



**Share-Net**  
Jordan  
The Knowledge Platform on  
Sexual and Reproductive Health  
and Reproductive Rights



**Report on the Knowledge Product Regarding  
"The Readiness of Lebanese Educators to Establish Competencies  
Related to Sexual Education and Reproductive Health"**

**2024**



**Share-Net**  
Jordan  
The Knowledge Platform on  
Sexual and Reproductive Health  
and Reproductive Rights



**Report on the Knowledge Product Regarding**  
**"The Readiness of Lebanese Educators to Establish Competencies**  
**Related to Sexual Education and Reproductive Health"**

**Submitted to**

**Share-Net Jordan – Sexual and Reproductive Health**

**and Reproductive Rights Platform**

Prepared by  
The Director of the Educational Research and Development Center - Lebanon  
**Professor Hiyam Ishaq**

**Technical Team of the Higher Population Council and Share-Net Jordan:**

- Prof. Dr. Issa Al-Masarwah - Secretary General
- Ali Al-Mutlaq - Director of Studies and Policies Unit, and Coordinator of Share-Net Jordan
- Ghaleb Al-Azzeh – Senior Researcher
- Rania Al-Abbadi - Assistant of the Secretary General
- Woroud Albtoush: Researcher.
- Razan Al-Azzeh: Researcher.
- Fayhaa Awwad: Public Relation and Communication Coordinator

## Introduction

The topic of reproductive health and gender equality is considered one of the most important issues prioritized by the Lebanese Ministry of Education and Higher Education. The Educational Research and Development Center has given this issue great attention, implementing supportive projects in collaboration with the United Nations Population Fund. The Center has also played a pivotal role in influencing policies and practices in the field of comprehensive sexuality education at the national level, and in developing executive plans related to reproductive and sexual health issues to achieve the Sustainable Development Goals 2030, particularly Goal 3 concerning health and well-being.

Despite the need for reproductive and sexual health, learners are deprived of the right to make critical decisions about their bodies and future, especially during this age when they are in dire need of quality sexuality education that protects them from various dangers, reduces and/or prevents problems related to sexual issues (child marriage, unwanted teenage pregnancy and abortion, prevention of the transmission of sexually transmitted infections, early dating, violence, etc.), and enhances their understanding of reporting procedures to the relevant official authorities in case of exposure to such issues, whether inside or outside the classroom. This will have a subsequent impact on the well-being of their families and future generations. It may also exacerbate poverty and gender inequality.

Therefore, several attempts have been made at the Center to develop pre-university general education curricula and to integrate the "Life Skills Curriculum for Sexuality Education from a Gender Perspective for Pre-University Education" (approved by a circular issued by Her Excellency the Minister of Education and Higher Education, Mrs. Bahia Hariri, No. 18/M/2009 dated 26/8/2009) specifically into general education curricula and textbooks. However, this integration process has not been achieved to date due to numerous obstacles. It should be noted that work on this issue is still ongoing to integrate sexuality and reproductive health programs within the project to renew pre-university general education curricula, which is currently being undertaken by the Center, in order to achieve "increasing the provision of information and raising awareness among young people about reproductive and sexual health issues", through various activities and interventions aimed at providing information to young people through various channels and from diverse and reliable sources such as curricula, classroom and extracurricular activities, awareness campaigns in local communities and in the media, and other activities that target young people in all Lebanese regions.

Based on the foregoing, the Director of the Educational Research and Development Center, Professor Hiyam Ishaq, and the National Coordinator of the project to integrate the Life Skills Curriculum for Sexuality Education from a Gender Perspective into Pre-University General Education Curricula, Mr. Wael Kazan, participated in the activities of the regional conference on comprehensive sexuality education and the extent of integration of sexual and reproductive health concepts into curricula and textbooks in Jordan - Amman during the period between 22 and 23 April 2024.

This participation in the activities of this conference, alongside partner countries: Jordan, Morocco, Egypt, and Tunisia, came to exchange joint knowledge production among the participating countries and to benefit from the various experiences and expertise in the field of sexuality education and reproductive health, and in the mechanism of these countries' integration of this topic into curricula and textbooks. Work was also carried out within the activities of this conference with the participating delegations on common issues in the field of reproductive and sexual health, and strengthening and empowering our capacities in this field, and coming up with recommendations that help to overcome the main obstacles and challenges that we may face in our country, and identifying knowledge gaps and evaluating lessons learned to achieve the integration of the Life Skills Curriculum for Sexuality Education from a Gender Perspective into Pre-University General Education Curricula in Lebanon.

### **1. Grant from Share-Net Jordan to the Lebanese Delegation**

On the sidelines of the aforementioned conference, the participating team from Lebanon received a grant from Share-Net Jordan to produce knowledge content related to the topics of sexuality education and reproductive health that were raised at the conference. After witnessing during our participation in the conference activities that address topics related to reproductive health poses a fundamental challenge for all Arab countries, in addition to the importance of gaining the support of directors and educators for this topic, which confirms the existence of a gap in this topic that must be addressed.

Based on the fact that the issue raised by us was not addressed by any of the participating countries, a project proposal was submitted under the title: "The Readiness of Lebanese Educators to Establish Competencies (Knowledge, Skills, and Attitudes) Related to Sexuality Education and Reproductive Health", targeting all teachers in primary and secondary education.

### **Executive Summary of the Project (Exploratory Field Study)**

#### **1.2 Purpose of the Exploratory Field Study**

The purpose of choosing the project topic is due to the lack of a recent database on the readiness of educators in Lebanon to implement "the integration of concepts related to sexuality education and reproductive health into pre-university general education curricula". Also, based on our ongoing communication with teachers, we have noticed the concern of some of them when addressing topics related to reproductive health and sexuality education, in addition to the lack of a reference framework for teacher competencies in reproductive health and sexuality education in Lebanon.

The Educational Research and Development Center is currently renewing pre-university general education curricula, so there is a real and available opportunity to work on the aforementioned project at this particular time.

Therefore, a plan was proposed to implement this project, after which a report will be prepared on the project topic,

accompanied by evidence and data supported by numbers about the reasons for the concerns of educators in Lebanon about addressing these topics and their readiness for the topic. The final report will be used to prepare a policy to gain support for the topic and to prepare a reference framework for teacher competencies in reproductive health and sexuality education in the near future, and to train teachers on it in the long term.

The project plan included several stages, during which an exploratory field study was conducted by the Educational Research and Development Center with the aim of revealing the reality of sexuality education teachers and their perceptions of this education and how to establish its competencies (knowledge, skills, attitudes) with quality within the Lebanese context, taking into account the professional standards for preparing sexuality education and reproductive health teachers, especially those specific to this education.

## **2.2 Questions of the Exploratory Field Study**

The exploratory field study addressed fundamental questions about the readiness of educators in Lebanon to implement "the integration of concepts related to sexuality education and reproductive health into pre-university general education curricula". Several sub-questions were also raised within six sections: content mastery, professional development and performance, diversity and equity, laws and professional ethics, implementation and evaluation.

**The questions of the first section:** content mastery, addressed the areas and topics that are addressed by teachers to establish the competencies of sexuality education and reproductive health, and about their participation in training courses on these topics. Questions were also raised about how to teach competencies related to sexuality education and reproductive health (in an integrated manner within other educational materials, in an independent educational subject, through seminars/conferences or other options...).

Within this section, several questions were asked about the extent to which teachers possess knowledge related to the cognitive, physical, and emotional changes associated with the sexual development of children and adolescents. It also inquired about their mastery of healthy behavioral theories related to promoting sexuality education and reproductive health, and their understanding of official laws and school regulations related to sexual issues and their impact on young people.

**In the second section:** Application of Sexuality Education, teachers were asked several questions about their attitudes towards introducing sexuality education into the school (supportive, opposed, or indifferent) with a justification for their position. Their opinions were also sought regarding the identity of the parties involved in establishing competencies related to sexuality education and reproductive health for learners and/or those authorized to do so (parents/guardians, peers, school, media, social media, religious leaders, ...).

Then, questions were asked about whether the establishment of topics related to sexuality and reproductive health in schools is currently limited to the official national curriculum or goes beyond that to provide learners with additional competencies that address learners' attitudes and behaviors.

This section also addressed the issue of informing parents/guardians about their children receiving competencies related to sexuality education and reproductive health that are not included in the official national curriculum and their attitude towards this issue (acceptance, rejection, or indifference) and the reasons for it, as well as the extent of their cooperation with the school if they are invited to participate in teaching their children topics related to sexuality education and reproductive health.

**In Section 3:** Evaluation, questions were asked about the extent to which teachers address the evaluation of learners' achievements related to competencies in sexuality education and reproductive health, and the nature of this evaluation (knowledge, skills, attitudes, or behaviors), and the methods by which this evaluation is carried out (tests and written production, oral questions, individual/group observations, or otherwise...).

**In Section 4:** Diversity and Equity, several questions were asked about the classification of teachers according to students' reactions in their classes to the sexuality education and reproductive health curriculum (highly motivated, motivated, indifferent, or highly indifferent) and the reasons for this, in addition to addressing the challenges and difficulties faced by the topic of establishing issues related to sexuality education and reproductive health in schools.

**In Section 5:** Professional Development and Performance, the characteristics of a teacher who is able to teach topics related to sexuality education and reproductive health were addressed, as well as their readiness for this topic in terms of training and abilities.

**Finally, in Section 6:** Laws and Professional Ethics, the extent to which teachers are aware of the laws that protect learners from sexual abuse, incest, dating, violence, and other related sexual health issues was addressed, as well as their awareness of reporting procedures to the relevant official authorities when learners disclose being exposed to such issues, in addition to their awareness of the difference between appropriate professional behavior and unprofessional behavior while dealing with learners exposed to issues related to sexual problems, whether inside or outside the classroom.

## **3.2. Key Findings:**

### **1.3.2. At the level of teachers' content mastery:**

#### **Results at the level of teachers' content mastery showed that:**

- The highest percentage of teachers focused on teaching knowledge related to sexuality education, the lowest percentage focused on empowering teachers with attitudes, and a small percentage focused on skills and behaviors related to reproductive health.
- More than 50% of teachers do not have knowledge related to the sexual development of adolescents, including cognitive, physical, and emotional changes, or their knowledge is limited in this area.

- 50% of teachers have not undergone any training, while the highest percentage of other teachers have been trained on topics that focused on moral and ethical issues, and on the anatomy and physiology of the reproductive system, with the lowest percentage on sexually transmitted diseases, pregnancy issues, and contraception.

Directors, during the focus group, emphasized the importance of assigning the teaching of sexuality education to a specialized teacher who is proficient in knowledge and skills and is familiar with diverse attitudes and values to establish sexuality education and reproductive health competencies neutrally and objectively, away from their values, beliefs, biases, and past experiences to empower learners with these competencies scientifically and effectively.

### **2.3.2. At the level of implementing sexuality education, how is it preferred to establish reproductive health competencies?**

#### **The results show that:**

- The majority of teachers appreciate the importance of providing sexuality education to learners, as a high percentage of them (85.7%) support the introduction of sexuality education into the school, and 75% of them are interested in the topic.
- More than 90% of teachers (a very high percentage) considered that parents are responsible for establishing the competencies of sexuality education.
- Over 80% (also a high percentage) consider that the school is responsible for this topic, specifically the teacher, followed by the psychologist and the social worker.
- The results showed that approximately 50% of teachers believe that learners obtain sexual information from the media, social media, and peers.
- There is a difference among teachers regarding the method followed in teaching this subject, as about 50% of them prefer teaching it within the general curriculum. While approximately 50% prefer teaching it outside this framework, i.e., during seminars and conferences. A smaller percentage prefer teaching it in a separate subject, and the lowest percentage prefer teaching it in an integrated manner within other educational materials.
- When addressing the possibility of establishing sexuality education in classrooms, a high percentage of teachers (approximately 75%) stated that they do not teach topics related to sexuality education and reproductive health. A high percentage of them expressed that the current curriculum does not provide space to establish sexuality education competencies. A very high percentage of teachers believe that any efforts made in teaching this subject are based on additional competencies not noted in the curriculum that address behaviors and attitudes.

This was confirmed by the results of the focus group, where the participating directors agreed that the current curriculum is large and does not include all sexuality education competencies, and they considered that the lack of time is one of the most prominent challenges faced by the teacher in giving additional time to establish these competencies.



As for involving parents in establishing the competencies of this subject, the directors considered that involving them is a challenge, but they acknowledged that this segment has become more aware and accepting of addressing these topics in appropriate ways.

- In terms of evaluating sexuality education competencies, a fair percentage of teachers expressed that the evaluation of these competencies is done at the knowledge level more than at the behavioral level. While the evaluation of attitudes was not clearly shown. A large percentage of teachers also expressed that the evaluation of these competencies is carried out through oral questions. While a smaller percentage considered that the evaluation occurs through individual/group observations. The remaining smallest percentage indicated the implementation of an evaluation based on written tests.

### **3.3.2. At the Level of Challenges Facing Teachers in Establishing Sexual Education Competencies:**

Most teachers believe that Lebanese students are not motivated by the topic of sex education. Additionally, directors and a high percentage of teachers agreed that there are challenges related to the significantly diverse cultural and religious backgrounds of students regarding the topic, which has reinforced the circulation of misconceptions among them about sexuality education and reproductive health, especially within the context of the ambiguity that still surrounds these topics. A large percentage of teachers considered the topic of sex education and reproductive health to be taboo for students. Other challenges mentioned by teachers and consistent with what was previously discussed include the curriculum content related to sexuality education, teaching methods, and the time available to establish the competencies of this curriculum. In addition to the scarcity of educational resources. Not to mention other challenges with administration. However, directors affirm that dealing with these issues has become more flexible, especially in schools and high schools that include the topic of sex education and how to implement it in the school within the school's internal system.

### **4.3.2. At the level of laws and professional ethics:**

Regarding professional and legal dealing with various sexual issues, a relatively high percentage of teachers indicated that they had not encountered critical situations related to sexual behaviors with any of the students. While a considerable percentage faced these situations. However, on the other hand, most teachers expressed that there is ambiguity about what is considered normal and abnormal behavior from a professional and legal standpoint, in addition to a lack of familiarity with the procedures (logistical, ethical, and legal) related to reporting these behaviors and to which authorities. Directors also complained about their lack of awareness of the laws related to sexual behaviors and how to effectively establish sex education in their schools or even in the community. As for the circulars that arrive from the Ministry of Education in this regard, directors circulate them to the concerned teachers/specialists/counselors and discuss them with them sometimes.

### **5.3.2. At the level of professional development for teachers:**

A very high percentage of teachers (approximately 85%) expressed that they had not been trained to establish competencies in topics related to sexuality education and reproductive health. Most teachers from the remaining

percentage indicated that they followed this training through training courses, and the rest of this percentage mentioned that they were trained on this topic during their university studies. The highest percentage of teachers indicated that the training focused on knowledge related to sexuality education and reproductive health and on how to address the data within the subject or on activities related to sexuality education and reproductive health and teaching methods. It is worth noting that the majority of teachers do not follow ongoing professional development regularly by their needs. Knowing that most of them lack self-efficacy in terms of scientific, psychological, and sexual development concepts and how to deal with them according to different age groups. Most teachers also suffer from a lack of pedagogical experiences related to establishing sex education competencies, which was confirmed by the directors. Therefore, most teachers expressed that they resort to reliable sources to obtain accurate knowledge related to sex education. This result is related to the low reliability of the effectiveness of what training courses provide in terms of knowledge, skills, and attitudes to empower learners to deal with their sexual lives effectively.

## **4.2. Key Recommendations:**

### **1.4.2. Recommendations related to content mastery:**

- Enhancing and improving teachers' knowledge of psychological and social health, sexual development according to age groups, as well as topics of puberty, development during adolescence, pregnancy and reproduction, assisted reproductive technologies and contraception, sexually transmitted diseases including HIV, healthy relationships, safety, and personal hygiene and the safety of others at all levels (physical, psychological, and social).
- Enhancing teachers' ability to link healthy behavior theories to promoting sexual health.
- Empower teachers to use active learning teaching methods that enable the teacher to explain the stages of sexual development in children and adolescents and link them to physical, mental, emotional, and social changes.
- Establishing awareness among all teachers about current international, national, and local laws related to sex that have an impact on youth.

### **2.4.2. Recommendations related to providing the appropriate conditions for effectively establishing sexuality education competencies in schools and promoting professional development:**

- Integrating sex education competencies into the curriculum of various subjects in addition to allocating a basic subject that carries the competencies of this subject to establish it effectively so that it is allocated teaching periods during the educational program.
- Training teachers on effective strategies for establishing sexuality education competencies, especially those related to managing emotions and interactively managing the classroom.
- Enhancing the teacher's self-efficacy to teach sexuality education in ways appropriate to the learner's age and development.
- Training the teacher to identify their specific needs for ongoing professional development related to sexuality education in the school.

- Training directors on the topics of sex education and how to support teachers psychologically and materially within the framework of promoting the teaching of this subject in the school.
- Involving parents in establishing these competencies by providing the necessary workshops to raise their awareness about this topic and open a dialogue with them on sensitive issues.

#### **3.4.2 - Recommendations Related to Laws and Professional Ethics:**

- Developing policies and laws related to sexual issues and behaviors in schools and administrations.
- Training all concerned parties on the nature of appropriate and inappropriate behaviors related to sexual issues.
- Strengthening communication channels and meetings between the Ministry of Education and schools to improve and elevate discussions on these topics, removing the ambiguity surrounding them.

### **3 - Preparing the Theoretical Framework:**

#### **1.3 - The History of Sexual Education in the World and Lebanon:**

The need to support youth in Lebanon becomes evident when examining their views on sexual matters. Their attitudes and behaviors are often dominated by prohibitions and restrictions, despite the presence of literature on sexual education in official discourses (Kebbé, 2007). The initial perception formed in the minds of young Lebanese about sexual matters is largely tied to concepts of honor and chastity. Religion also has a negative influence on their views, as sexual relationships, in the eyes of religion, are confined to marriage. Religions actively oppose modernized and evolving perspectives on sexual matters and our understanding and engagement with them (Khair-Badawi, 1992). Even within Christian and Islamic teachings, where sexual relations are seen primarily as a means of reproduction, anything connected to that goal is rejected. For example, religions oppose contraceptives and do not recognize sexual pleasure (Khair-Badawi, 1992).

In Lebanon, laws prohibit sexual relations among minors under the age of 18 (Penal Code, 505-509-510). These concepts highlight the urgent need to support young Lebanese through sexual education and the development of their sexual culture, especially in the face of rising social pressures and media broadcasting of pornographic films and foreign shows that present values starkly different from those of our society.

Historically, the topic of sexual education was first addressed in the 18th century in the West before it entered schools (Béjin, 1996; Brenot, 1996; Pelège & Picod, 2006). Initially, sexual education was part of subjects such as biology, sociology, psychology, and ethics, but was presented in a closed, prohibitive manner, suppressing adolescent sexual desires and condemning masturbation—this began with Dr. Tissot's famous book in Geneva (1760) and continued until the 20th century. It wasn't until revolutionary Charts like S. Freud, H. Ellis, and others in the early 20th century that sexual education began to be reconsidered (Béjin, 1996; Brenot, 1996; Pelège & Picod, 2006).

In France, sexual education entered schools within the context of biology, but after societal norms relaxed, it expanded to include all aspects of the educational material, goals, methods, skills, and necessary evaluative situations.

The Universal Declaration of Human Rights, the International Covenant on Economic, Social and Cultural Rights (Article 13), and the Convention on the Rights of the Child (Article 29) recognize the child's right to an education that allows them to affirm their personality and prepare for maturity.

This brief historical overview prompts us to question the current state of sexual education in Lebanon, the goals, methods, skills, and evaluative situations in Lebanese schools, and the impact this has on Lebanese youth in secondary education. This research is the result of a prolonged study and statistical survey conducted in various Lebanese schools from different sectors. As researchers, we have observed the high number of students who spend their nights watching explicit sexual films or engaging in late-night TV discussions about sexual topics such as pregnancy, abortion, and virginity. This indicates a widespread ignorance among youth on these topics and a lack of necessary education, amid a societal atmosphere that forbids open discussion and places these issues in the realm of social taboos.

Some published statistical studies, including a survey of 1,000 health science students and another survey of 3,635 young Lebanese, show that nearly half of the young respondents are willing to engage in sexual relations before marriage (Al-Nahar Al-Shabab, June 17, 1997). Many of them also unknowingly engage in unsafe pre-marital relationships (Sibai & Kanaan, 1999).

The decision to remove part of the human reproduction curriculum from the eighth grade in Lebanese pre-university education sparked national debate in Lebanon.

All these factors lead us to question the necessary provisions for every young man and woman in Lebanon to live a safe sexual life as a fundamental right for each.

### **2.3. Definition of Sexuality Education:**

To define sexuality education, we must stop at the concept of sex and its relationship to the traditions and social values of the community (Béjin, 1996), (Brenot, 1996). According to F. Payen (1999), sexuality education is based on the initiative and training in familiarizing oneself with the accepted practice within the prevailing social context of sex. While Thorogood believes that sexuality education builds and establishes categories of those with normal behavior and those with abnormal behavior regarding learners' behaviors on issues related to sexuality education (Thorogood, 2000), and these categories, among others, are necessary for the regularity of social life. We also read that sexuality education is an ongoing process that allows adolescents to express in words what is deep within them of feelings, sensations, emotions, and fears related to their intimacy (Gardo-Khalloifi & Quinio, 2002).

Some educators and sociologists give an educational dimension to the sexual process and thus color sexuality education and understand it through this dimension. From this standpoint, sexuality education becomes broad-ranging, encompassing more than physiological, psychological, or even physical information related to the

sensory practice of the act of love, but rather goes beyond that to encompass the nature and value of relationships woven with others, and accepting sex in all its biological, psychological, social, and even ethical dimensions (Brenot, 1996). We conclude the presentation of the available literature on sexuality education with Desaulniers (1995): If education, in general, is the art of learning, then sexuality education, specifically, is the art of teaching a person to think about their sexual life (Athea, 2006), and awareness of the consequences of the choices they can make in their sexual life. As for Tremblay, he suggests a multifaceted approach to the sexual process, as a means of expressing our emotions and includes a general view of all biological, psychological, social, and ethical areas. It should be noted that these definitions only address one aspect of sexuality education and none of them claim to fully reduce the concept of sexuality education. For us, sexuality education should be fully contained within four combined doors: accompaniment (Gardo-Khalloifi & Quinio), social role (Payen), moral sense (Desaulniers), and diversity of learning areas (Tremblay). As for us, sexuality education is an act of upbringing or guidance in the matter of sex to provide adolescents with the necessary information, perceptions, and skills that enable them to:

- Think about the subject of sex, i.e., analyze and criticize all the contradictory messages they receive daily about the subject, and realize the results and consequences of their sexual behavior.
- Start sexually and emotionally and be free from the guilt complex towards the sexual process and towards establishing relationships with others.
- Act responsibly and reject the risk of sexual life and all forms of harassment, exploitation, and sex trafficking.

Source: "Sexuality Education and Culture in Adolescents - Reality and Numbers - 2012 - Author: Dr. Hiyam Ishaq - Translation and Editing by Dr. Ali Khalifa".

### **3.3. Standard and Performance Indicators for the Readiness of an Effective Teacher to Establish Sexuality Education and Reproductive Health Competencies:**

Based on all the experiences presented in the literature review, experts have identified several Standard and performance indicators that should be referred to verify the teacher's readiness to establish sexuality education and reproductive health competencies. (Future of Sex Education (FoSE) Initiative, 2022) as mentioned on the UNESCO website: [National teacher preparation standards for sexuality education | Health and Education Resource Centre \(unesco.org\)](https://www.unesco.org/en/education/sexual-reproductive-health-education).

## Standard Related to the Readiness of an Effective Teacher to Teach Sexuality Education and Reproductive Health

### Standard 1: Professional Development and Performance

Teachers demonstrate a professional readiness to teach sex education. Research shows that it is essential for teachers to demonstrate comfort, commitment, and self-efficacy in teaching sexuality education. This professional readiness has a direct and positive impact on the ability to teach. Well-prepared teachers appreciate the value of sexuality education and the importance of establishing it among young people and providing them with the information and skills they need to make healthy decisions.

#### Performance Indicators for Teachers

- 1.1. The teacher demonstrates the ability to teach sexuality education in ways that show that sexual development is an integral part of a child's and adolescent's development at all levels: cognitive, psychological, emotional, and social.
- 1.2. Describes the importance of sex education as an integral part of health education starting from kindergarten to the twelfth grade.
- 1.3. Demonstrates awareness of learners' values, beliefs, biases, and experiences related to sex education
- 1.4. Shows how their values, beliefs, biases, and experiences can affect the way they teach sex education.
- 1.5. Provides a model of self-efficacy for teaching sex education in ways appropriate to the learner's age and development.
- 1.6. Identifies their specific needs for ongoing professional development related to sex education in the school.

### Standard 2: Diversity and Equality

Teachers demonstrate respect for the individual, family, and cultural characteristics and experiences that may influence learners' learning about sexual and reproductive health issues, especially those related to religious and other ideologies. Teachers should also consider the social, emotional, and physical development levels of learners, in addition to taking into account the visible and invisible diversities in every classroom, which can affect how learners learn. Therefore, effective teachers should respect the multiple dimensions of diversity and design teaching that is appropriate for this diversity.

#### Performance Indicators for Teachers

- 2.1 The teacher demonstrates the ability to create a safe and inclusive classroom environment for all learners.
- 2.2 The teacher describes how learners' diverse backgrounds and experiences may influence their personal beliefs, values, and knowledge about sex.
- 3.2 The teacher demonstrates the ability to choose or adapt educational resources related to sexual education that respect the diversity of the learners' background and community and acknowledges the visible and invisible diversities in every classroom.

### **Standard 3: Content Mastery**

Teachers must have a precise understanding of the biological, psychological, emotional, and social aspects of human sexuality, along with the laws related to sexual and reproductive health. Many teachers receive little to no professional preparation in sexual education, representing a significant gap, as adequate knowledge of sexual growth and associated biological, emotional, and psychological aspects is critical to the educational process. Effective sexuality education teachers must have at a minimum familiarity with all of these topics, including basic content, skills and attitudes, depending on the age group of the learners. In addition, effective sexuality education teachers must understand and know relevant international, national and local laws relating to sexuality and youth (e.g. age of consent). Sexual health resources available to learners in their community.

### **Performance Indicators for Teachers**

3.1 The teacher accurately and scientifically describes the content related to sexual education and reproductive health, including:

- a) Anatomy and physiology
- b) Puberty and adolescent development
- c) Sexual identity expression
- d) Pregnancy and reproduction
- e) Sexually transmitted diseases (STDs), including HIV
- f) Healthy relationships
- g) Personal safety

3.2 The teacher explains the stages of sexual development in children and adolescents and their relation to physical changes and cognitive, emotional, and psychological growth.

3.3 The teacher describes at least three health behavior theories related to promoting sexual health.

3.4 The teacher describes current international, national, and local laws related to sexuality that impact youth.

3.5 The teacher demonstrates the ability to identify accurate and reliable sources of information to keep their knowledge of sexuality content updated and relevant.

3.6 The teacher demonstrates the ability to identify valid and trustworthy sources of sexual health information, products, and community services relevant to the learners.

## **Standard 4: Legal and Professional Ethics**

Teachers make decisions based on applicable international, national, and local laws, as well as professional ethics.

Teaching sexuality education can present unique ethical and legal challenges for educators. These may include, but are not limited to, instances where a student discloses or the teacher suspects sexual abuse, incest, or other forms of abuse or behavior that may threaten students' health and well-being. Students may also disclose other visible or invisible sexual issues or problems or situations such as sexual identity, sexually transmitted infections/HIV. In all cases, teachers must understand their professional obligations and adhere to laws that protect the safety of students, and report in a manner that is consistent with legal procedures, without causing any psychological, emotional, or moral harm to students.

Teachers may also encounter situations where laws are unclear or inadequate. In such cases, teachers need an ethical framework to make decisions about when to maintain confidentiality, when to refer, when to seek guidance within their school system, or when they should report a situation to law enforcement. In all cases, teachers should be familiar with the policies and procedures of their school district and the resources available to them that address the professional ethics standards for teachers, which professionally describe how to conduct themselves both inside and outside the classroom. Teachers should be aware of these ethical standards and follow them.

### **Performance Indicators for Teachers**

4.1 The teacher explains how to identify international, national, and local laws and reporting procedures related to their school district, addressing sexual abuse, child exploitation, and other sexual health issues.

4.2 The teacher explains policies and ethics related to learner confidentiality concerning sexuality and sexual health issues.

4.3 The teacher describes when and from where to seek guidance on ethical/legal matters related to sexuality when there is no policy or when the policy is unclear.

4.4 The teacher distinguishes between professional and unprofessional behavior with learners, both inside and outside the classroom or school.

## **Standard 5: Planning**

Sexuality education lesson planning should consider the learners' age group and developmental stages, aligning with international and local standards and laws while reflecting the diversity of the community.

There are numerous factors to consider when planning the teaching-learning process in any subject area, including sexuality education and reproductive health education. Additional issues must be considered due to the surrounding environment, such as what can and cannot be taught, and which topics should be emphasized or how sensitive topics should be presented. It is important that lesson planning aligns with the laws and



demonstrates a deep understanding of the process, i.e., the protocol for obtaining approval to address certain topics without any secrecy in addressing these topics from the teacher's perspective and beliefs.

Teachers should also be aware of the available resources approved for use during the planning process. These include, but are not limited to, international, national, and local laws, as well as those related to the educational policy for establishing sexuality education and reproductive health competencies, curricula, and other materials that have already been approved or adopted by the Ministry of Education.

Planning should also take into account the health and psychological conditions within classrooms, considering the physical and cognitive abilities and diversity of learners in the classroom, including family structure, religious affiliation, sexual experience, parental status (e.g., teenage parents), sexual identity, and whether there are cases affected by sexual issues within classrooms.

Planning should also ensure that learners have the necessary time to acquire competencies effectively and interactively, including analyzing impacts, interpersonal communication, and decision-making—essential for effective sex education.

### **Performance Indicators for Teachers**

5.1 The teacher applies learning and behavior theories when planning sexual and reproductive health lessons.

5.2 The teacher applies national and/or regional laws, policies, and standards to select and adapt appropriate curriculum content within their scope of work.

5.3 The teacher identifies appropriate resources and policies to guide educational planning.

5.4 The teacher plans effective strategies for teaching sexual education, including cognitive, emotional, and behavioral learning areas.

5.5 The teacher plans sexual education lessons appropriate to age and developmental stages, considering any gaps displayed by the learners.

---

### **Standard 6: Implementation**

Teachers employ a variety of effective strategies to teach sexuality education and reproductive health.

For many learners, participating in a sexuality education class may be the first time they have had the opportunity to openly discuss sexuality with a trusted adult. Teachers must be prepared for a range of student reactions, which may present unique opportunities and challenges in the classroom.

Effective teachers create a classroom environment that establishes clear ground rules and expectations while acknowledging that there may be reactions to the material that cannot be addressed through these rules or expectations. Therefore, effective teachers also encourage open, honest, and respectful communication in the classroom and facilitate discussions that engage learners appropriately.

### **Performance Indicators for Teachers**

6.1 Teachers demonstrate strategies for creating a safe and respectful learning environment that fosters open discussion on a wide range of sex-related topics.

6.2 The teacher demonstrates effective classroom management skills specific to sexuality education.

6.3 The teacher conveys accurate and age-appropriate information about sex.

6.4 Learners are engaged in the teaching-learning process by being placed in realistic situations related to sexuality education.

### **Standard 7: Assessment**

Teachers apply effective strategies to assess learners' knowledge, attitudes, and skills to improve sex education.

All effective teachers assess student learning and revise their lesson plans accordingly. Assessing learning in sexuality education in the cognitive, affective, and behavioral domains requires a broader range of assessment strategies.

### **Performance Indicators for Teachers**

7.1 Uses multiple strategies to assess knowledge, skills, and attitudes related to sex education and reproductive health that can be measured and monitored in line with desired competencies.

7.2 Analyzes assessment results and identifies necessary adjustments based on feedback.

7.3 Applies assessment results to the continuous improvement of sexuality education and reproductive health teaching.

**Table 1: Standard and Indicators of a Teacher's Readiness to Establish Sexuality Education and Reproductive Health Competencies**

## **4. Methodology and Data Collection**

### **1.4. Choice of Mixed Methodology:**

Mixed methodologies have gained significant prominence in research, overcoming the limitations of using only quantitative or qualitative methods. This adaptable approach combines elements of both quantitative and qualitative research to achieve a more comprehensive understanding of complex phenomena (Creswell & Plano Clark, 2017).

This mixed methodology approach offers several benefits:

- **Increased Validity and Reliability:** The process of triangulation, which involves combining results from different methods, enhances the reliability of research conclusions. Quantitative data can add rigor to qualitative interpretations, while qualitative insights can provide context and explanation for quantitative findings, leading to a more detailed understanding (Denzin & Lincoln, 2011).

- **Deeper Exploration:** Mixed methods allow researchers to delve deeper into complex questions that cannot be fully captured by a single approach. Quantitative methods can identify patterns and trends, while qualitative methods can shed light on the underlying mechanisms and life experiences that give rise to these patterns (Bryman, 2018).

• **Comprehensive Understanding:** By merging the quantitative "what" and the qualitative "why," mixed methods provide a more nuanced view of reality, revealing the interplay between objective structures and subjective experiences. This comprehensive understanding is particularly valuable in fields such as education, healthcare, and social policy, where interventions need to address both individual behaviors and broader societal contexts.

The importance of mixed methods is widely recognized across various fields, including psychology, sociology, education, and public health. In this report, the use of a mixed research methodology was necessary due to the nature of the convenience sampling used. To ensure a comprehensive approach to data collection and analysis, we combined qualitative methods using remote focus groups with 17 school principals or their representatives, and quantitative methods using a questionnaire completed by over 112 teachers from all Lebanese governorates.

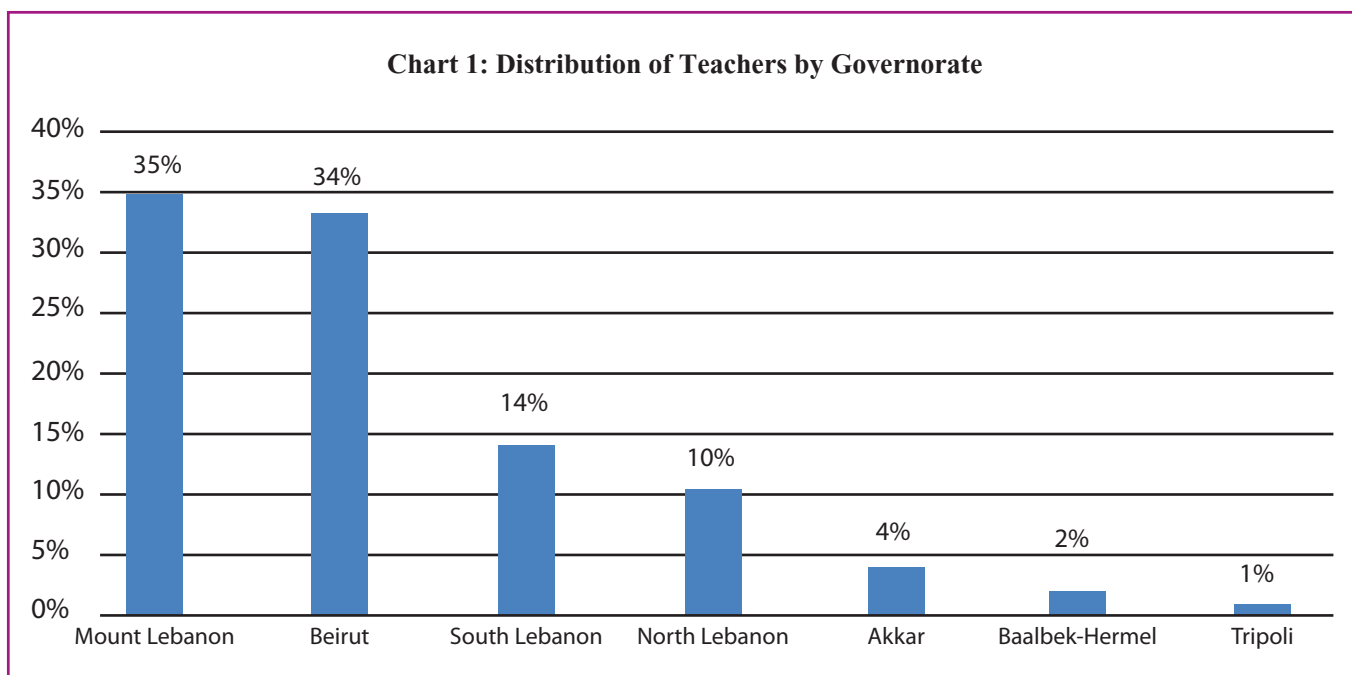
#### 2.4. Sampling Methodology:

We used a convenience sampling methodology due to time and budgetary constraints. This approach was chosen because it allowed us to collect data efficiently within the limited resources available. While convenience sampling may have some limitations in terms of generalizability, it was the most practical option for our current circumstances.

Convenience sampling, also known as availability sampling, is a non-probability sampling method that involves selecting participants based on their ease of access and availability to the researcher (Etikan, Musa, & Alkassim, 2016). This method is often used in exploratory research or pilot studies due to its ease of implementation and cost-effectiveness. However, it is important to note that these samples are not representative of a larger population, and the results cannot be generalized (Taherdoost, 2016).

The sample we selected consisted of 112 teachers from the private sector (a significant proportion of whom also teach in the public sector), approximately 50% of whom were from the secondary education level and represented different regions in Lebanon.

Below is the distribution of regions by governorate for the teachers in our selected sample:



### 3.4. The Questionnaire

The questionnaire consisted of 87 general questions, designed to answer fundamental questions about sexuality education and reproductive health among adolescents. The target population in our sample was teachers in various schools across Lebanon. The questions were organized into six sections or thematic components:

1. Content mastery.
2. Implementation - application of sexuality education.
3. Assessment.
4. Diversity and equity.
5. Professional development and performance.
6. Laws and professional ethics.

The final section addressed various aspects related to the demographic-socioeconomic characteristics of our selected sample. The questionnaire combined Likert scale questions, multiple-choice questions with pre-determined answers, allowing respondents to choose one or more answers depending on the question, and semi-open-ended questions. For these questions, an optional space was provided to expand the answer. These semi-open-ended questions are very important for this type of survey as they help improve the interpretation of the overall results and provide valuable additional information.

Questionnaire link: <https://forms.gle/yL3cgh6MhKYmesYL8>

### 4.4. Data Collection Process

The questionnaire was sent via Google Forms to teachers in both formal and informal ways. The online questionnaire was open for responses from July 16, 2024, to July 26, 2024, and was available in Arabic. Respondent confidentiality was fully respected. On average, it took about 15-16 minutes to answer the questionnaire questions. The completion rate was approximately 84%, which is very high (Liu & Wronski, 2017), indicating the importance of these topics to the educational community. The data analysis related to this questionnaire was conducted using the IBM SPSS 26 statistical program and charts using MS Excel.

### 5.4. Focus Group

A focus group was conducted with approximately 20 school principals/secondary school principals from schools in all Lebanese governorates, with a focus on representing specific characteristics. The aim was to confirm and reinforce the results of the questionnaire conducted in the previous step. The focus group was conducted with the participation of 17 principals or their representatives remotely (via Zoom) in an interactive atmosphere where attendees expressed their impressions and concerns, shared their experiences, and discussed the readiness of teachers in Lebanon, both technically and psychologically, to address issues related to sexuality education and reproductive health, and to integrate its concepts into the pre-university general education curriculum in Lebanon. For this purpose, a focus group guide was prepared, based on the six sections of the questionnaire, and consisted of four axes:

1. Readiness to introduce topics related to sexuality education and reproductive health into the pre-university general education curriculum.
2. Teacher readiness and the role of the principal.
3. Community challenges.
4. Educational and assessment resources for establishing this subject and their sources and references.

The focus group included 20 questions, directed to the principals or their representatives without mentioning the titles of the axes so as not to bias the participants' opinions with the intended titles and axes. The questions were numbered from 1 to 20.

## 5. Analysis of Data Results

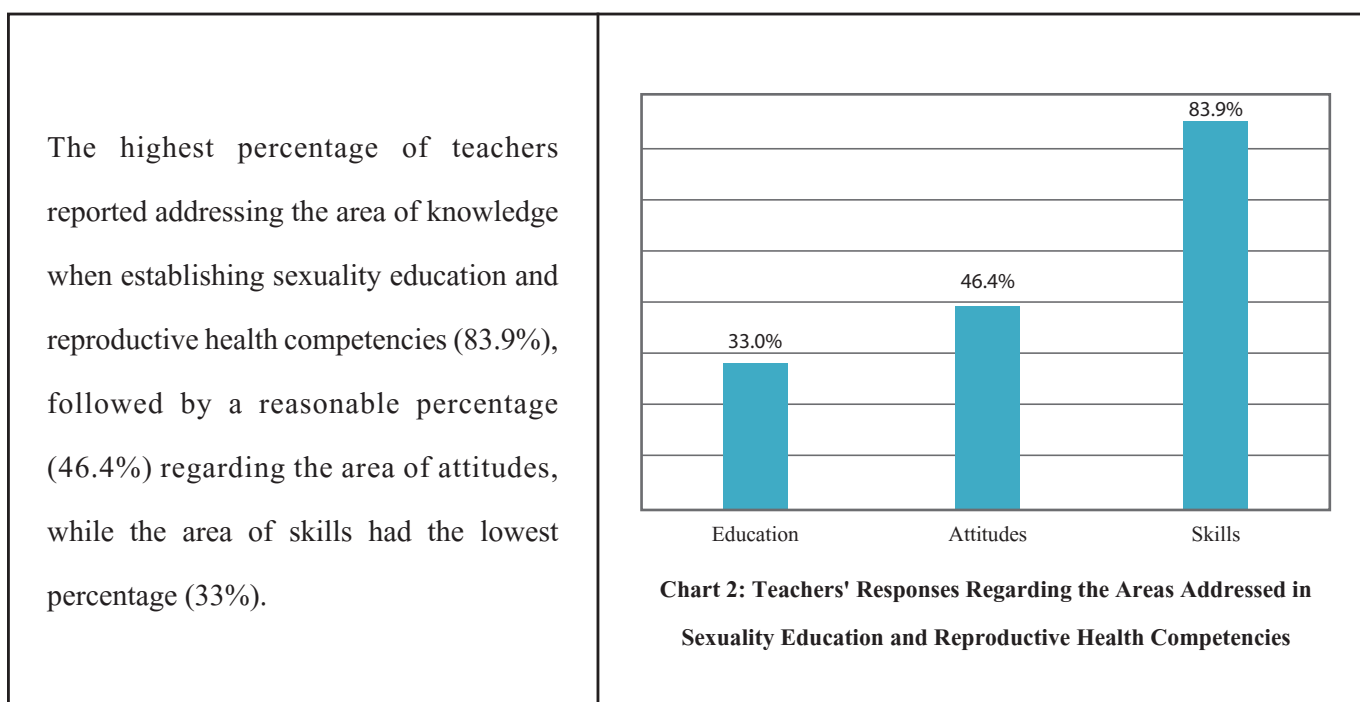
### 1.5. Analysis of Questionnaire Data

The questionnaire addressed the readiness of teachers in Lebanon, both technically and psychologically, to address issues related to sexuality education and reproductive health, and to integrate the concepts of sexuality education and reproductive health into the pre-university general education curriculum in Lebanon, within an exploratory field study on a representative sample of schools and secondary schools from all Lebanese governorates. The questionnaire covered six sections, and the following are the most prominent results included in the data:

#### Part 1: Content Mastery

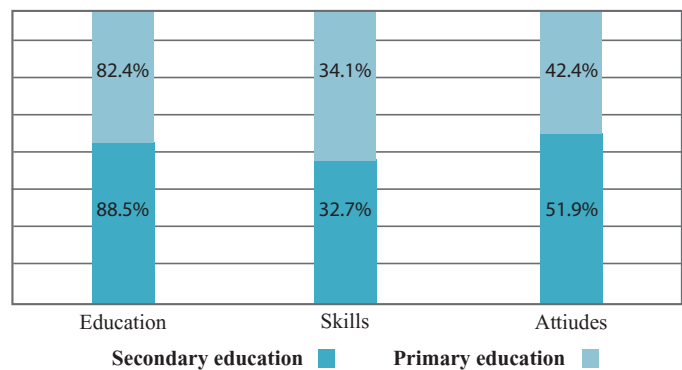
##### Questions in Part 1:

1. What are the areas covered within the competencies of sexuality education and reproductive health?



- Regarding the differences in results between the primary and secondary education levels.

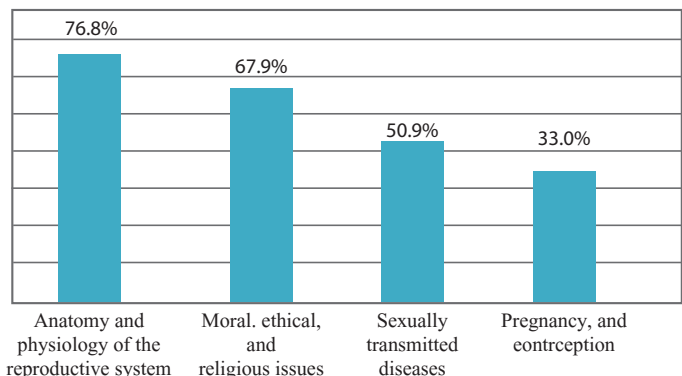
The results showed that there was a similarity in the response rates of primary and secondary school teachers in the area of knowledge (82.4% for primary and 88.5% for secondary), in the area of skills (34.1% for primary and 32.7% for secondary), and in the area of attitudes (42.4% for primary and 51.9% for secondary) when establishing sexuality education and health competencies.



**Chart 3a: Responses of Primary and Secondary School Teachers Regarding the Areas Addressed in Sexuality Education and Reproductive Health Competencies**

2.a. What are the topics related to sexuality education and reproductive health that are addressed during the teaching and learning process?

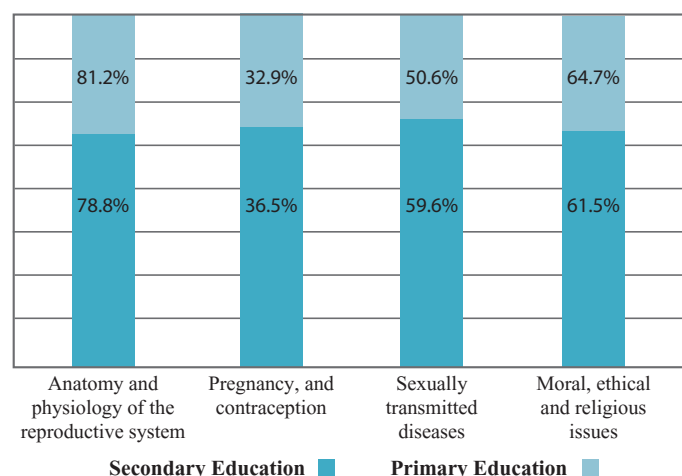
The highest percentage of teachers address the anatomy and physiology of the reproductive system (76.8%) during the teaching and learning process of topics related to sex education and reproductive health. A reasonable percentage addresses moral, ethical, and religious issues (67.9%), while lower percentages address the following topics: sexually transmitted diseases (50.9%), pregnancy, and contraception (33%).



**Chart 4: Teachers' Responses Regarding Topics Related to Sexuality Education and Reproductive Health Addressed During the Teaching and Learning Process.**

Regarding the differences in results between the primary and secondary education levels, the results showed:

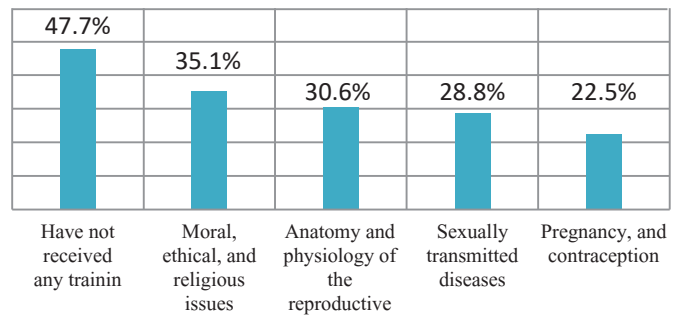
There was a similarity in the response rates of primary and secondary school teachers regarding the topics addressed during the teaching and learning process of topics related to sexuality education and reproductive health: anatomy and physiology of the reproductive system: primary (81.2%) and secondary (78.8%), pregnancy and contraception: (32.9%) primary and (35.5%) secondary, sexually transmitted diseases: (50.6%) primary and (59.6%) secondary, moral and ethical issues: (64.7%) primary and (61.5%) secondary.



**Chart 3a: Responses of Primary and Secondary School Teachers Regarding Topics Related to Sexuality Education and Reproductive Health Addressed During the Teaching and Learning Process**

2.b. On which of the topics related to sexuality education and reproductive health mentioned in question (2-a) have you received training?

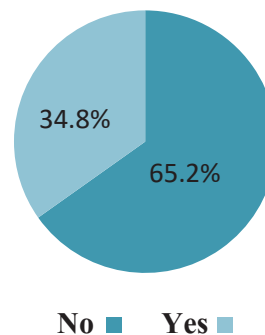
The highest percentage of teachers (47.7%) have not received any training, while (35.1%) have received training on moral and ethical issues, (30.6%) have received training on the anatomy and physiology of the reproductive system, (28.8%) have received training on sexually transmitted diseases, and (22.5%) have received training on pregnancy and contraception topics.



**Chart 5: Teachers' Responses on Sexuality Education and Reproductive Health Topics They Have Been Trained In**

3. Do you consider the knowledge and skills covered in training courses sufficient to enable learners to deal with their sexual lives?

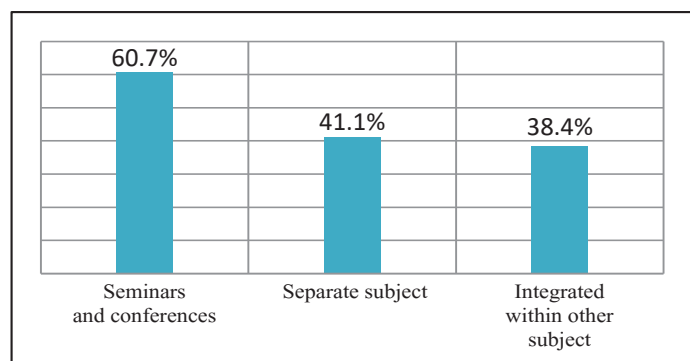
(65.2%) of teachers do not consider the knowledge and skills covered in training courses sufficient to enable learners to deal with their sexual lives, which is a high percentage, while (34.8%) consider it sufficient.



**Chart 6: Teachers' Opinions of Whether Training Programs Adequately Equip Learners to Manage Their Sexual Lives**

4. How do you prefer to teach competencies related to sexuality education and reproductive health?

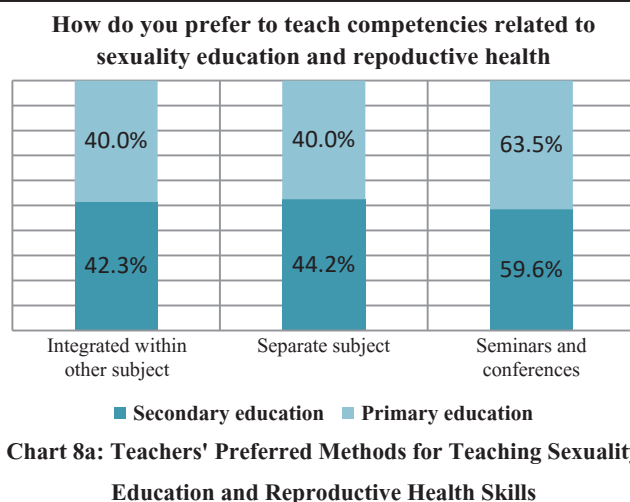
The highest percentage of teachers (60.7%) prefer to teach competencies related to sexuality education and reproductive health through seminars and conferences, while (41.1%) prefer to teach it in a separate subject, and (38.4%) prefer to teach it in an integrated manner within other subjects.



**Chart 7: Teachers' Preferred Methods for Teaching competencies related to sexuality and reproductive health**

Regarding the differences in results between the primary and secondary education levels:

The results showed that there was a similarity in the response rates of primary and secondary school teachers regarding their preference for teaching competencies related to sexuality education and reproductive health, in an integrated manner within other subjects: primary (40.4%) and secondary (42.3%), in a separate subject: (40%) primary and (44.2%) secondary, through seminars/conferences: (63.5%) primary and (59.6%) secondary.



5. On a Likert scale of 1 to 5 (1= strongly disagree/ 5= strongly agree), indicate your agreement with the following statements:

"You possess knowledge related to health products, contraceptives, ..."

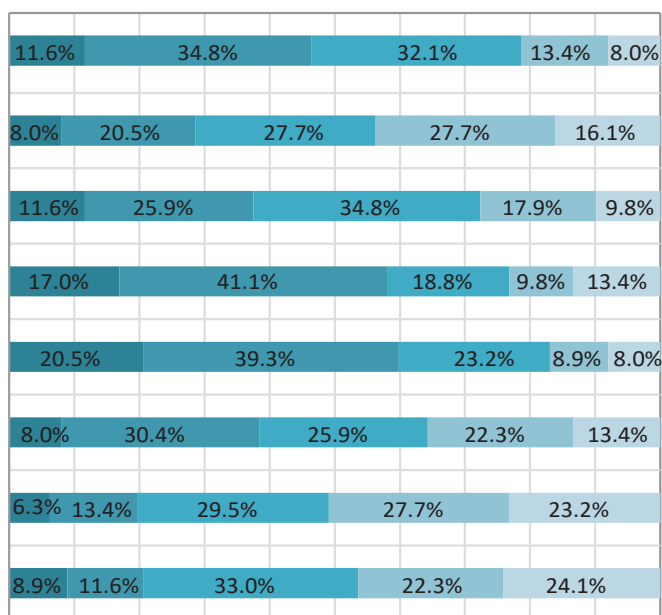
"You know content, behaviors, and attitudes related to sexuality education and reproductive health."

"You used accurate and reliable information sources to improve and update content related to sexuality education, reproductive health, and issues..."

"You are aware of official laws and school regulations related to sexual issues and their impact on youth."

"You have mastered at least three healthy behavioral theories related to promoting sexuality education and reproductive health."

"You possess knowledge related to adolescent sexual development, including cognitive, physical, and emotional changes."



**Chart 9: Teachers' agreement on the content of the items on a Likert scale from 1 to 5**

More than 80% of teachers reported having a high level of knowledge about official laws and school regulations related to sexual issues. However, over 50% of teachers lacked knowledge or had limited knowledge about adolescent sexual development, including cognitive, physical, and emotional changes, even though a higher percentage (over 60%) expressed knowing healthy behavioral theories related to promoting sexuality education and reproductive health, as well as knowledge of content, behaviors, and attitudes related to sexuality education. Regarding information sources, more than 50% of teachers reported being aware of reliable community services related to sexual and reproductive health, and over 50% reported using reliable references to obtain information related to sexuality education.



## Part 2: Implementation of Sexuality Education

A significant majority of teachers (85.7%) supported the integration of sex education into the school curriculum, compared to 14.3% who opposed it.

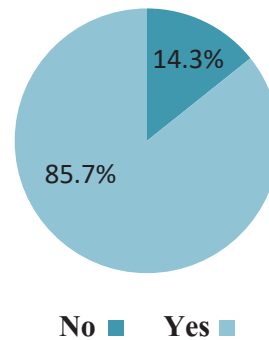


Chart 10: Teachers' Responses Regarding the Introduction of Sexuality Education

A significant majority of 75% expressed interest in the topic, compared to 25% who were not interested.

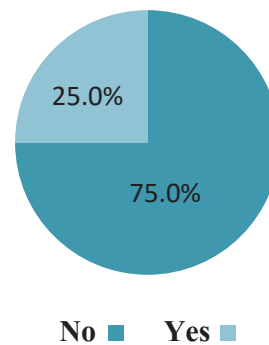


Chart 11: Teachers' Interest in Including Sexuality Education in Schools

The results were split evenly, with half of the teachers supporting the inclusion of sexuality education in schools and the other half opposing it.

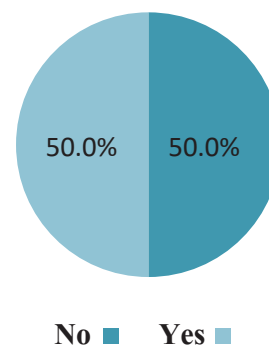
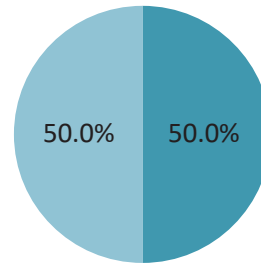


Chart 12: Teachers' Opinions on Sexuality Education in Schools

The responses were split 50/50. Half of the teachers were against sex education in schools, citing concerns about promoting premature sexual behavior among students. The other half disagreed, believing that schools should not be responsible for sex education.

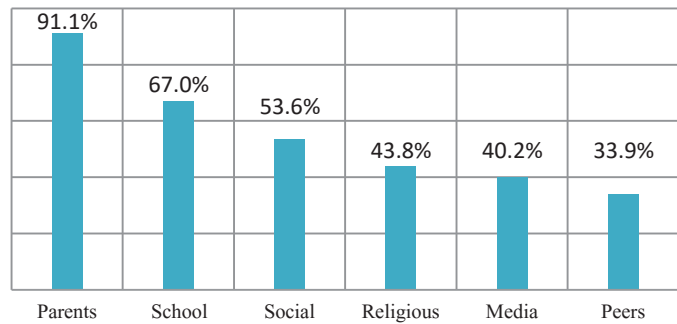


- Fears of encouraging early sexual activity among students
- The responsibility for sex education should not fall on schools

**Chart 13: Reasons for Teachers' Opposition to Sex Education**

2 A. Who, in your opinion, are the real parties involved in establishing competencies related to sexuality and reproductive health education for students?

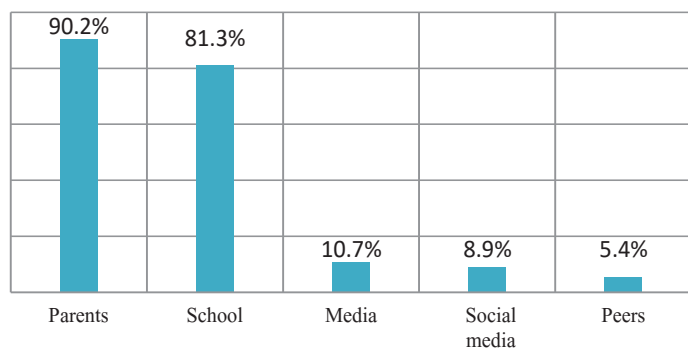
A high percentage of teachers (91.1%) believe that parents are the primary influencers on students' sexual health education. Other significant influencers identified by teachers include schools (67%), social media (53.6%), religious leaders (43.8%), media (40.2%), and peers (33.9%).



**Chart 14: Teachers' Perceptions of Key Influencers on Students' Sexual Health Education**

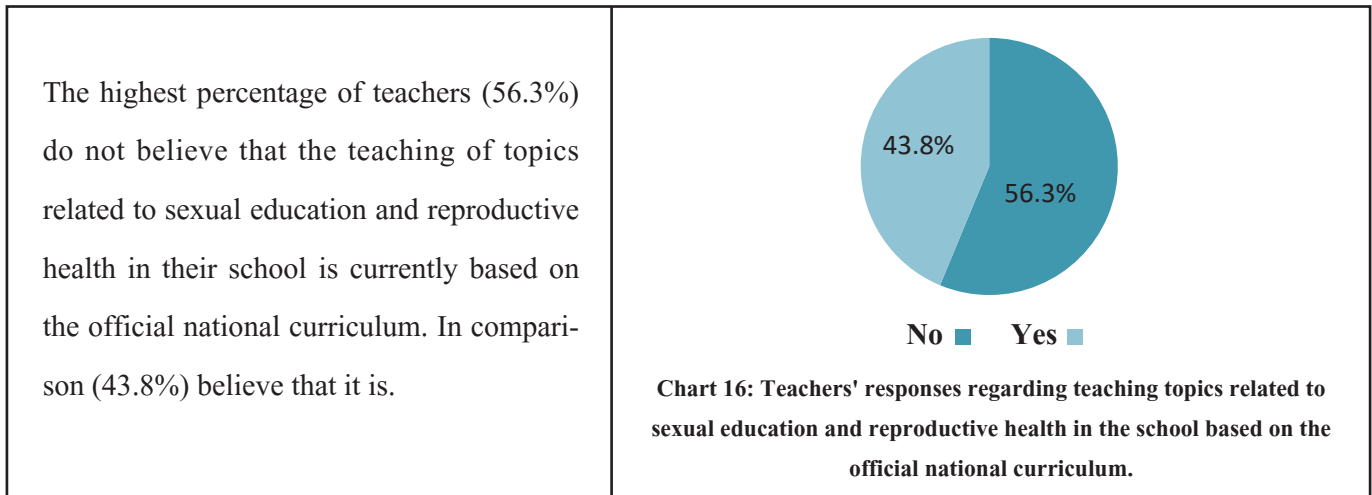
2 B. In your opinion, who are the authorized parties to intervene in establishing competencies related to sexual education and reproductive health for learners:

The highest percentage of teachers (90.2%) believe that parents are the most authorized parties to intervene in establishing competencies related to sexual education and reproductive health for learners, followed by the school (81.3%), media (10.7%), social media (8.9%), and peers (5.4%).

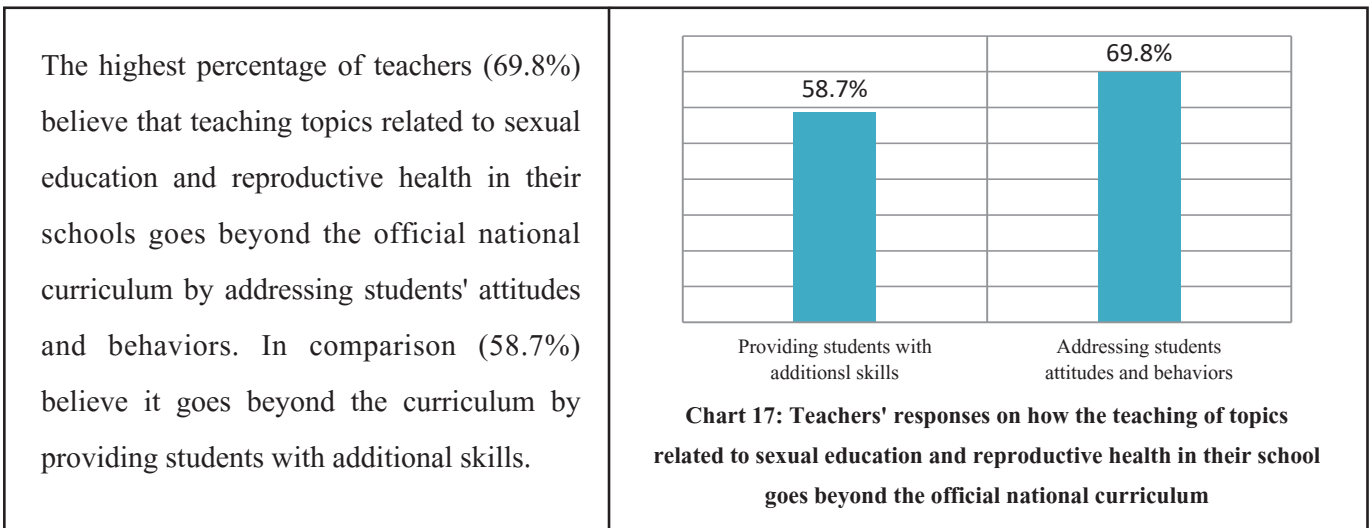


**Chart 15: Teachers' Responses Regarding Authorized Parties to Intervene in Establishing Competencies Related to Sexual Education and Reproductive Health for Learners**

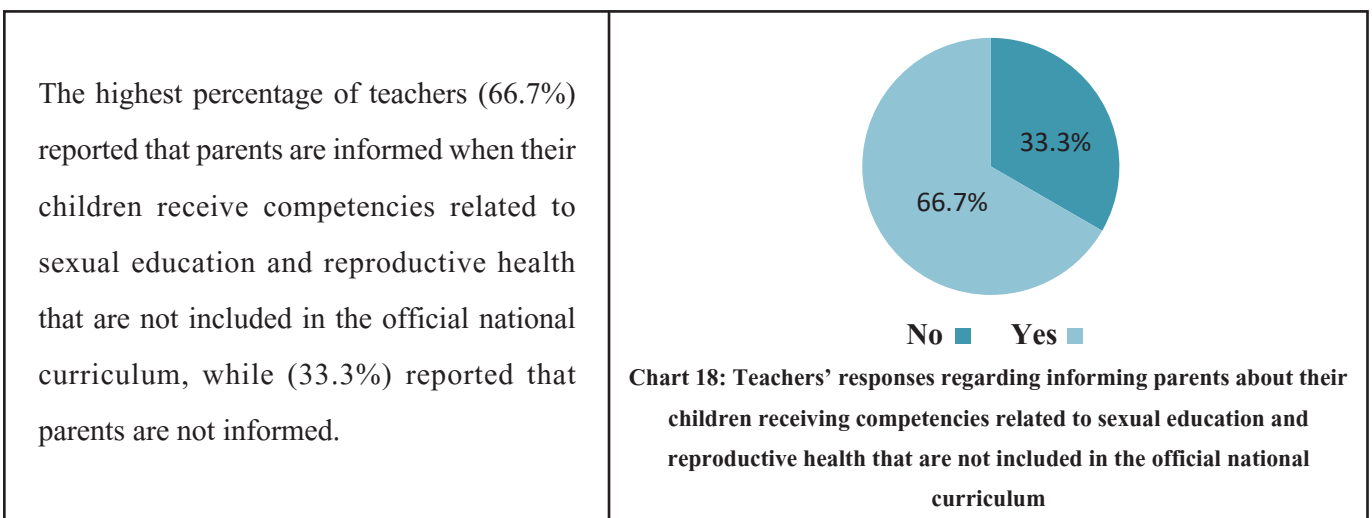
3 A. Is teaching topics related to sexual education and reproductive health currently limited to the official national curriculum in your school?



3B. The teaching of topics related to sexual education and reproductive health in my school goes beyond the official national curriculum by:

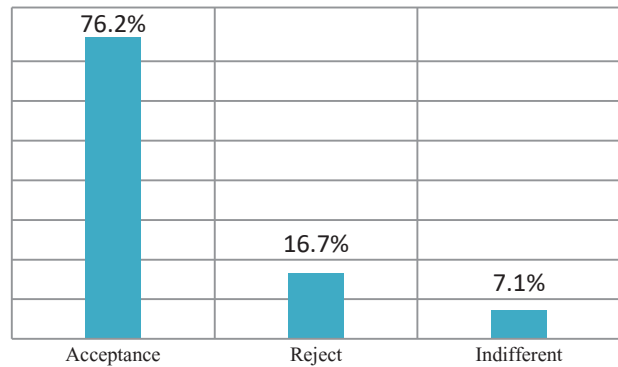


3 C. Are parents informed when their children receive competencies related to sexual education and reproductive health that are not included in the official national curriculum?



3 D. What is their stance?

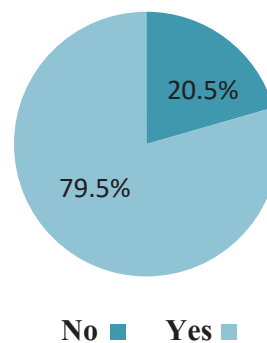
The highest percentage of teachers (76.2%) believe that parents are accepting of their children receiving competencies related to sexual education and reproductive health that are not included in the official national curriculum, while 16.7% believe that parents reject this, and 7.1% believe that parents are indifference.



**Chart 19: Teachers' responses regarding parents' attitudes towards their children receiving competencies related to sexual education and reproductive health that are not included in the official national curriculum**

4.A Should parents be involved in teaching sex education and reproductive health topics?

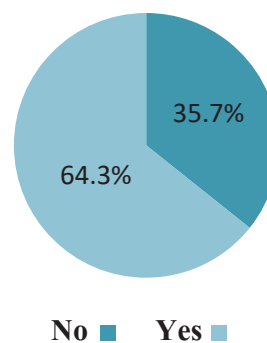
The highest percentage of teachers (79.5%) believe that parents should be involved in teaching sex education and reproductive health topics, while 20.5% do not.



**Chart 20 Teachers' responses regarding parental involvement in teaching sex education and reproductive health topics.**

4 B . Do parents cooperate with the school based on these invitations?

The highest percentage of teachers (64.3%) believe that parents cooperate with the school based on their invitations to participate in teaching sex education and reproductive health topics, while 35.7% believe that parents do not cooperate to participate in teaching these topics.



**Chart 21 Teachers' responses regarding parents' cooperation with the school based on invitations to participate in teaching sex education and reproductive health topics.**

4B.1 How does this cooperation take place?

The highest percentage of teachers (80.3%) believe that parents cooperate with the school by attending sessions on sex education and reproductive health topics, (40.8%) of them believe they cooperate by participating in lessons or activities on these topics, and (35.2%) of them believe they cooperate by sharing their views on these topics.

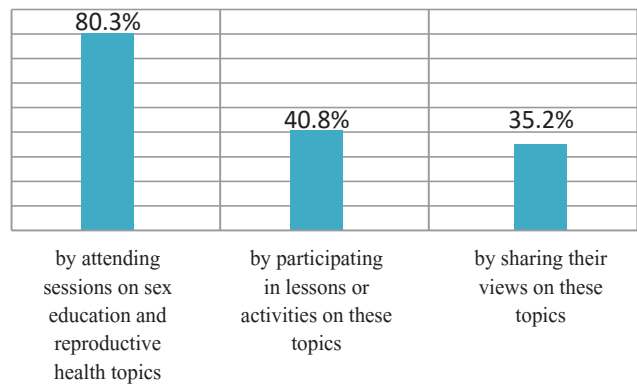


Chart 22: Teachers' responses on how parents cooperate.

5. Who is responsible for introducing/teaching sex education and reproductive health topics in your school?

The highest percentage of teachers (56%) believe that the teacher is the person responsible for introducing/teaching sex education and reproductive health topics in their school. 55% believe the responsible person is the psychologist. 42.2% believe it's the social worker. 36.7% believe it's the health counselor. 33.9% believe it's the religious teacher. 30.3% believe it's the doctor. 18.3% believe it's the nurse.

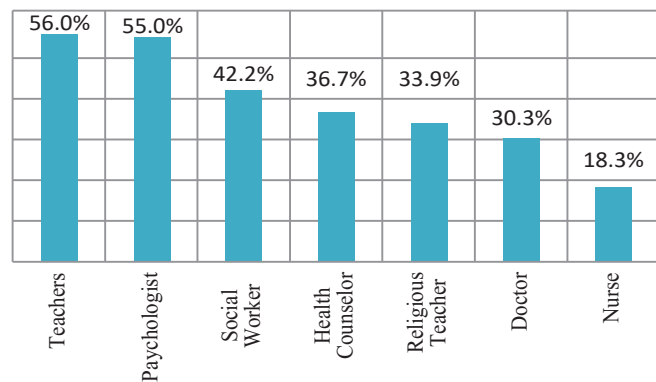


Chart 23: Teachers' responses regarding the person responsible for introducing/teaching sex education and reproductive health topics in the school.

Section 3: Evaluation

1.a Has the performance/achievement of learners related to sex education and reproductive health competencies been evaluated?

A higher percentage of teachers (43.8%) do not believe that the performance/ achievement of learners related to sex education and reproductive health competencies has been evaluated, while a good percentage (50.9%) believe that it has been evaluated, and (5.4%) believe that it has been evaluated to some extent.

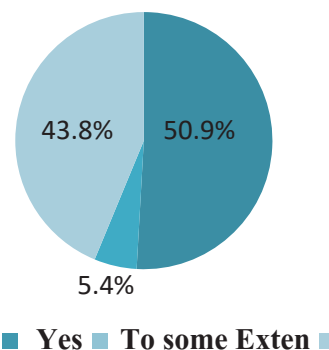
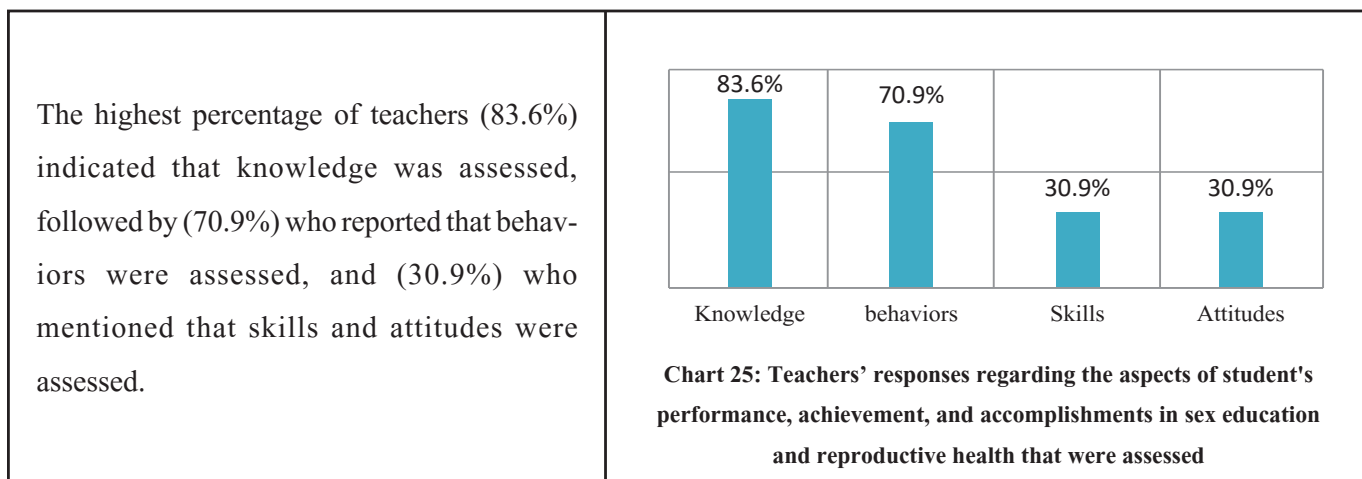
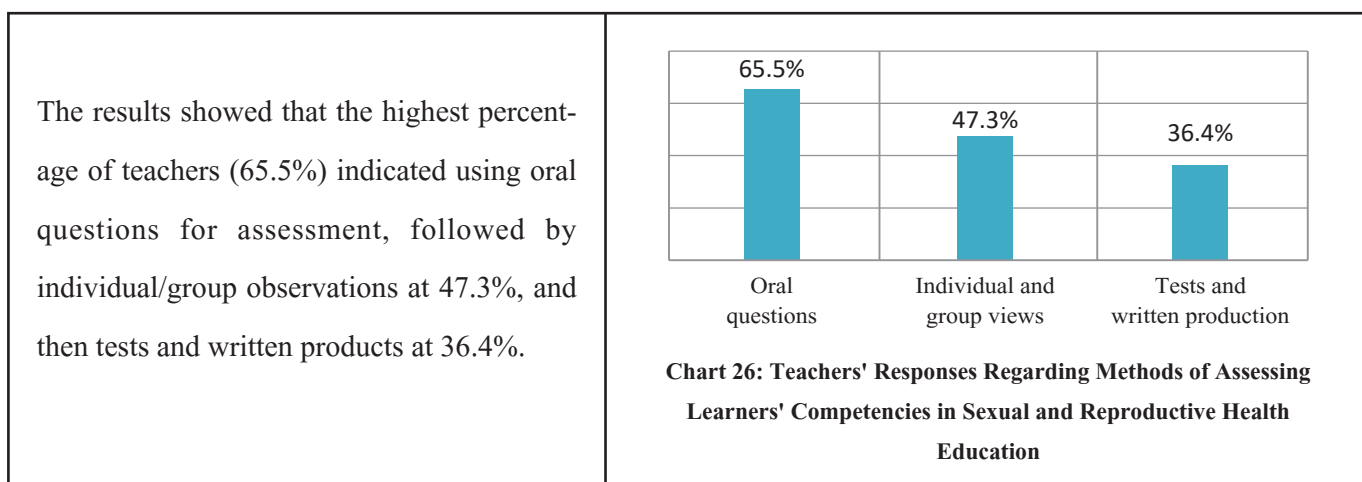


Chart 24: Teachers' responses about the evaluation of students' performance, achievement, and accomplishments in the field of sex education and reproductive health

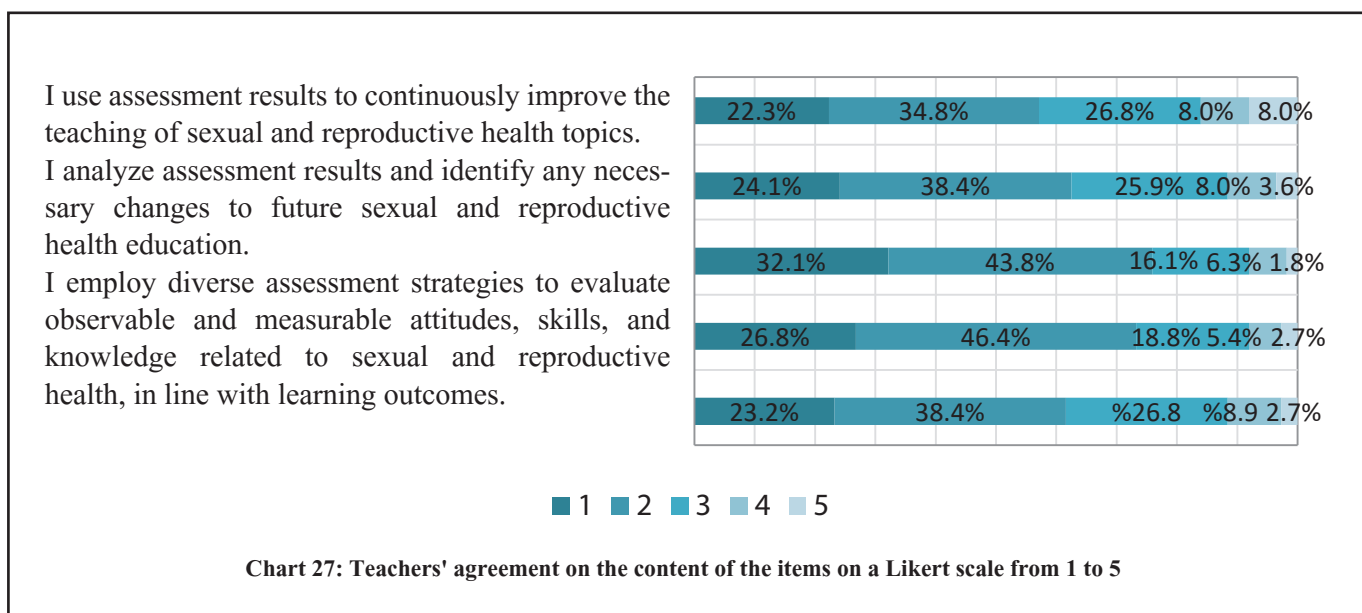
1.b What were the components of your evaluation?



1.C. In what way was this assessment made?



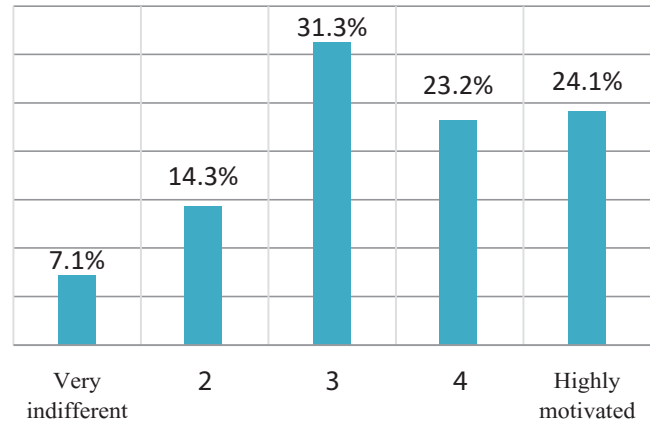
2. On a 5-point Likert scale (1= Strongly disagree/ 5= Strongly agree), please indicate your level of agreement with the following statements."



### Section Four Questions:

1- How do you classify the learners' reaction in your class to the Sexuality and Reproductive Health course?

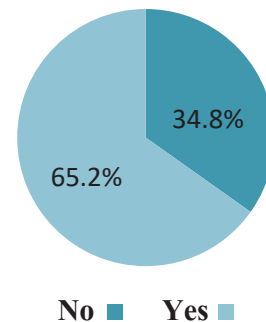
Teachers rated their students' reactions to the sexual and reproductive health curriculum on a 5-point Likert scale (1= Not at all motivated/ 5= Highly motivated). The results showed that 24.1% of students were highly motivated, which is considered an acceptable percentage. The highest percentages were for those who were somewhat motivated (31.3% - rated 3), followed by those who were motivated (23.2% - rated 4), and then those who were somewhat unmotivated (14.3% - rated 2). Only 7.1% of students were not at all motivated.



**Chart 28: Teachers' responses to classifying learners' reactions to the Sexuality and Reproductive Health course.**

2- A- Do you face challenges related to the background of the learners in your class while establishing the sex education and reproductive health course?

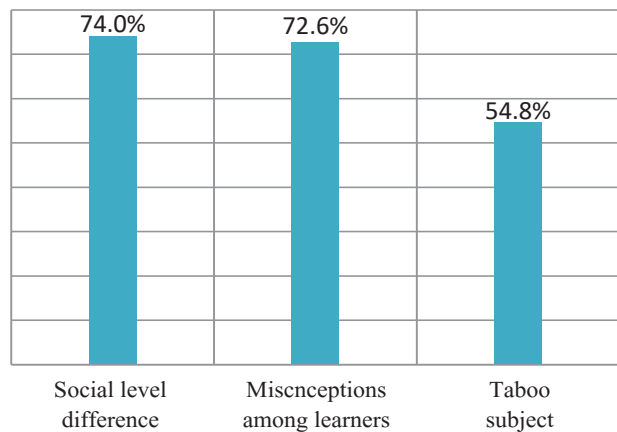
The highest percentage of teachers (65.2%) face challenges related to the background of the learners in their class when establishing the sexual education and reproductive health course, while (34.8%) of them do not face difficulties when establishing this course.



**Chart 29: Teachers' responses to challenges related to the background of learners in their classes when establishing a sexuality and reproductive health education curriculum.**

2- B- What are these challenges?

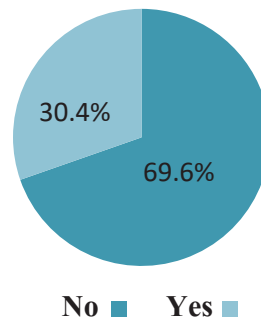
The percentages of teachers were close regarding the challenges they face in establishing a sex education and reproductive health curriculum in their class. (74%) of them considered that the difference in the social/cultural level of learners is the most prominent challenge, (72.6%) considered that the circulation of misconceptions among learners about sex education and reproductive health is the most prominent challenge, and (54.8%) considered that the subject of sex education and reproductive health is a taboo subject.



**Chart 30: Teachers' responses to the challenges related to the background of learners in their classes when establishing a sexuality and reproductive health curriculum**

2- C- Do you face other challenges with the learners in your class while establishing this course?

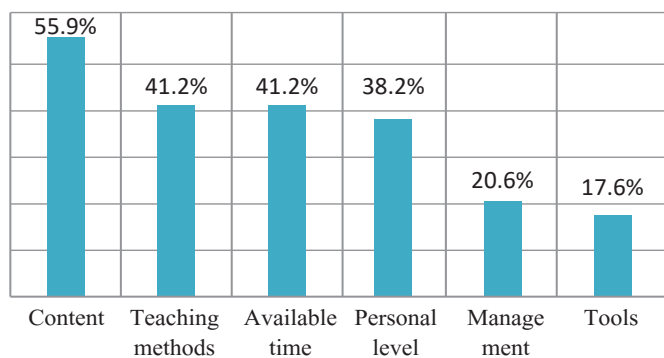
The highest percentage of teachers (69.6%) considered that they do not face any challenges other than those mentioned in the previous question with the learners in their class during the implementation of the sexual education and reproductive health course, while (30.4%) expressed that they face other challenges.



**Chart 31: Teachers' responses to whether there are other challenges they face with learners in their classes while implementing the course.**

2- D - At what level?

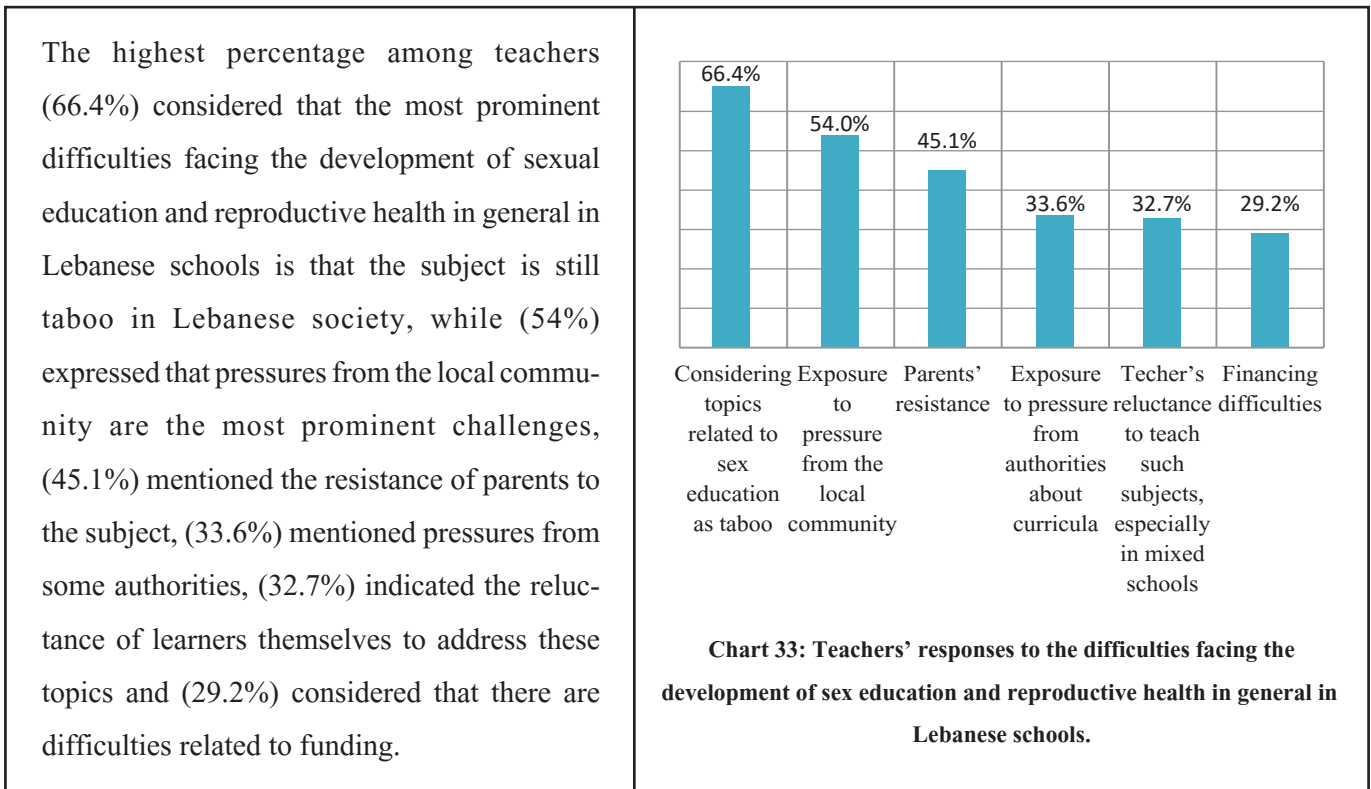
The most prominent other challenges facing teachers were through the course content (55.9%), and the percentages were equal (41.2%) between the educational methods and the time available to establish the competencies of this course, (38.2%) face challenges on a personal level, (20.6%) face challenges with the administration and (17.6%) of them face challenges related to educational tools.



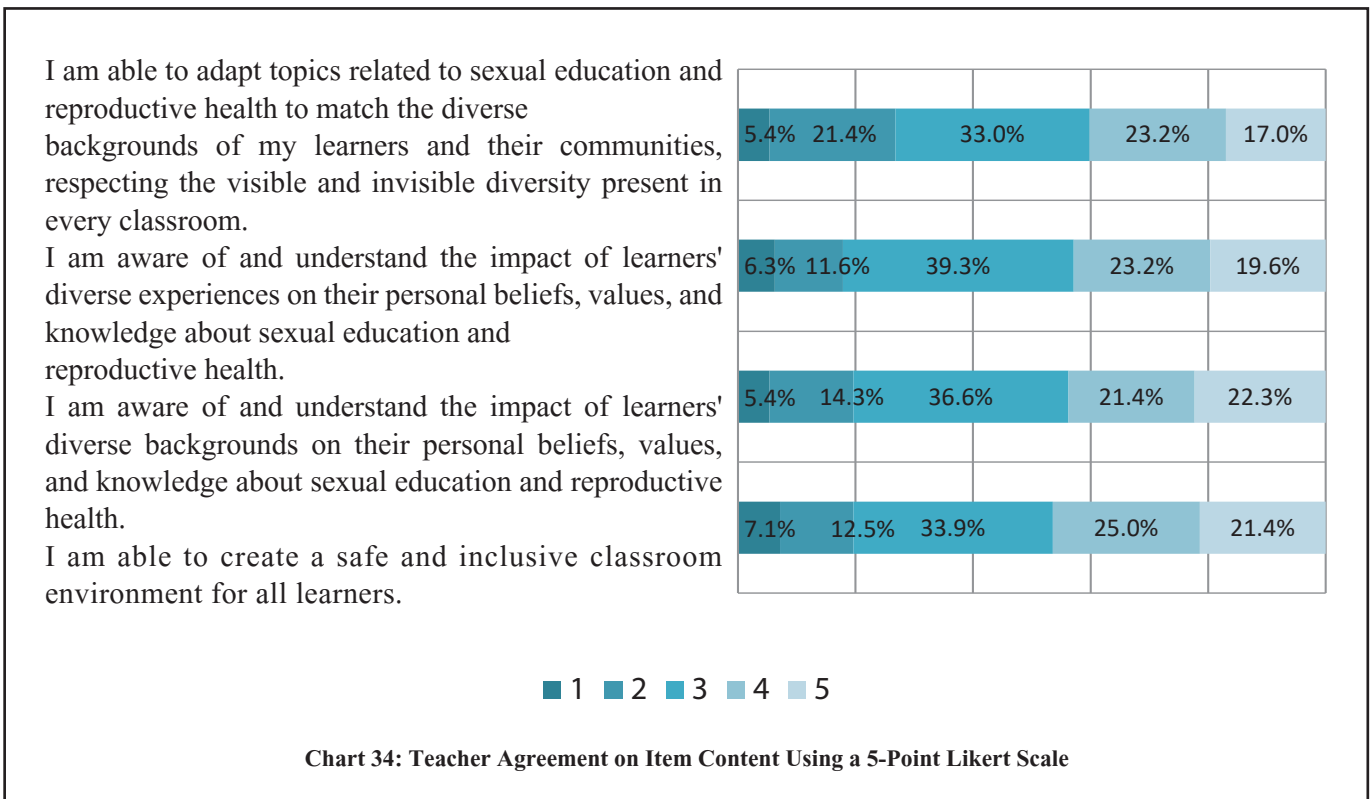
**Chart 32: Teachers' responses about the level of challenges they face with learners in their classes while implementing the course.**



3- What are the difficulties facing the development of sex education and reproductive health in general in Lebanese schools?



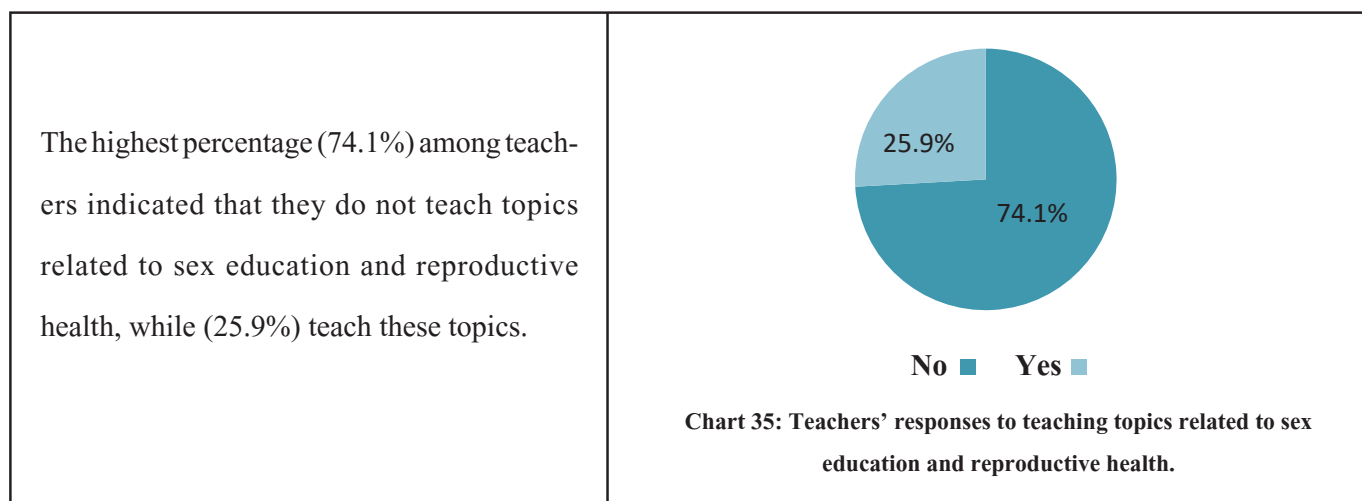
4- On a Likert scale from 1 to 5 (1 = I disagree / 5 = I completely agree), determine your agreement with the content of the following items:



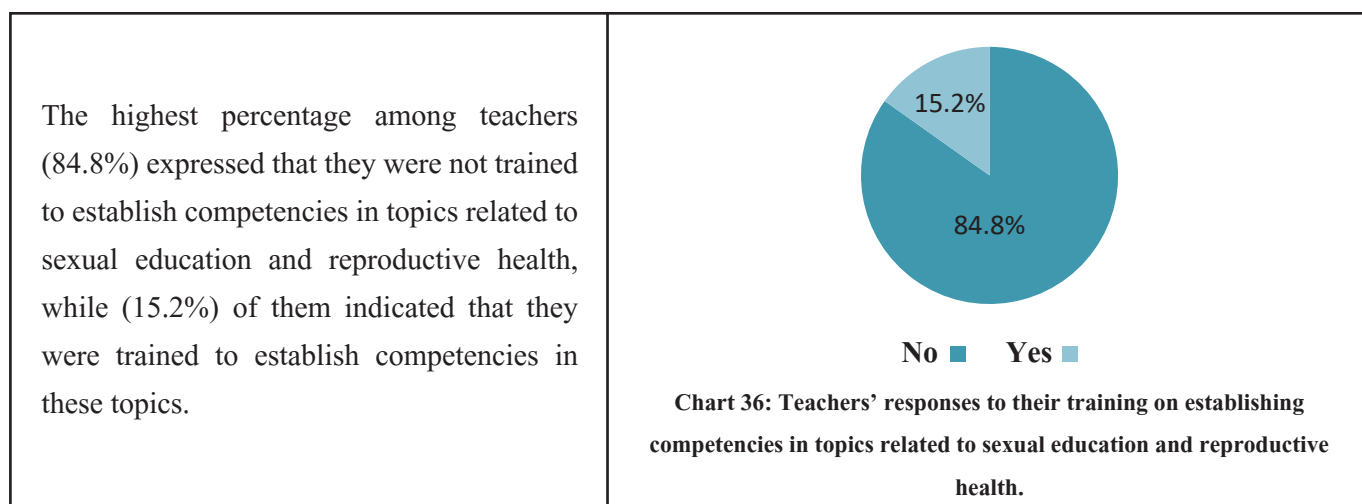
## Section Five: Professional Development and Performance

### Questions for Section Five:

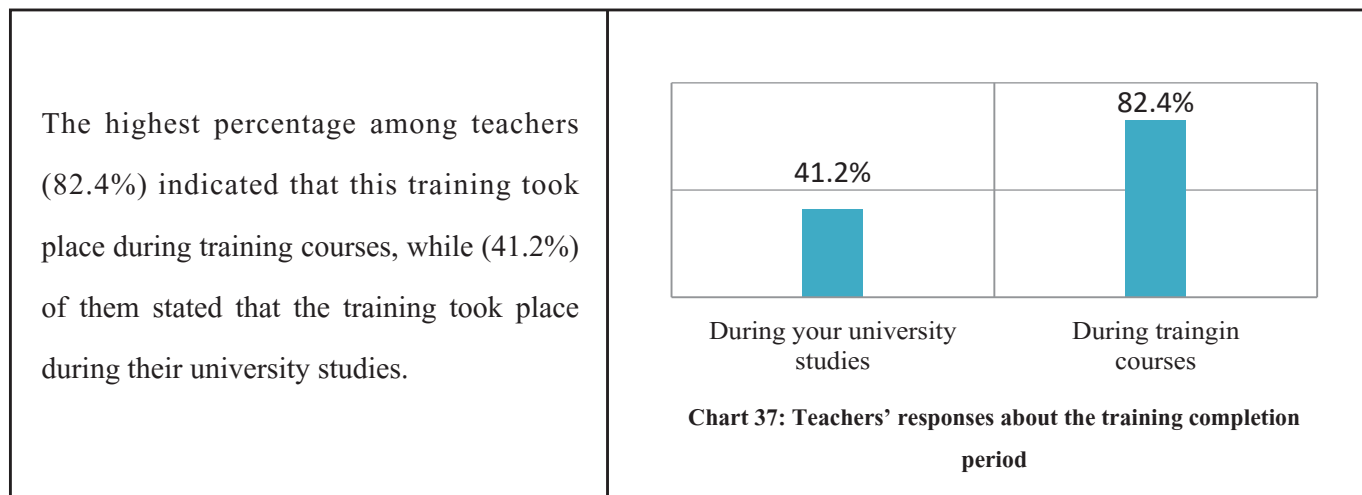
1- Do you teach topics related to sex education and reproductive health?



2- A- Have you been trained to establish competencies in topics related to sexual education and reproductive health?

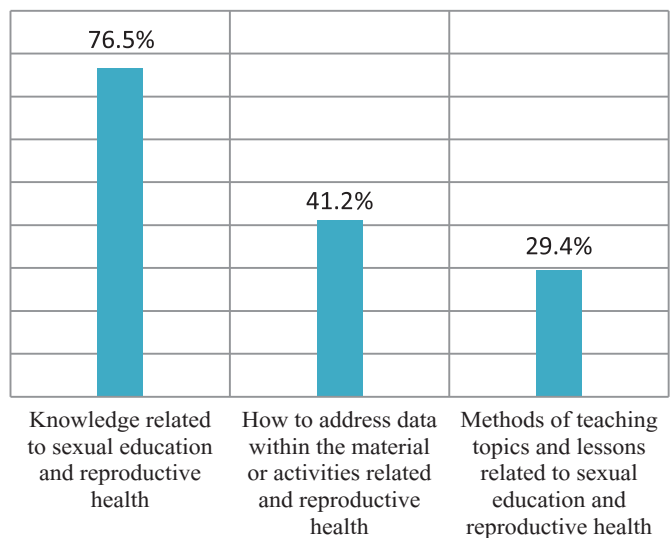


2 - B - Has this training been completed?



2- C - Did the training focus on?

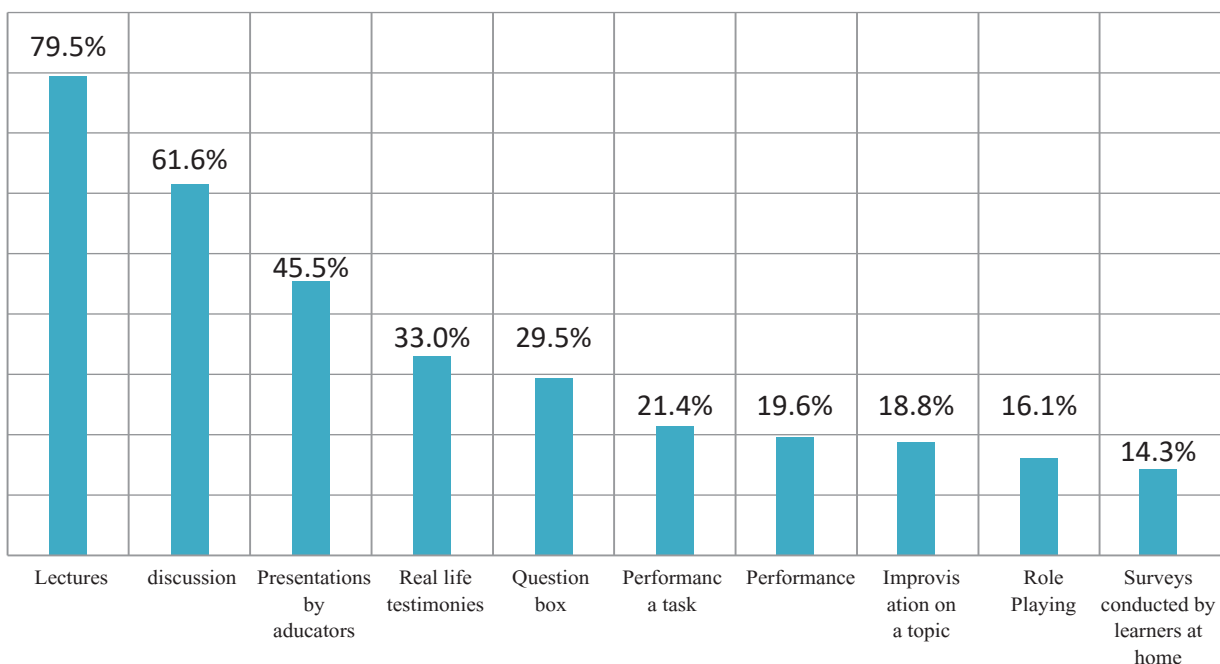
The highest percentage of teachers (76.5%) indicated that the training focused on knowledge related to sexual education and reproductive health, (41.2%) stated that the training focused on how to address data within the subject or on activities related to sexual education and reproductive health, and (29.4%) of them indicated that the training included methods of teaching topics and lessons related to sexual education and reproductive health.



**Chart 38: Teachers' responses to the training content.**

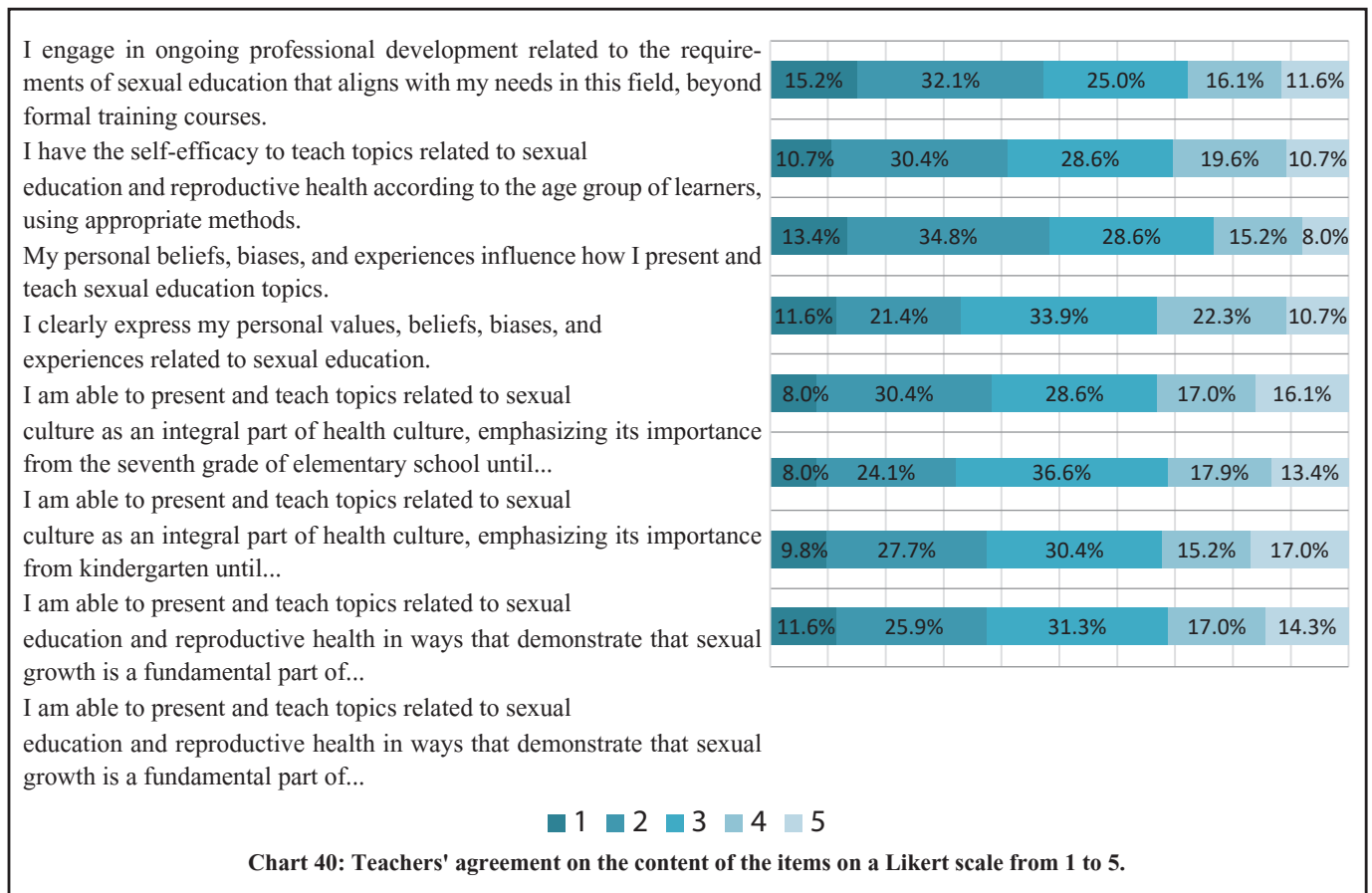
3- What are the methods used in establishing competencies related to sexual

The highest percentage of teachers (79.5%) stated that lectures are the most common methods they use when establishing competencies related to sexual education and reproductive health, (61.6%) of them use discussion groups, (45.5%) use demonstrations, (33%) of them use real life testimonies, (29.5%) of them use question boxes, (21.4%) use a performance task/problem situation, (19.6%) use plays, (18.8%) of them use improvisational performance, (16.1%) use role-playing and (14.3%) use surveys carried out by learners in their environment from the methods used when establishing competencies related to sexual and reproductive health education.



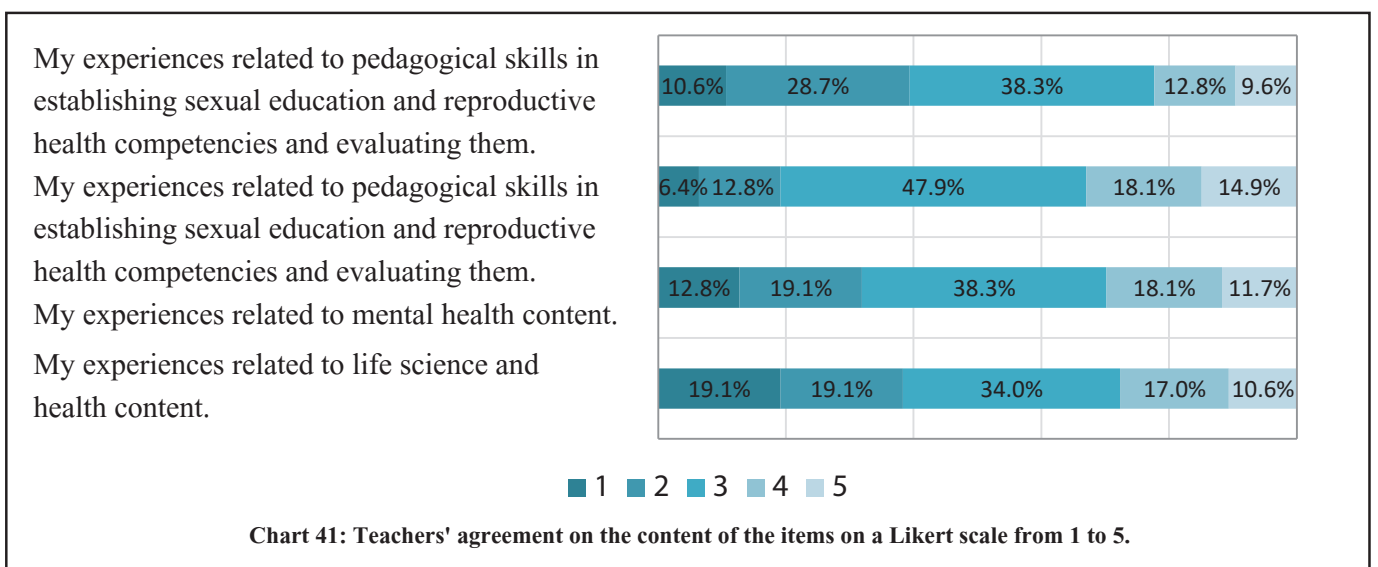
**Chart 39: Teachers' responses to the methods used during the establishment of competencies related to sexual education and reproductive health.**

4- On a Likert scale from 1 to 5 (1 = I do not agree / 5 = I completely agree), determine your agreement with the content of the following items:



More than 50% of teachers do not conduct continuous professional development periodically in line with their needs, noting that more than 50% of them lack the self-efficacy that enables them to teach sex education according to the different age groups of learners, and their knowledge about the nature of sexual development is scarce (more than 60%).

5- On a Likert scale from 1 to 5 (1 = I do not agree / 5 = I completely agree), determine your agreement with the content of the following items:

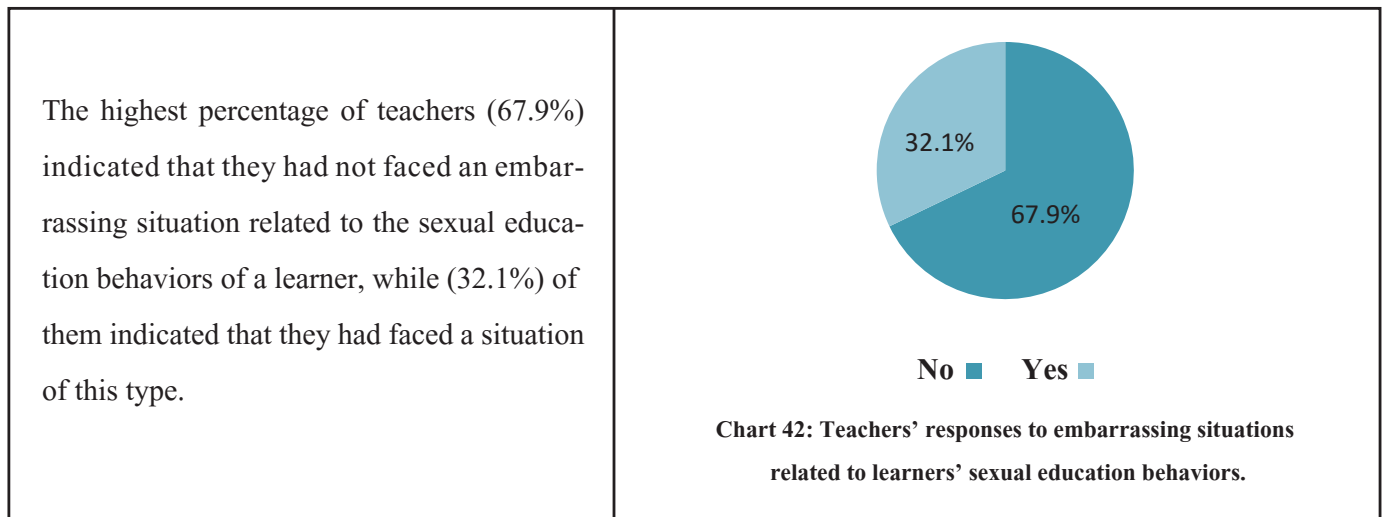


Most teachers (more than 50%) suffer from a lack of educational experiences related to establishing sexual education competencies, and a lack of knowledge about mental health, and life sciences and health topics.

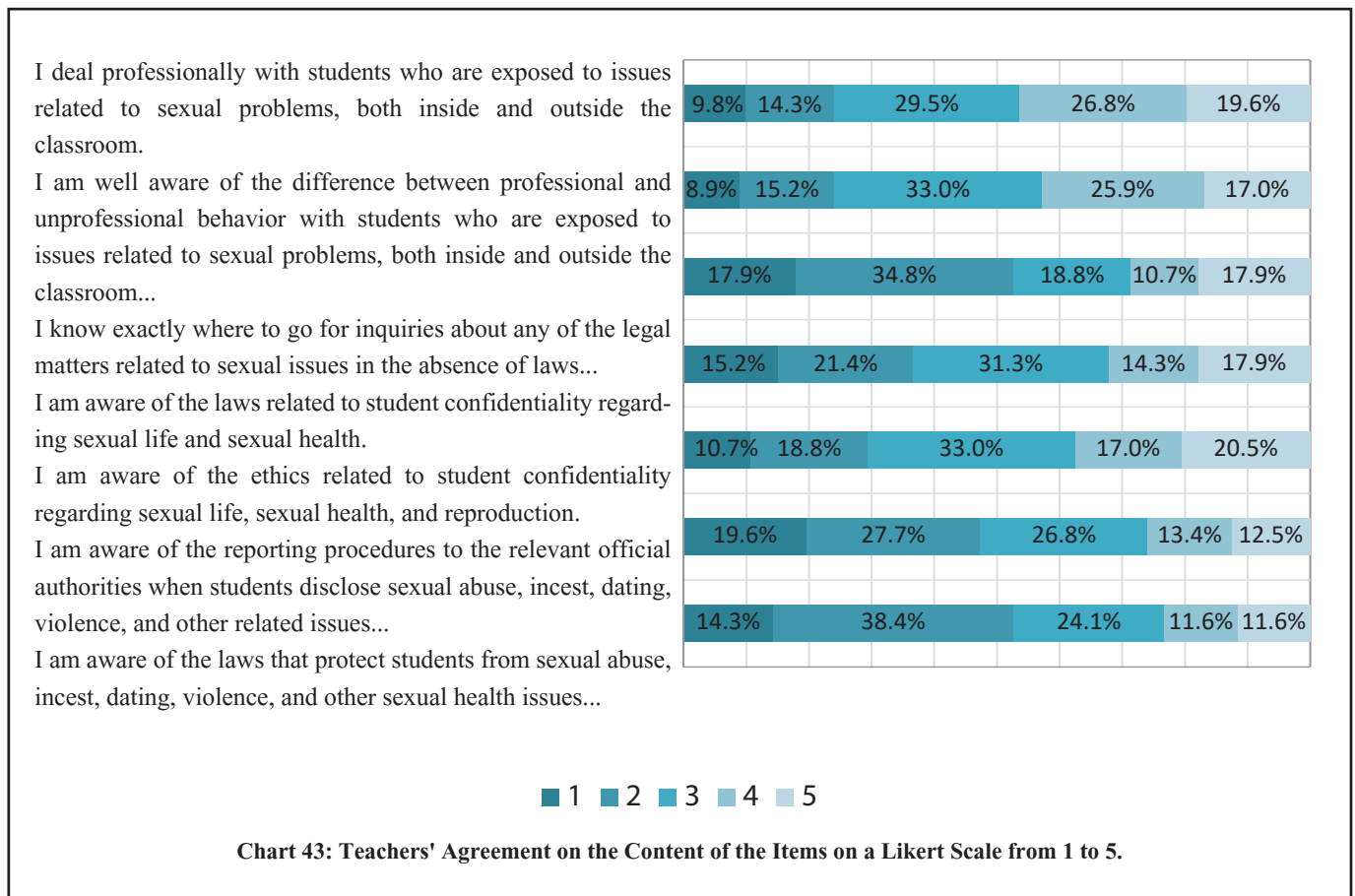
**Section Six: Professional laws and ethics**

**Questions for Section Six:**

1- Have you faced an embarrassing situation related to the sexual education behaviors of one of the learners?



On a Likert scale from 1 to 5 (1 = I disagree / 5 = I completely agree), determine your agreement with the content of the following items:



The results showed that, in general, there is ambiguity among teachers regarding appropriate and inappropriate behaviors from a professional and legal standpoint, as well as the procedures associated with them (more than 50% cannot distinguish these behaviors). Similar percentages of teachers believe they do not possess the professional skills related to sexual issues and do not know how to handle such matters in the classroom. Additionally, they are unaware of the authorities to report to and the procedures for reporting (logistical, ethical, and legal) regarding various sexual issues.

### **2.5- Analysis of Focus Group Results:**

The impressions of the principals who participated in the focus group were overwhelmingly positive. They emphasized the importance of including topics related to sexual education and reproductive health in the pre-university general education curricula, in order to equip students with the necessary knowledge and behaviors, specifically through the school. This inclusion should respect the diversity of the Lebanese society in which these topics will be presented.

The participating principals had varying opinions on whether sexual education and reproductive health topics should be taught as a standalone subject or integrated into other subjects. Some preferred integration into other subjects, believing that this would systematically and indirectly raise students' awareness across multiple disciplines and through various teachers, provided they are trained.

Others favored a standalone subject to ensure the competencies are delivered by a specialized teacher who provides a safe environment, teaches the scientific concepts neutrally, and does not impose personal values, beliefs, biases, or experiences onto the students.

All the participating principals agreed on the need for a specialized teacher with the required knowledge and skills to teach sexual education and reproductive health topics neutrally, without being influenced by personal values, beliefs, biases, or prior experiences, in order to reinforce students' attitudes toward these topics.

They also agreed that if there is a capable teacher, direct supervision from the school administration is necessary due to the sensitivity of these topics. This would respect the privacy and diversity of Lebanese society and consider cultural, traditional, and religious values.

Regarding current practices, most participants confirmed that these topics are integrated into other subjects, specifically Life Sciences and Religious Education, or taught through lectures and seminars.

There was also a presentation by the principal of a private school that has been teaching sexual education and reproductive health for over 20 years as a standalone subject called "Sexual Education" within the school curriculum.

The principal mentioned that this subject is taught at all educational stages, with approximately five lessons per semester in the three school terms. The subject is not part of the weekly schedule but replaces lessons from other subjects. A psychological specialist is responsible for teaching this subject.

The principal also noted that when the school first introduced this topic 20 years ago, there was opposition from some parents, and in some years, the subject was temporarily suspended due to strong opposition. However, over

time, parents began requesting that the school address this topic due to its sensitivity, or because they lacked the appropriate methods to address it with their children.

Currently, this topic is part of the school's internal system, under the section dedicated to the school's educational programs, and parents are informed about it and must approve it.

There was also a suggestion that these topics should be addressed both ways: as a standalone subject to give the topic its due importance with a specialized teacher, and integrated into other subjects to equip students with the necessary behaviors and attitudes.

As for the ideal teacher to teach sexual education and reproductive health, participants emphasized the importance of the teacher being knowledgeable about the required concepts, capable of conveying information correctly and appropriately, and considerate of individual differences among students. The teacher should not show favoritism between male and female students or lean toward one gender over the other.

The participants added that the teacher should manage their emotions toward the students objectively and possess the ten essential competencies of socio-emotional learning: being balanced, neutral, trustworthy, credible, exemplary, a role model through their behaviors, respectful of the cultural and religious values of the community, a good listener, and a leader.

Regarding challenges, the participating principals agreed that time constraints are one of the biggest challenges teachers face, given the large size of the Lebanese curriculum, in addition to the prevalence of rote learning among most teachers.

The principals also noted that they expect to face many challenges when introducing topics related to sexual education and reproductive health, primarily from parents. However, there is now more acceptance among parents to address these topics in appropriate ways, and a greater need to raise students' awareness, especially as today's generation of parents believes they are more open to these topics.

There was also a discussion on the varying cultural and social levels among students, particularly those from special social circumstances such as cases of divorce and family breakdowns. Some families still view this topic as taboo, and may have reservations about addressing it.

As for evaluating the experience of introducing sexual education and reproductive health topics into the school curriculum, one principal with experience in this area mentioned that the program is evaluated annually, and both strengths and weaknesses are identified to improve the content delivery year after year. The school also raises awareness on societal issues, such as sexual orientation, based on the school's vision, and strengthens its relationship with parents through regular meetings and seminars to help them educate their children appropriately, positioning the school as a reliable reference for parents.

Regarding the awareness of the participating principals about laws related to sexual education and reproductive health in Lebanon and their reception of the associated policies and laws, they all agreed they were not aware of these laws.

The discussion then moved to the decisions/circulars sent by the Ministry of Education and Higher Education and how they were handled. The participating principals agreed that they were distributed to specialized teachers and concerned counselors and discussed with them in some instances.

As for the open channels with the relevant entities on sexual education and reproductive health or with the Ministry of Education when seeking legal guidance on sexual issues, in the absence of related laws and policies, or when reporting cases involving specific sexual behaviors among students, some principals indicated that they often turn to associations specializing in these topics. These associations provide awareness to students and parents through open seminars, and they guide students who face certain situations.

The issue of child protection policies was also raised, revealing that some principals were unaware of them. However, they do apply child protection charters, inform parents about them, and obtain their consent.

The principals unanimously agreed on the need to activate the Ministry of Education's role in these matters and collaborate with other official bodies such as the Ministry of Health and the Ministry of Social Affairs.

While principals did not report significant issues related to students' sexual behaviors, they did mention instances of psychological pressure and bullying.

The participating principals also emphasized the importance of teachers understanding the laws regarding student confidentiality on sexual and reproductive health issues, both inside and outside the classroom. They noted that this is essential not only for these topics but also for all other issues related to learning difficulties, social and family circumstances, and more. Some principals added that their schools have internal rules and regulations that teachers sign and agree to follow. Regarding the assessment of students' performance, achievement, and competencies related to sexual education and reproductive health, none of the participating schools currently assess these topics.

## **6. Discussion of Results**

### **1.6 Teacher Content Mastery:**

Based on the theoretical framework of this study, content mastery is a fundamental criterion for effectively establishing sexual education competencies among students. This content includes in-depth knowledge about the stages of sexual development, biological, emotional, psychological, and social aspects. Additionally, it encompasses the behaviors, attitudes, and values that students exhibit according to their age group. Furthermore, competent sexual education teachers should understand relevant international, national, and local laws related to sex and youth (e.g., age of consent) and be aware of sexual health resources available to students in their community.

The results showed that the highest percentage of teachers focused on teaching knowledge related to sexual education, while a smaller percentage focused on empowering teachers with attitudes. A very small percentage focused on skills and behaviors related to reproductive health. Additionally, these results also showed that more than 60%, despite possessing knowledge of the theoretical foundations of sexual education and reproductive health, as well as knowledge related to the content, behaviors, and attitudes associated with sexual education, more than 50% of



teachers lack knowledge of adolescent sexual development, including cognitive, physical, emotional, or social changes, or have limited knowledge of these changes. This may indicate a weakness in applying theoretical knowledge about sexual education topics and linking them to the manifestations of sexual development in children at the mental, physical, emotional, and behavioral levels. This is also confirmed by the fact that they teach scientific content related to the anatomy and physiology of the reproductive system and ethics related to sexual education in a more theoretical manner compared to topics related to sexually transmitted diseases, pregnancy, and contraception, which provide an appropriate space for applying knowledge about the physiology of the reproductive system, as well as a space for applying the appropriate ethics, behaviors, and attitudes related to normal sexual development and what this requires in terms of knowledge, skills, and learning strategies to deal with these topics responsibly. It should be noted that there were no significant differences between the responses of primary and secondary school teachers when answering questions related to the content mastery section.

Perhaps many teachers, due to the diverse cultures within their environment, avoid addressing topics that they consider sensitive from their perspective, such as sexually transmitted diseases, pregnancy, and contraception. This idea aligns with what school principals expressed during the focus group, where they emphasized the need to empower teachers with socio-emotional learning competencies so that they can manage the classroom and their emotions towards students objectively, meaning they can develop leadership and classroom management skills.

These results may also be due to the fact that a significant proportion, approximately 50%, of teachers have not undergone any training, while the majority of other teachers have been trained on topics that focused on moral, ethical, and religious issues, as well as the anatomy and physiology of the reproductive system, with a smaller proportion focusing on sexually transmitted diseases, pregnancy, and contraception.

During the focus group, principals emphasized the importance of assigning the teaching of sexual education to a specialized teacher who possesses the necessary knowledge, skills, attitudes, and values to establish sexual education and reproductive health competencies in a neutral and objective manner, independent of their personal values, beliefs, biases, and prior experiences, in order to empower students with these competencies in a scientific and effective manner. Principals believed that a teacher's mastery of the knowledge, skills, and attitudes related to sexual education and reproductive health enhances their ability to convey information in the correct and appropriate manner, taking into account individual differences among students objectively and professionally, without any form of discrimination between male and female students.

## **2.6 At the implementation level of sex education, how is it preferred that reproductive health competencies be established?**

The results show that a majority of teachers appreciate the importance of providing sex education to students, as a high percentage of them (85.7%) are in favor of introducing sex education into schools, and 75% are interested in the subject. These results align with teachers' attitudes towards the party responsible for establishing sex education competencies, as a very high percentage (over 90%) of teachers believe that parents have this responsibility, and

90% of them support the idea that parents are the ones who should teach these subjects. A lower percentage (67%) assumed that sex education currently takes place in schools, while a high percentage (over 80%) believe that schools, specifically teachers, are responsible for this subject, followed by psychologists and social workers. A small percentage believe that health counselors, doctors, or nurses are capable of accomplishing this task.

On the other hand, the results showed that approximately 50% of teachers believe that students obtain sexual information from the media, social media, and peers. A very small percentage of them believe that sex education topics should be the responsibility of the media, social media, and peer learning. Regarding the role of religious leaders in establishing sex education competencies, about 45% of teachers believe that religious leaders are currently involved in establishing these competencies, while no teacher supported religious leaders as an authorized party to establish these competencies. From here, we see again the importance and seriousness and care shown by teachers regarding the parties that should establish sex education topics, as they limit it to teachers and schools.

However, there is a difference among them regarding the mechanism followed in teaching this subject, as 50% of them support teaching it within the general curriculum. While about 50% prefer teaching it outside this framework, through seminars and conferences. A smaller percentage of teachers prefer teaching it in an independent subject. The lowest percentage prefer teaching it in an integrated manner within other subjects. And 50% of those who reject teaching it within the curriculum justify this by fearing that it would encourage students to engage in early sexual relationships. While others (50%) believe that the responsibility of teaching sex education does not lie with the school. On the other hand, administrators did not address the establishment of these competencies through conferences and seminars and preferred to follow both methods, either within an independent subject to give the subject its due with a specialized teacher, or in an integrated manner within several other subjects due to the importance of addressing these topics to instill the required behaviors in students and to strengthen their attitudes towards them.

This may also reflect the embarrassment that teachers may feel when passing on these topics and discussing them in the classroom, and their weak ability to interact with students' opinions, reactions, and ideas about these topics. While the attitude of administrators appears more objective, perhaps because they are not in direct confrontation with students.

When it comes to the possibility of establishing sex education in classrooms, a high percentage of teachers (approximately 75%) believe that topics related to sex education and reproductive health are not being taught. A high percentage of them expressed that the current curriculum does not provide space for establishing sex education competencies. Similarly, a very high percentage of them believed that any efforts made to teach this subject are based on additional competencies not noted in the curriculum, which address behaviors and attitudes. This was confirmed by the results of the focus group, where the participating administrators agreed that the current curriculum is extensive and does not include all sex education competencies, and they considered the lack of time to be one of the most prominent challenges facing teachers in devoting additional time to establishing these competencies.

One administrator who has been interested in teaching sex education at his school for over 10 years emphasized this issue, claiming that he dedicates additional hours each month to establishing these competencies by replacing them with other subject classes. Due to the lack of time, most administrators expressed that teaching this subject by teachers relies on the memorization of information.

Regarding the involvement of parents in establishing these competencies, administrators considered parents to be one of the challenges facing sex education in schools. However, they acknowledged that there is now greater acceptance of raising these issues with their children in schools in appropriate ways. Some teachers mentioned that they inform parents about sex education topics added to the curriculum before teaching them in school. While others focused on the idea that parents are the primary party in teaching sex education competencies.

The results showed that a very high percentage of teachers mentioned that parents cooperate with the school by following up on sessions about topics related to sex education and reproductive health. While a smaller percentage expressed that they do not cooperate with the school. In this context, administrators emphasized the urgent need to educate other administrators about the nature of sex education and how to teach it in school in an appropriate manner, especially with the availability of parental support.

As for the educational strategies for establishing sex education competencies, lectures came first, followed by discussions, then visual presentations. A small percentage of teachers use real-life case studies, despite their importance according to the theoretical framework of this study. A smaller percentage use performance tasks, plays, improvisational performances, and surveys conducted by students in their environment. In parallel, administrators confirmed that most teachers use rote memorization methods in teaching sex education.

Regarding the evaluation of sex education competencies, a fair percentage of teachers expressed that the evaluation of these competencies is done at the knowledge level more than at the behavioral level. While the evaluation of attitudes was not prominent. A large percentage of teachers also expressed that the evaluation of these competencies is carried out through oral questions. While a smaller percentage considered that the evaluation occurs through individual/group observations. The last and smallest remaining percentage indicated the implementation of an evaluation based on written tests.

It is worth noting that there were no significant differences between the answers of primary and secondary school teachers when answering questions related to this section.

### **3.6 Regarding the challenges faced by teachers in establishing sex education competencies:**

Most teachers believe that students in Lebanese classrooms are not motivated towards the subject of sex education. Moreover, administrators and a high percentage of teachers agreed that there are challenges related to the students' diverse cultural and religious backgrounds regarding the subject, which has reinforced the circulation of misconceptions among them about sex education and reproductive health, especially within the framework of the ambiguity that still surrounds these topics. A large percentage of teachers considered the subject of sex education and reproductive health to be taboo for students. Other challenges mentioned by teachers, which are consistent with

what was previously discussed, are the curriculum content related to sex education, teaching methods, and the time available to establish the competencies of this curriculum. In addition to the scarcity of educational resources. Not to mention other challenges with the administration. However, administrators emphasize that dealing with these issues has become more flexible, especially in schools and high schools that have included the subject of sex education and how to implement it in the school within the school's internal system.

It is worth noting that there were no significant differences between the answers of primary and secondary school teachers when answering questions related to this section.

#### **4.6 On the level of laws and professional ethics:**

Regarding the professional and legal handling of various sexual issues, a relatively high percentage of teachers indicated that they had not faced critical situations related to sexual behaviors with any of the students, while a considerable percentage had faced such situations. However, most teachers expressed that there is ambiguity regarding normal and abnormal behaviors from a professional and legal standpoint, in addition to a lack of familiarity with the procedures (logistical, ethical, and legal) related to reporting these behaviors and to which authorities. Administrators also complained about their lack of knowledge of the laws related to sexual behaviors and how to effectively establish sex education in their schools or even in the community. As for the circulars that arrive from the Ministry of Education in this regard, administrators circulate them to the concerned teachers/specialists /counselors and discuss them with them sometimes. They also expressed that the channels of communication with the ministry regarding reporting cases related to abnormal behaviors in this context are somewhat obscure, except for resorting to it to inquire about any legal issues related to sexual issues in the absence of laws and policies related to this subject or reporting cases related to specific sexual behaviors among students. To overcome these obstacles, some administrators explained that they often turn to associations concerned with these issues by holding meetings with them to raise awareness among students and parents about these issues through open seminars and to guide students in case they are exposed to certain situations related to the aforementioned topics. The policy of child protection and its application was also addressed. It was found that some of the participating administrators were unaware of it, but they applied the child protection charter, inform parents about it, and obtain their consent.

The participating administrators agreed on the need to activate the work of the Ministry of Education on these issues and to network with other official bodies such as the Ministry of Health and the Ministry of Social Affairs.

It is worth noting that there were no significant differences between the answers of primary and secondary school teachers when answering questions related to this section.

#### **5.6- At the Level of Professional Development for Teachers:**

A very high percentage of teachers (approximately 85%) expressed that they had not been trained to establish competencies in topics related to sex education and reproductive health. Most of the remaining teachers indicated that they had followed this training through training courses, while the rest of this percentage mentioned that they

had been trained on this subject during their university studies. The highest percentage of teachers indicated that the training focused on knowledge related to sex education and reproductive health and on how to address data within the subject or on activities related to sex education and reproductive health and methods of teaching them.

It is worth mentioning that the majority of teachers do not follow continuous professional development regularly by their needs. Knowing that most of them lack self-efficacy in terms of scientific, psychological, and sexual development concepts and how to deal with them according to different age groups. Most teachers also suffer from a lack of pedagogical experiences related to establishing sex education competencies, as emphasized by the directors. Therefore, most teachers expressed that they resort to reliable sources to obtain accurate knowledge related to sex education. This result is related to the low reliability of the effectiveness of what training courses provide in terms of knowledge, skills, and attitudes to enable students to deal with their sexual lives effectively.

It should be noted that there were no significant differences between the responses of primary school teachers and secondary school teachers when answering questions related to this section.

## **7. Conclusions and Recommendations**

### **7.1. Recommendations Related to Content Mastery:**

- Empower learners with scientific content related to sex education and reproductive health concepts and link them to daily life, practices, behaviors, and attitudes of learners in an accurate and scientific manner, especially at the following levels:

- Enhance teachers' knowledge and skills in psychological and social health, sexual development, and how to deal with them according to different age groups. In addition to topics such as puberty and development during adolescence, pregnancy and reproduction, assistive devices and contraceptives, sexually transmitted diseases including HIV, healthy relationships, safety, personal hygiene, and the safety of others at all levels (physical, psychological, and social).
- Enhance teachers' ability to link health behavior theories with promoting sexual health.
- Empower teachers to use active teaching methods that enable the teacher to explain the stages of sexual development in children and adolescents and link them to physical, mental, emotional, and social changes.
- Establish awareness among all teachers about current international, national, and local laws related to sex that have an impact on youth.
- Promote reliable and credible sexual health information and disseminate it through the use of modern and reliable sources and knowledge about related health products and community services for learners.
- Empower teachers with leadership competencies and the ten social-emotional learning competencies. In addition to possessing several advantages, including being well-adjusted, balanced, neutral, inspiring confidence, credible, exemplary in their behaviors, respectful of cultural and religious values of the community and the environment surrounding learners, and possessing listening skills.

## **2.7. Recommendations Related to Ensuring Appropriate Conditions for Establishing Sex Education Competencies in Schools Effectively and Enhancing Professional Development:**

- Integrate sex education competencies into the curriculum of various subjects. In addition, allocate a core subject that carries the competencies of this subject to establish it effectively, so that instructional periods are allocated to it during the educational program.
- Train teachers on effective strategies for establishing sex education competencies, especially those related to managing emotions and interactively managing the classroom.
- Enhance teachers' self-efficacy to teach sex education in ways that are appropriate for the learner's age and development.
- Train teachers to identify their specific needs for ongoing professional development related to sex education in school.
- Train principals on sex education topics and how to support teachers psychologically and materially within the framework of promoting the teaching of this subject in school.
- Involve parents in establishing these competencies by providing the necessary workshops to raise their awareness of this topic and open a dialogue with them on sensitive issues.
- Provide a psychologist and a social worker in the school to support the teacher and the learner in establishing sex education competencies.
- Train the educational staff, parents, and administrators on assessment strategies, and develop and use appropriate tools to assess knowledge, skills, and attitudes related to sex education.
- Train the educational staff, parents, and administrators on how to analyze assessment results and use them to improve the teaching-learning process.
- Train administrators to include the topic of sex education and how to implement and evaluate it in the school within the school's internal system or secondary school.
- Train teachers on appropriate strategies for sex education, especially real-life case studies, performance tasks, improvisational performance, and surveys conducted by students in their environment.

## **3.7. Recommendations Related to Laws and Professional Ethics:**

- Develop policies and laws related to sexual issues and behaviors in schools and administrations.
- Highlight, disseminate, and publicize policies and laws related to non-normative sexual issues and behaviors.
- Train all concerned parties on the nature of normative and non-normative behaviors related to sexual issues.
- Strengthen communication channels and meetings between the Ministry of Education and schools in order to improve discussions on these topics and elevate them from the obscurity that surrounds them.
- Conduct workshops and seminars in schools on normative practices, professional ethics, and laws related to sex education and reproductive health.

Therefore, based on the final report on the knowledge product related to "The Readiness of Educators in Lebanon to Establish Competencies Related to Sex Education and Reproductive Health," work will be done to prepare a policy to gain support for the subject and prepare a reference framework for educators' competencies in sex education and reproductive health shortly, and train educators on it in the long term.

This exploratory experimental study can also be built upon and the tools that were built can be developed and utilized at this particular time within the project to renew pre-university general education curricula, which is currently being implemented by the Educational Research and Development Center, and the results can be utilized to generalize them at a later stage to all of Lebanon and other members of ShareNet-Jordan.

#### **8. Meeting to Approve the Final Report:**

The final report results were confirmed and approved by the working team headed by the Acting Director of the Educational Research and Development Center, Professor Hayam Ishaq. Accordingly, evidence and data supported by numbers were provided on the extent of the readiness of educators in Lebanon to address topics related to sex education and reproductive health.

## Reference

- Future of Sex Education (FoSE) Initiative, 2022 [National teacher preparation standards for sexuality education | Health and Education Resource Centre \(unesco.org\)](#)
- Bryman, A. (2018). *Mixed methods research*. Oxford University Press.
- Creswell, J. W., & Plano Clark, V. L. (2017). *Designing and conducting mixed methods research* (3rd ed.) Sage Publications.
- Liu, M., Wronski, L., & Inchausti, N. (2017). Mobile web survey in the international setting.
- Etikan, I., Musa, S. A., & Alkassim, R. S. (2016). Comparison of convenience sampling and purposive sampling. *American Journal of Theoretical and Applied Statistics*, 5(1),1-4.
- Denzin, N. K., & Lincoln, Y. S. (2011). *The handbook of qualitative research* (4th ed.) Sage Publications.



## Share-Net Jordan


The Knowledge Platform on  
Sexual and Reproductive Health  
and Reproductive Rights



<https://share-net-jordan.org.jo/>

 <https://www.facebook.com/shareNetJordan>

 <https://twitter.com/shareneto>

 [https://www.instagram.com/share\\_net\\_jo/](https://www.instagram.com/share_net_jo/)

 <https://www.linkedin.com/in/share-net-jordan-9703a41a1/>



Amman - Madena Monawara Street

Faeg Haddaden Street, Building No. 13


Tel: 00962 6 5560748

Fax: 00962 6 5519210

P.O.Box 5118 Amman 11183 Jordan

[www.hpc.org.jo](http://www.hpc.org.jo)

 [Facebook.com/hpcjo](https://www.facebook.com/hpcjo)

 [Twitter@HPC\\_jordan](https://twitter.com/HPC_jordan)

 [Youtube.com/hpcpromise](https://www.youtube.com/hpcpromise)

 [linkedin.com/in/hpcjo](https://www.linkedin.com/in/hpcjo)

 <https://www.instagram.com/Hpcjo>