Knowledge regarding sexual health Education programs among teachers at Wampeewo Ntakke Secondary school Gayaza, Wakiso District: A cross-sectional study.

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Abstract
Introduction: Sexual health education aims to equip young people with knowledge, skills, attitude and values that will empower them to realize their reproductive health wellbeing and dignity. The general objective of this study was to assess the knowledge of secondary school teachers regarding sexual health education programs
Methodology: This cross-sectional study was conducted using simple random sampling, employing a structured questionnaire to collect data from 30 secondary school teachers. The data was analyzed using Microsoft excel and word.
Results: The study found that 26.7% of teachers identified "More than one component of the package" as the major component of sexuality education, with 23.3% emphasizing "STD's and HIV/AIDS prevention". Media (33.3%) and books (23.3%) were the most reliable sources of information. A significant majority (83.3%) of teachers believed that sexuality education is important for adolescents, and 73.3% supported gender inclusivity, advocating for both males and females to receive sexuality education.
Conclusion: The findings highlight the critical role of teachers in delivering effective sexuality education programs. Addressing the identified gaps through targeted interventions can enhance the effectiveness of these programs, ultimately contributing to the well-being and development of students.
Recommendation: Implementing comprehensive training programs for teachers, ensuring consistent curriculum integration, allocating adequate resources, encouraging parental involvement, advocating for strong policy support, and establishing mechanisms for regular monitoring and evaluation of sexuality education programs.

Keywords: Knowledge, Atitudes, Practices, Sexual and Reproductive Health Programs, Teachers, Wampeewo Ntaake Secondary school, Gayaza

Background of the study

Sexual health education (SHE) is the process of teaching and learning about the cognitive, emotional, physical and social aspects of sexuality; including sexual anatomy, sexual reproduction, reproductive health and emotional relations to realize sexual wellbeing, and reproductive health rights (Davenport, 2015). The transfer of knowledge can result in attitudinal change or a settled way of thinking or feeling, typically reflected in the person's behavior towards a certain idea, object, person and situation (Calvin, 2015). Schools are the best avenues to reach adolescents with sexual health education information where sexuality and education can be taught systematically and comprehensively and teachers are the key to the success of school based sexual health education programs.
Globally, the implementation of sexual health education varies significantly, with some countries integrating it into their national curricula while others face challenges due to cultural, religious, and political factors (UNESCO, 2018). In many developed countries, sexual health education is well-established, with teachers receiving extensive training and resources to deliver effective programs. However, even in these contexts, there are ongoing debates about the content and approach of sexual health education, reflecting diverse societal values and norms (Santelli, 2017).
In Africa, the landscape of sexual health education is diverse and complex. Many African countries have recognized the importance of sexual health education in addressing issues such as HIV/AIDS, teenage pregnancies, and gender-based violence (UNFPA, 2016). Despite this recognition, the implementation of comprehensive sexual health education programs often faces significant barriers, including limited resources, cultural resistance, and inadequate teacher training (ChandraMouli, 2018). Studies have shown that while there is support for sexual health education among educators and parents, there is also a need for more comprehensive training and resources to ensure effective delivery (Pound, 2017).
In East Africa, countries like Kenya, Tanzania, and Uganda have made strides in incorporating sexual health education into their school curricula. These efforts are often supported by international organizations and NGOs that provide training and resources to teachers (Mkumbo, 2019). However, challenges remain, particularly in rural areas where cultural taboos and lack of resources can hinder the effective implementation of these programs.

Teachers in East Africa often express a need for more support and training to feel confident in delivering sexual health education (Mugabe, 2015).

In Uganda, the government has made efforts to integrate sexual health education into the national curriculum, recognizing its importance in addressing public health issues such as HIV/AIDS and teenage pregnancies (Ministry of Education, 2018). Despite these efforts, the implementation of sexual health education in Ugandan schools varies widely. Teachers often face challenges such as inadequate training, lack of resources, and cultural resistance from communities (Ninsiima, 2019). Research indicates that while many teachers support the inclusion of sexual health education, they often feel ill-equipped to deliver it effectively (Namukwaya, 2017).

At Wampeewo Ntakke Senior Secondary School, the situation reflects the broader national context. Teachers at the school recognize the importance of sexual health education and are generally supportive of its inclusion in the curriculum. However, they face significant challenges in delivering these programs effectively. These challenges include limited access to training and resources, as well as cultural and societal barriers that can make it difficult to discuss sexual health topics openly. Despite these obstacles, there is a strong commitment among the teachers at Wampeewo Ntakke to improve their knowledge, attitudes, and practices towards sexual health education, recognizing its critical role in promoting the health and well-being of their students. The general objective of this study was to assess the knowledge of secondary school teachers regarding sexual health education programs

Methodology

Study population

The target study population was of secondary school teachers in Wakiso district but the accessible population and therefore participants in the study was got from Wampeewo Ntakke Secondary School aged between 24-45 years who are always on duty and are present at the time of the study. The study targets secondary school teachers because according to statistics they are the key to the success of implementation of school-based sexual health education programs.

Study design

The study used cross-sectional design and quantitative methods of data collection were employed because it is cheap and therefore suits the available funds. This permitted the researcher to gather sufficient and necessary data in a short while.

Study setting

The study was carried out at Wampeewo Ntakke Secondary School located in Wakiso district which is in the central part of Uganda. It is located 8kilometres along Gayaza-Kampala Road, Wampeewo (Luteete). It has a population of up to 50 highly qualified teachers in total which is an appropriate study population. The school covers sexual health education programs at least once every week for every class from senior one- six making it appropriate for my study.

Sample size determination

The sample size was determined using Kiesh Leshlie formula (1965), given by the expression:

$$n = \frac{z^2 pq}{d^2}$$

Where: n is the sample size, Z is the statistical certainty 1.96 at 95% confidence interval, p=2% (the assumed to be constant) or 0.05 since no measures is estimated, q= 1-p and represents the allowed error=0.5 and d is the degree of accuracy desired 0.05 probability level (at 95% confidence level). On substitution it gives: n= $[1.96^2 \times 0.02 \times 0.98] \div 0.05 \times 0.05$

n= 30.118144. Therefore, the sample size was 30 respondents.

Sampling procedures

Simple random sampling method was used to select the participants, specifically using the lottery method. Small papers with either yes or no written on them will be folded, and handed out randomly to the respondents and those with papers containing yes will take part in the study.

Inclusion criteria

The study included only secondary school teachers whose ages range from 24-45years, who have experience and are involved in the delivery of SHE programs in the school. Only those present and consented to be part of the exercise were included in the study.

Research instruments

Pretested questionnaires were designed and distributed to the respondents who consented to participate in the interview. The research was conducted on a face-to-face interview with the respondents who are requested to fill in their responses according to their understanding and at will.

Data collection procedure

An introductory letter to carry out the research was obtained from International Paramedical Institute-Maya and it was presented to the head teacher of Wampeewo Ntakke Secondary School. The letter showed the intentions for carrying out the study specifically in secondary school teachers. On the research day, the investigator talked

to teachers explain to them the need for them to participate in the study. After gaining their consent, the respondents were selected using simple random sampling to ensure no bias in the section. Questionnaires were given to the selected participants and instructions were read clearly to them making sure that questionnaires got filled correctly. The questionnaires were checked thoroughly to correct any error and avoid repetition.

Data management

Filled questionnaires were checked for accuracy and validity before leaving the data collection site. The gathered information was coded manually and then entered to the computer correctly, and the questionnaires kept properly in a lock and key kept safely to avoid access by unauthorized persons and avoid losses.

Data analysis and presentation

The data collected was analyzed using Microsoft Excel and Database summarizing them using tables, pie charts, bar graphs therefore deriving conclusions from the findings was easy as the most frequently appearing responses were considered the truth.

Ethical considerations

The study was approved by school of clinical medicine ethics committee. An introductory letter was obtained from the IPI Maya research coordinator which was used to introduce the research to the head teacher on research days. Teachers were included in the study upon giving their consent to participate after a thorough explanation by the researcher on the purpose of the study and they were requested to consent and the investigator informed the participants that they had a right to withdraw from the study if they felt uncomfortable during the course of the study. Participants were assured of maximum confidentiality and were told that there is no hidden agenda behind the study.

Results

Socio-demographic profile

Table 1 showing the respondents socio-demographics.

Paramater	Finding	Frequency (n=30)	Percentage
Sex	Male	18	60%
	Female	12	40%
Marital status	Single	10	33.3%
	Married	15	50.0%
	Widowed	3	10.0%
	Other	2	6.7%
Age	24-30 years	8	26.7%
	31-35 years	10	33.3%
	36-40 years	7	23.3%
	41-45 years	5	16.7%
Level of Education	Diploma	12	40.0%
	Bachelors	14	46.7%
	Masters	4	13.3%
Religion	Catholic	10	33.3%
	Anglican	8	26.7%
	Muslim	7	23.3%
	Others	5	16.7%
Teaching experience	1-2 years	8	26.7%
	3-6 years	12	40.0
	7-10 years	10	33.3%

Table 1 shows the demographic profile of the respondents and showed a higher proportion of males (60.0%) compared to females (40.0%). Most respondents were married (50.0%), followed by single individuals (33.3%), with a smaller percentage being widowed (10.0%) and then those that fell into other categories (6.7%). The age distribution indicates that the majority of respondents were between 31-35 years (33.3%), with the next largest groups being 24-30 years (26.7%) and 36-40 years (23.3%). The smallest age group was 41-45 years (16.7%).

In terms of education, most respondents held a Bachelor's degree (46.7%), followed by those with a Diploma (40.0%), and a smaller percentage with a Master's degree (13.3%). The religious affiliation was diverse, with Catholics making up the largest group (33.3%), followed by Anglicans (26.7%), Muslims (23.3%), and others (16.7%). Regarding teaching experience, the largest group has 3-6 years of experience (40.0%), followed by those with 7-10 years (33.3%) and 1-2 years (26.7%).

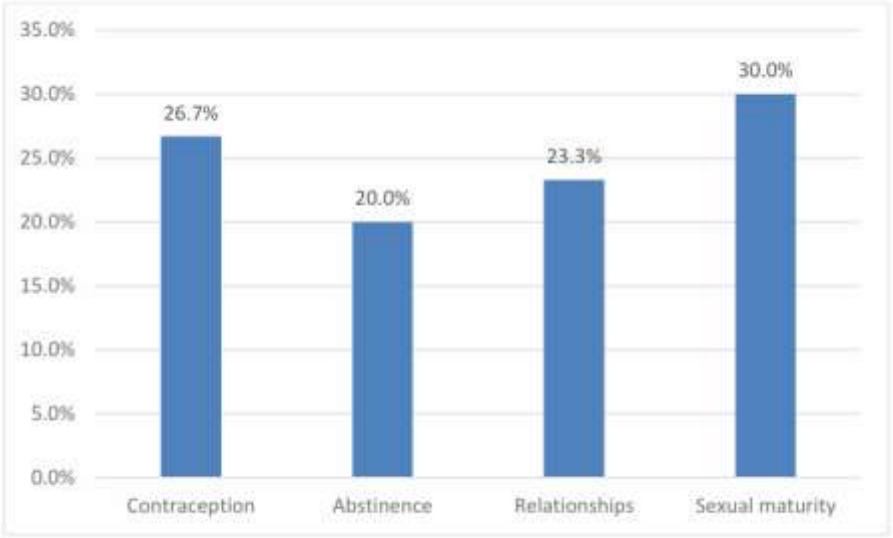
Knowledge towards sexual health education programs among secondary school teachers

Table 2: A table showing the respondents knowledge towards sexual health education.

Parameters	Findings	Frequency (n=30)	Percentage
Major component of sexuality education.	Contraception	6	20.0%
	Abstinence	5	16.7%
	Relationships	4	13.3%
	STD's and HIV/AIDS prevention	7	23.3%
	More than one component of the package	8	26.7%
Most reliable source of information about sexuality education.	Media	10	33.3%
	Library	5	16.7%
	Friends	4	13.3%
	Books	7	23.3%
	Others	4	13.3%
Importance of sexuality education to students.	To teach about HIV/AIDS	6	20.0%
	To know the challenges related to sexuality	7	23.3%
	To know the importance abstinence	5	16.7%
	All the above	12	40.0%

The data on the knowledge of secondary school teachers towards sexual health education programs reveals several key insights. When asked about the major component of sexuality education, 26.7% of respondents indicated that it encompasses more than one component, highlighting a comprehensive understanding. This was followed by 23.3% who emphasized STD's and HIV/AIDS prevention, 20.0% who focused on contraception, 16.7% on abstinence, and 13.3% on relationships. Regarding the most reliable source of information about sexuality education, media was the most cited at 33.3%, followed by books at 23.3%, libraries at 16.7%, and both friends and other sources at 13.3% each. This suggests a preference for structured and accessible sources of information. In terms of the importance of sexuality education to students, 40.0% of teachers believed that it is important for all the listed reasons, including teaching about HIV/AIDS, understanding challenges related to relationships and sexuality, and knowing the importance of abstinence. Specifically, 23.3% highlighted the importance of understanding challenges related to relationships and sexuality, 20.0% emphasized teaching about HIV/AIDS, and 16.7% focused on the importance of abstinence. These findings underscore the multifaceted nature of sexuality education and the diverse sources of information that teachers rely on to inform their teaching practices.

Figure 1: A bar graph showing the component of sexuality education that teachers are well versed with.



The bar graph presents data on the components of sexuality education that teachers feel well-versed in. There are four categories represented on the horizontal axis: Contraception, Abstinence, Relationships, and Sexual Maturity. The vertical axis indicates the percentage of teachers, ranging from 0% to 35%. The first category has a value slightly above 25%, the second category is at 20%, the third is just above 20%, and the fourth category reaches 30%. The trend suggests that teachers feel most comfortable with 'Sexual Maturity' and least comfortable with 'Abstinence', with 'Contraception' and 'Relationships' falling in between

Discussion

Knowledge towards sexual health education programs among secondary school teachers

The findings indicate that the majority of teachers recognize the multifaceted nature of sexuality education, with 26.7% identifying "More than one component of the package" as the major component. This is followed by "STD's and HIV/AIDS prevention" at 23.3%. The least common response was "Relationships" at 13.3%. This trend suggests that teachers are aware of the comprehensive nature of sexuality education, which aligns with the holistic approach recommended in educational guidelines (UNESCO, 2018). The pie chart shows that 26.7% of teachers identified "More than one component of the package" as the major component of sexuality education, followed by 23.3% for "STD's and HIV/AIDS prevention". The least common response was "Relationships" at 13.3%.

The most reliable source of information about sexuality education was predominantly "Media" (33.3%), followed by "Books" (23.3%). The least common sources were "Friends" (13.3%) and "Others" (13.3%). This trend indicates a preference for established and accessible sources, suggesting that teachers rely on credible and structured information. This preference for media and books over informal sources is supported by research that emphasizes the importance of reliable information in effective sexuality education (NSPCC,2022). The bar graph indicates that 33.3% of teachers consider "Media" as the most reliable source of information about sexuality education, followed by 23.3% for "Books". The least common sources are "Friends" and "Others" at 13.3% each.

Conclusion

The study highlights the critical role of teachers in delivering effective sexuality education programs. Teachers recognize the comprehensive nature of sexuality education and its importance for adolescents. However, there is variability in how often these programs are taught and the methods used, indicating a need for consistent curriculum integration and professional development. By addressing these areas, educational authorities can enhance the effectiveness of sexuality education programs, ultimately contributing to the well-being and development of students. Therefore, according to the study, the knowledge was good, the attitude were good but the practices were poor.

Recommendations

Enhanced Training Programs: Implement comprehensive training programs for teachers to improve their knowledge and skills in delivering sexuality education. This should include updates on the latest information and teaching methodologies. Curriculum Integration: Ensure that sexuality education is consistently integrated into the school curriculum.

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List of Abbreviations

AIDS: Acquired Immune Deficiency Syndrome
SHE: Sexual Health Education
STDs: Sexually Transmitted Diseases
STIs: Sexually Transmitted Infections
SSA: Sub Saharan Africa
EA: East Africa
HIV: Human Immuno deficiency Virus
WHO: World Health Organization
UNESCO: United Nations Education, Scientific and Cultural Organization
RSB's: Risky Sexual Behaviors
UBOS: Uganda Bureau of Statistics

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This study was self-funded by the researcher.

Conflict of Interest

The author declares that there was no conflict of interest regarding the publication of this research report. The study was conducted independently, and the findings presented are solely those of the researcher without influence from any external party.

Author Contributions

The research was solely conducted by **Asiimwe Parvin Grace**. The author was responsible for the conception and design of the study, data collection, data analysis, interpretation of results, and preparation of the final research report.

Academic supervision and guidance were provided by **Juuko Vincent**, who reviewed the work and offered technical and academic support throughout the research process.

Data Availability

The datasets generated and analyzed during the current study are not publicly available due to confidentiality agreements with the study participants and the institution involved. However, the data may be made available by the author upon reasonable request for academic purposes, subject to ethical approval and institutional consent.

Ethical Approval

Ethical approval for the study was obtained from the School of Clinical Medicine Ethics Committee of the International Paramedical Institute. Permission to conduct the study was also granted by the administration of Wampeewo Ntakke Secondary School before data collection commenced.

Informed Consent

Written informed consent was obtained from all participating teachers prior to their involvement in the study. Participants were informed about the purpose of the research, their right to withdraw at any time without penalty, and the assurance of confidentiality and anonymity of the information provided.

Author Biography

Asiimwe Parvin Grace is a student at International Paramedical Institute. She has a strong academic interest in public health, particularly in adolescent sexual and reproductive health, health education, and community-based health interventions. Her research focuses on improving knowledge, attitudes, and practices related to sexual health education in school settings to promote the well-being of young people in Uganda

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