number of adolescents before they engage in sexual activity. To achieve this goal, it is important for teacher education programs to consider the specific age group and type of educational institution where sexuality education will be taught. The necessary skills and requirements for effective instruction will vary based on these factors. According to WHO standards (WHO & BZgA, 2010), the success of sexuality education is not solely dependent on the subject matter but on the depth and skill of instruction provided by educators. How teachers should approach topics such as reproduction, sex, relationships, and family planning will also differ depending on the age group, ranging from kindergarten to high school (Stone et al., 2017).

Barr and colleagues (2014, as cited in Depauli & Plaute, 2018) have identified seven criteria and corresponding indicators for the training of teachers in the field of sexuality education. These criteria encompass professional disposition, diversity and equity, content knowledge, legal and professional ethics, planning, implementation, and assessment. Teacher candidates should demonstrate comfort, commitment, and self-efficacy in teaching sexuality education while displaying respect for the individual, family, and cultural characteristics that may affect students' learning about sexuality. They should also possess accurate and up-to-date knowledge of the biological, emotional, social, and legal aspects of human sexuality and make decisions based on applicable laws, regulations, policies, and professional ethics. Furthermore, teacher candidates must plan, implement, and assess age- and developmentally appropriate sexuality education that aligns with standards, policies, laws, and reflects the diversity of the community. These criteria form a solid foundation for the development of future initial teacher education and professional development programs.

However, the findings of previous research (Kargayeva, 2021; Zhuravleva, 2021) about teachers' perceptions of school-based sexuality education in Kazakhstan indicate that teachers are not willing to take accountability for students' sexuality education, since they believe that it is parents' responsibility and they do not feel themselves competent and equipped enough to deliver the subject. Moreover, teachers who participated in the study conducted by Kargayeva (2021) mentioned the lack of professional training and support, misunderstanding from parents' side and cultural barriers. The study conducted by Zhuravleva (2021) aimed to explore teachers' attitudes and level of self-efficacy in terms of delivering sexuality education indicates that, although teachers have positive attitudes towards implementing SE in school curriculum not all of them expressed a desire to teach the subject. The majority of teachers believed that it should be a psychologist since SE is more about psychology (Zhuravleva, 2021). Overall, comparing the views of parents' and teachers in Kazakhstan on the same question it is clear that they have similar views that prior to implementing school-based sexuality education, the government should prepare well-trained, competent professionals in the subject area.

#### **5.4 Conclusion**

The results of this study align with findings in other studies across the globe and indicate favorable views of parents towards sexuality education, the importance of providing sexuality education in school settings, and the positive effects of sexuality education in terms of reducing the rates of teenage HIV/AIDS, STIs, and pregnancies or abortions. Additionally, this study shows that regardless of gender, age, years of experience, and school location, the parents in Kazakhstan endorse the inclusion of sexuality education in schools.

## 6. Conclusions

The aim of this study was to explore the perspectives and attitudes of parents of school-aged children in Kazakhstan regarding the potential inclusion of sexuality education in the school curriculum. The study also sought to investigate parents' preferences for the form of delivery of such education. Participants from diverse age groups, genders, and educational backgrounds, and residing in various cities across Kazakhstan, were involved in this study. The present chapter delineates the suggestions that have been developed based on the findings of the study, the potential directions for future research in this field, a synopsis of the key findings, as well as the constraints of this study.

This study has been guided by the following research questions:

What are school students' parents' perceptions of sexuality education and attitudes towards implementing sexuality education in schools in Kazakhstan?

Sub-questions:

1. How do parents understand the notion of sexuality education?
2. What are parents' attitudes towards school-based sexuality education?
3. What are parents' views about the best age to start sexuality education, what topics should be covered, who should teach, and in what format?

Based on the findings of the current research, several conclusions can be drawn. Parents demonstrated positive and supportive attitudes towards school-based sexuality education. They anticipate the need for this subject to be implemented in schools in Kazakhstan. They state that the absence of sexuality education is one of the primary reasons for such social issues as teenage and unwanted pregnancy, high rates of abortions and STI's. All participants expressed their beliefs that sexuality education must be a part of the school curriculum in the form of a separate holistic subject throughout the school period, therefore it needs to be age-appropriate and comprehensive. Participants of the current study agreed on

the age when children should start involve in sexuality education and suggested that the best age is 10-11 years, when students transfer from primary to middle school. They believe that children are mentally and emotionally mature enough for the subject at this age. The findings indicate that parents in Kazakhstan, as in other countries mentioned in this research, have limited knowledge about sexuality education and their perceptions are mainly based on the awareness of social problems connected to the subject. Although participants admit their primary role in educating children about sexuality, they believe that it should be shared with the school, since children spend much of their time at school. Moreover, school represents better settings for such education and teachers would be more efficient in introducing the subject compared to parents.

At the same time, parents expressed their concerns regarding the candidates for sexuality education teachers. Particularly they emphasized that such educators should possess certain personal qualities that would encourage students' involvement and interaction, and even more importantly, these teachers must be trained in this specific subject area before engaging in the teaching process. Meanwhile, some parents mentioned that it is desirable that children are taught separately according to gender and taught by the same gender teacher respectively. This finding reflects parents' relation to socio-cultural norms and beliefs. This shows that in order to be successfully implemented, a potential school-based sexuality education curriculum should consider Kazakhstani socio-cultural context. At present, schools do not have a formal program for sexuality education, nor are there any established standards or guidelines for the curriculum beyond recommendations from the Ministry of Healthcare.

## **6.1 Limitations**

There are several limitations to the present research. Firstly, the study's sample size was small, consisting of only nine parents. Consequently, it is impractical to apply the findings to the entire nation. Secondly, those interviewees who agreed to participate may have held more



optimistic views on the subject, which remains highly contentious for some. Thirdly, due to the sensitive nature of the research, individuals who exclusively speak Kazakh refused to take part in the research, most likely due to cultural barriers, thus the representatives of a large proportion of Kazakhstan's population could not be reached. Therefore, the results of this study must be analyzed with prudence.

## **6.2 Recommendations**

According to the review of international literature, it is evident that providing sexuality education plays a vital role in reducing the incidence of teenage pregnancy, sexually transmitted infections (STIs), human immunodeficiency virus (HIV)/ acquired immune deficiency syndrome (AIDS), and abortions. Considering the national statistics related to the aforementioned social issues prevalent in the Republic of Kazakhstan, it is advisable to introduce sexuality education as a mandatory subject for school students. The introduction of sexuality education will enable teenagers to make informed decisions and empower the citizens of Kazakhstan with their right to access reliable information on sexuality-related matters. Considering parents' perspectives, existing issues and local context, it is reasonable to choose a comprehensive-sexuality education approach in Kazakhstan. International Technical Guidance on Sexuality Education (UNESCO, 2018) may be applied as the basis to develop formal standards and guidelines for a comprehensive sexuality education curriculum that takes into consideration Kazakhstani socio-cultural context.

To successfully implement a comprehensive sexuality education curriculum, it is essential to engage stakeholders, including parents, educators, policymakers, and other relevant organizations, in the development and implementation process. It is crucial to develop a consensus on the scope, objectives, and delivery methods of the curriculum to ensure that it is effective and acceptable to all parties involved. Furthermore, it is essential to provide adequate resources, including training programs and instructional materials, to ensure

that teachers are well-equipped to deliver the curriculum effectively. To make the implementation process easier and more successful, it is recommended to raise parents' awareness and understanding of sexuality education through providing an introductory course that may be held both online and live. In addition to schools, community-based organizations and healthcare providers can play an essential role in promoting sexual health and supporting the delivery of the curriculum. Finally, the curriculum should be regularly reviewed and updated to reflect changing social norms, emerging issues, and new research findings. By doing so, it can continue to be relevant and effective in promoting healthy sexual behaviors among youth in Kazakhstan.

### **6.3 Directions for Future Research**

The results of the present study indicate the necessity for additional investigation into the attitudes of the wider population. A quantitative or mixed-method study would be appropriate to obtain more comprehensive data regarding the degree of parental endorsement for the integration of sexuality education in schools in Kazakhstan. Additionally, it would be beneficial to examine why certain parents advocate for distinct instruction for males and females. These discoveries underscore the dearth of literature on sexuality education in Kazakhstan, and further research would enhance the literature and knowledge in this field.

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## Appendices

### Appendix A

### Consent Form

#### Appendix B: Consent form (English version)

#### Parents' perceptions and attitudes towards implementation of sexuality education in schools of Kazakhstan.

**DESCRIPTION:** You are invited to participate in a research study on the attitudes and perceptions of parents towards the implementation of school based sexuality education. This research is a qualifying work in a Master's degree program at Nazarbayev University, Graduate School of Education. The purpose of this study is to explore how parents of school age children understand the notion of sexuality education; how they see the role of schools in providing sexuality education. As part of this research, you are invited to participate in one-on-one interview with a researcher. The interview will be audio recorded with your consent in order to provide a precise record. Data access will be restricted to the researcher and the research supervisor. The study's findings will only be used for academic purposes.

**TIME INVOLVEMENT:** The interview will last approximately 30 -40 min. Your overall participation will take no more than 60 minutes.

**RISKS AND BENEFITS:** Your name and any other information that could be used to identify you won't be disclosed. The risk in this research is no higher than you may encounter in your daily life. However, the interview questions may bring back some sensitive memories or inconvenience in terms of saying something embarrassing, since you may perceive the topic of sexuality as sensitive.

The benefits which are expected to result from this study are a chance to contribute to possible changes in the educational policy on sexuality education. This research will also contribute to the existing knowledge on this topic. The study may be useful for other agencies working towards implementation of sexuality education in Kazakhstan.

**PARTICIPANT'S RIGHTS:** If you have read this form and have decided to participate in this project, please understand your participation is voluntary and you have the right to withdraw your consent or discontinue participation at any time without penalty or loss of benefits to which you are otherwise entitled. The alternative is not to participate. You have the right to refuse to answer particular questions. The results of this research study may 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. The supervisor is Rita Kasa, Associate Professor, Nazarbayev University Graduate School of Education, phone: +7771 297 47 35, e-mail:rita.kasa@nu.edu.kz

**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

**Appendix B**  
**Interview Protocol**

**English**

**Participant No:** \_\_\_\_\_

**Place:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Age:**

A) 20-25                      B) 25-30                      C) 30-35                      D) 35-40                      E) 40-45                      F) 45+

**Gender:**

MALE                      FEMALE

**Education level:**

General education degree      Professional education (TVE) degree      Bachelor's degree      Master's degree  
Other \_\_\_\_\_

**Interview Starting Time:** \_\_\_\_\_

**Interview questions**

Block 1

1. How many children of school age do you have?
2. In what grades they study?

Block 2

3. What do you think about the role of school in a person's life? (RQ2)
4. Is the concept of sexuality education more positive or negative for you? Why? (RQ1)
5. What do you think about the role of school in sexuality education? (RQ2)

*This study as you know focuses on the issue of sexuality education and now, I will proceed with questions on this topic.*

6. Who do you think should be responsible to educate students about sexuality? (RQ2)

7. What are your first associations/thoughts with the words sexuality education? (RQ1)
8. At the moment, where do you think school children get information on sexual health?  
(RQ2)
9. *Recent surveys conducted by UNFPA show that around a third of teenagers in Kazakhstan are sexually active, and almost 15 per cent of these said that they had at least one symptom of a sexually transmitted infection over the past year. However, over 60 per cent of them did not seek any medical help, while 22 per cent of sexually active girls said they had an abortion. (<https://www.unfpa.org/news/kazakhstan-adolescents-demand-information-avoid-teenage-pregnancies> ).* What do you think are possible solutions to the problem of increasing the rate of teen pregnancy and abortion and STD rates? (RQ2)
10. Do you think school sexuality education is an effective way to prevent HIV/AIDS/STI/abortions/teenage pregnancies? Why or why not?
11. Do you think that school sexuality education promotes earlier sexual involvement? Why? (RQ2)

### Block 3

12. At what age or grade sexuality education can be offered and why?
13. In what format in your opinion sexuality education in school can be offered?
14. What topics of sexuality do you think should be covered in school?
15. Who do you think should teach sexuality education in schools?

### Block 4

16. What is your opinion on the statement “Knowing about sexual health is a human right”?
17. What would you say if the school where your children study said they will be offering sexuality education?



**Concluding questions**

I have asked all my questions. Is there anything you would like to say that you did not mention but would like to add?

Thank you for this interview!