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KNOWLEDGE, ATTITUDE, AND PRACTICES TOWARDS COMPREHENSIVE SEXUAL EDUCATION AMONG STUDENTS IN MAKINDYE SENIOR SECONDARY SCHOOL, WAKISO DISTRICT. A CROSS-SECTIONAL STUDY.

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Abstract

Background

Comprehensive sex education is an education program involving equipping methods, materials, and information to individuals on issues concerning human sexuality. The study aims to assess the Knowledge, attitude, and practices towards comprehensive sexual education among students in Makindye Senior Secondary School, Wakiso district

Methodology

The study was conducted through a descriptive cross-sectional study design on students of Makindye
Semi-structured questionnaires written in English language were used to capture the relevant data during a face-to-face interview with the participants. Data was systematically analyzed manually by use of tally sheets and entered in the Excel computer program to generate tables, graphs, and pie charts.

Results

(58%) were females, (42%) were males. (60%) knew HIV/AIDS prevention as the component of comprehensive sexual education (80%) reported through unprotected sex as one way through which. (58%) reported the use of condoms as one way through which STDs (70%) knew condoms as contraceptive methods (34%) knew breast developments in girls as physical changes. (52%) perceived comprehensive sexual education as very important. (74%) agreed that teachers should openly discuss CSE at school. (52%) agreed that they were sexually active whereas. (56%) reported that they had never gone for HIV counseling and testing voluntarily. (39%) reported that they feared positive results as the reason why had never gone for testing for HIV counseling and testing voluntarily at school.

Conclusion

Knowledge and attitude towards comprehensive sexual education were worthy and agreeable but practices were deprived because they irregularly have comprehensive sexual education at school.

Recommendations

The Ministry of Education and Sports should set and implement an appropriate model of CSE that is client-initiated, youth-friendly, and accessible to secondary students.

Keywords: *Knowledge, Attitude, Practices, Comprehensive sexual education.*
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Background

Comprehensive sex education is an education program involving equipping methods, materials, and information to individuals on issues concerning human sexuality including sexual anatomy, sexual reproduction, reproductive health, and emotional relations to realize their sexual well-being and reproductive rights. Globally, 85% of the 155 countries surveyed have policies or laws relating to sexual education, with considerably more countries reporting policies to mandate delivery at the secondary education level than the primary level. However, the existence of policy and legal frameworks does not equate to comprehensive content or strong implementation (WHO, 2021).

Evaluation of a school-based comprehensive sexuality education program among very young adolescents in rural Uganda, analysis of knowledge scores showed that (70%) had ever heard about sexual education, (60%) obtained knowledge from schools, and (59%) new condoms as contraceptives. The study further revealed that (62%) knew voice changes in boys as puberty development changes among boys (Kemigisha et al., 2019). In Harar, Ethiopia the Level and determinants of knowledge, attitude, and practice of risky sexual behavior among adolescents showed that the majority (87.9%) of the participants had information regarding RSB. Most of them knew homosexuality (23%) and oral sex (5.9%) as the most and least RSBs, respectively. However, (52%) correctly identified that STDs are transmissible from one person to another through unprotected sexual intercourse (Jecolia et al., 2023).

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A report on the status of young people's access to sexuality education in Uganda by UNESCO reveals that Uganda is among the countries with the highest rates of HIV infections in sub-Saharan Africa where young people aged 15-24, account for 60% of the 83,000 new infections. (UNESCO,2019). In the Uganda Demographic Health survey of 2016, 25% of the girls aged 15-19 years had become pregnant, 14% of the men and 25% of the women reported having an STI before the age of 50 a quarter of these people did not seek medical treatment. Sexual education in Uganda has faced a lot of challenges. In 2016, the Ugandan government decreed a parliamentary ban on comprehensive sex education beyond abstinence-only but in May 2018, Uganda lifted the parliamentary ban on sex education beyond abstinence. A new curriculum of comprehensive sex education was to be introduced, to prevent early and unwanted pregnancies and contracting sexually transmitted infections at the secondary school level in Uganda (UBOS & ICF, 2017). The study aims to assess the Knowledge, attitude, and practices toward comprehensive sexual education among students in Makindye Senior Secondary School, Wakiso district.

Methodology

Study design

The study was conducted through a descriptive cross-sectional study design on students of Makindye Senior Secondary School with knowledge attitude practices towards comprehensive sex education in Wakiso district. The design was chosen because it captures the information to describe the research problem and it is convenient for both the subjects and the researcher.

Study area

The study was carried out at Makindye Senior Secondary School, Wakiso district. This is a government-sponsored school founded in 199, located in Makindye West sub-county along
Salama Road is comprised of both girls and boys from O' Level and A' Level headed by Mrs. Kiyimba Naluwooza Christine. The school is comprised of 1,852 total population of students.

Study population

This was comprised of students of Makindye Senior Secondary School, Wakiso district who were present during the data collection period.

Sample size determination

The sample size was determined using the formula below: QR/O (Burton,1995)
Where:
Q = Total number of days spent in data collection.
R = Maximum number of respondents who were interviewed per day
O = Maximum time taken on each respondent per day
Values: Q = 10 days
R = 30 respondents
O = 1 hour (Time duration was from 8 am – 1 pm each day)
Therefore, n = QR/O
N = (10 x 30) / 1
= 300 Respondents
However due limited time frame the researcher the researcher opted to use 50 respondents.

Study variables

Comprehensive sexual education was the dependent variable while knowledge, attitude, and practices were the independent variables.

Sampling technique

The sampling technique is a description of strategies that the researcher uses to select representative elements/accessible populations. Therefore, the researcher used a simple random sampling technique to get the statistical analysis related to sample distributions, hypothesis testing, and sample size. The technique was preferred because it has an unbiased representation of the population.

Inclusion criteria

The study was mainly comprised of students both girls and boys in Makindye Senior Secondary School present and ready to consent with the teacher's approval for those who were under 18 years old.

Exclusion criteria

The study excluded students both girls and boys in Makindye Senior Secondary School who were present but not ready to consent.

Data collection techniques

Semi-structured questionnaires written in English language were used to capture the relevant data during a face-to-face interview with the participants.

Pretesting of the questionnaire

The questionnaire was pre-tested in Lubiri High School, Buloba campus, Wakiso district, and administered to a group of 10 students with similar characteristics before the main study for purposes of checking if the results given by the respondents were consistent, and also to check for ambiguous research questions. Results from the pilot study were not included in the final study. This was aimed at evaluating the validity and reliability of the tools.

Sampling procedure

Before collecting any information, the researcher had to seek permission from Makindye Senior Secondary School administration to conduct the study, and when permission was granted; two research assistants were trained on the subject in question and the data collection procedures they used; before conducting the process, the researcher and the research assistant introduced themselves and explained the purpose of the study to the respondents.

After the selection of the respondents by simple random sampling, respondents were given a consent form to sign. Once completed, the forms were placed in a box provided by the researcher, and the box was sealed. To preserve anonymity, the consent forms were not attached to the questionnaires. Additional boxes were provided for questionnaires for each interview period. The respondents were asked questions following the designed questionnaire to avoid being biased and each respondent was interviewed for 25- 30 minutes. After data collection, all the questionnaires were sealed in a box

Data analysis and presentation

Data was systematically analyzed manually by use of tally sheets and entered in the Excel computer program to generate tables, graphs, and pie charts.

Quality control

All research instruments were pretested to ensure that they addressed the specific objectives of the study. The research assistants were trained and closely supervised on how to correctly administer the data collection instruments to enhance the validity of the data collected. The questionnaires were screened for completeness and legibility.

Data collection was conducted under maximum privacy ensuring that the respondents give the right information. After collecting data, the questionnaires were checked for completeness and accuracy. Those that were inaccurately or incompletely filled were removed and disposed of. Accurate and filled ones are kept in a secure place. This was done to maximize confidentiality.

Ethical considerations

An introductory letter was obtained from the Kampala School of Health Science Department of Research. Then the letter was taken to the head teacher of Makindye Senior Secondary School where the study was conducted; when permission was granted; the researcher and his assistants introduced themselves before conducting the study; respondents received an explanation of the study before enrolment and only those who were willing to participate were involved. Respondents were free to withdraw from the study at any time and strict confidentiality was observed. Initials were used to identify the respondents instead of full names.

Results

Demographic data

Table 1: Shows the distribution of respondents according to demographic data (N=50)

Response	Frequency(f)	Percentage (%)
Age		
13-14 years	9	18
15-17 years	30	60
18-19 years	11	22
Total	**50**	**100**
Sex		
Female	29	58
Male	21	42
Total	**50**	**100**
Marital status		
Single	24	48
Relationship	25	50
Separated	1	2
Total	**50**	**100**
Level of education		
Ordinary level	26	52
Advanced level	24	48
Total	**50**	**100**
Religion		
Catholic	20	40
Protestant	6	12
Muslim	7	14
Others	17	34
Total	**50**	**100**

From the table above, more than half of the respondents (60%) were within the age bracket of 15-17 years whereas the least (18%) were within the age bracket of 13-14 years.
The study further revealed that most of the respondents (58%) were females by sex and the least (42%) were males by sex.
Most of the respondents (52%) were in the ordinary level of education whereas the least (48%) were from an advanced level of education
Also, half of the respondents (50%) were in a relationship whereas the least (2%) had separated.
Most of the respondents (40%) were Catholics by religion whereas the least (8%) were Muslims by religion.

Knowledge of comprehensive sexual education among students

Figure 1: Shows the distribution of respondents according to whether they had ever heard about comprehensive sexual education (N=50)

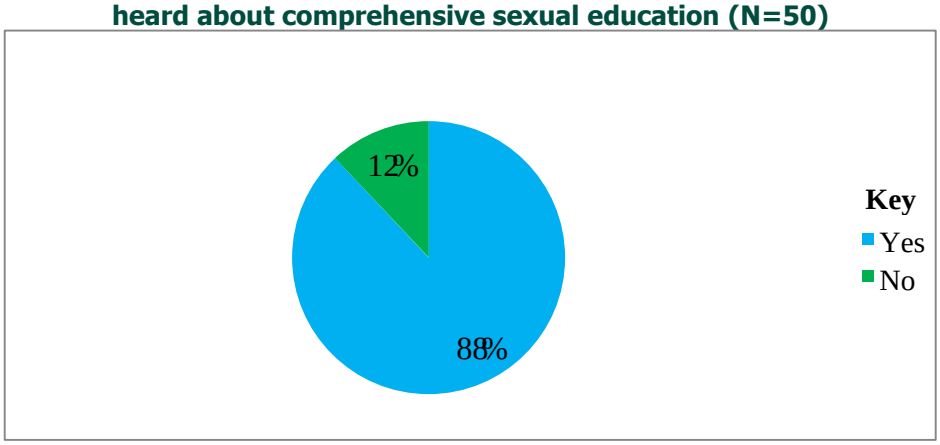

Figure 1, the majority of the respondents (88%) had never heard about comprehensive sexual education whereas the minority (12%) had never heard about comprehensive sexual education.

Table 2: Shows the distribution of respondents according to where they obtained their first knowledge about comprehensive sexual education (N=44)

Response	Frequency(f)	Percentage (%)
School	25	57
Media	10	23
Relatives	3	7
Others	6	13
Total	**44**	**100**

Table 2, more than half of the respondents (57%) obtained information about comprehensive sexual education from school whereas the least (7%) obtained information from relatives.

Figure 2: Shows the distribution of respondents according to their knowledge about components of comprehensive sexual education (N=50)

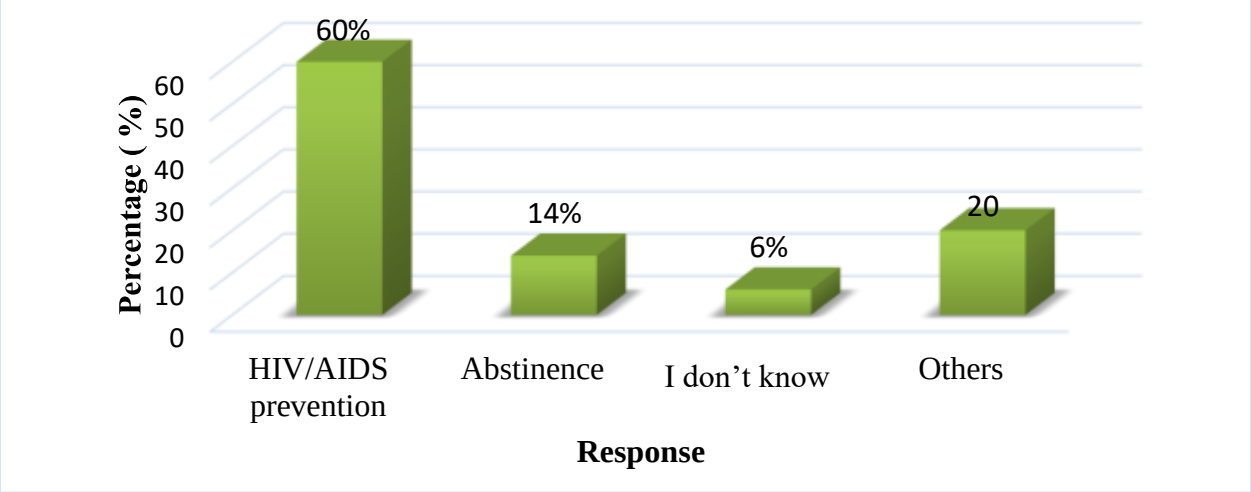

Figure 2, the majority of the respondents (60%) knew HIV/AIDS prevention as the component of comprehensive sexual education whereas the minority (6%) didn't know the components of comprehensive sexual education.

Table 3: Shows the distribution of respondents according to their knowledge about the purpose of comprehensive sexual education (N=50)

Response	Frequency (f)	Percentage (%)
To know more about HIV/AIDS	19	38
To know the challenges related to relationships and sexuality	13	26
To know the benefits of abstinence	11	22
I don't know	1	2
Others	6	12
Total	**50**	**100**

Table 3, most of the respondents (38%) reported knowing about HIV/AIDS as the purpose of comprehensive sexual education whereas the least (2%) didn't know the purpose of comprehensive sexual education.

Table 4: Shows the distribution of respondents according to their knowledge about one way through which HIV/AIDS is transmitted (N=50)

Response		Frequency(f)	Percentage (%)
Through unprotected sex		40	80
Handshakes		1	2
Mosquito bites		2	4
I don't know		2	4
Others		5	10
Total		**50**	**100**

Table 4, the majority of the respondents (80%) reported unprotected sex as one way through which HIV/AIDS is transmitted whereas the minority (2%) reported handshake as one way through which HIV/AIDS is transmitted.

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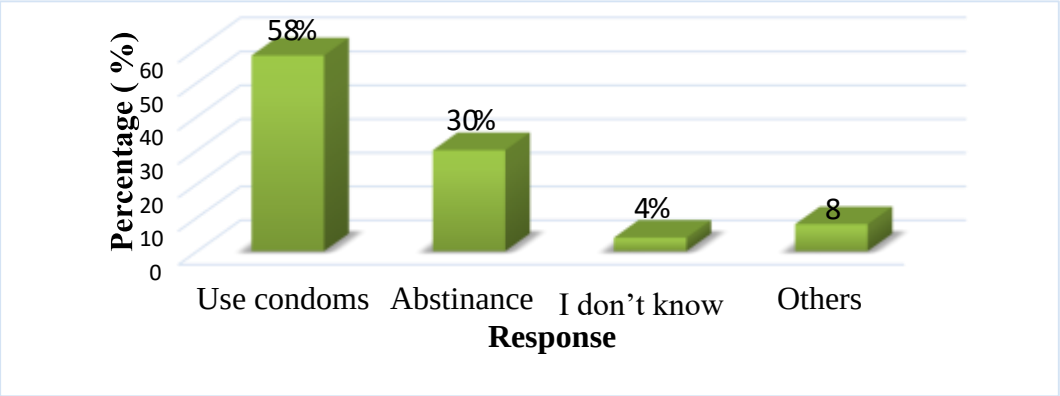
Figure 3: Shows the distribution of respondents according to their knowledge about ways through which STDs are prevented

(N=50)



From the figure above, more than half of the respondents (58%) reported the use of condoms as one way through which STDs are prevented whereas the least (4%) didn't know any way through which STDs are prevented.

Figure 4: Shows the distribution of respondents according to their knowledge of contraceptive methods

(N=50)

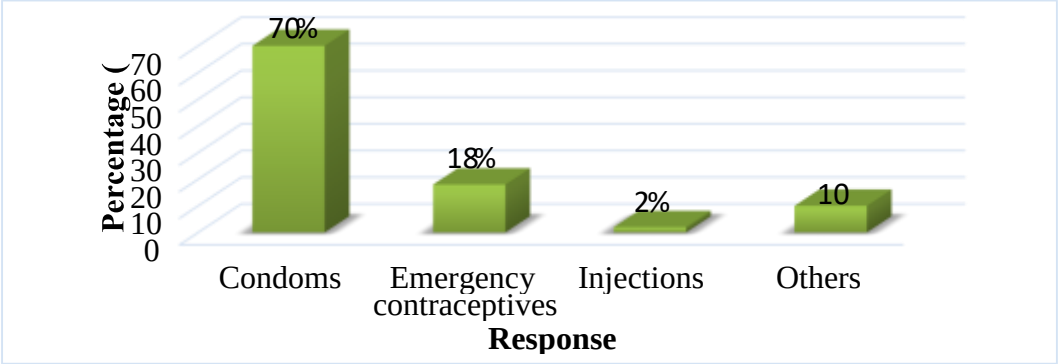


Figure 4, more than half of the respondents (70%) knew condoms as a contraceptive method whereas the least (2%) knew injection as a contraceptive method.

Table 5: Shows the distribution of respondents according to their knowledge about physical changes of puberty during the onset of adolescence (N=50)

Response	Frequency(f)	Percentage (%)
Growth of pubic and armpit hair	5	10
Skin changes	3	6
Deeping of voices in boys	14	28
Breast development in girls	17	34
Others	11	22
Total	**50**	**100**

Table 5, most of the respondents (34%) knew breast developments in girls as the physical changes of puberty during the onset of adolescence whereas the least (6%) knew skin changes as the physical changes of puberty during the onset of adolescence

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Attitude toward comprehensive sexual education among students

Figure 5: Shows the distribution of respondents according to how they perceived the importance of comprehensive sexual education to students (N=50)

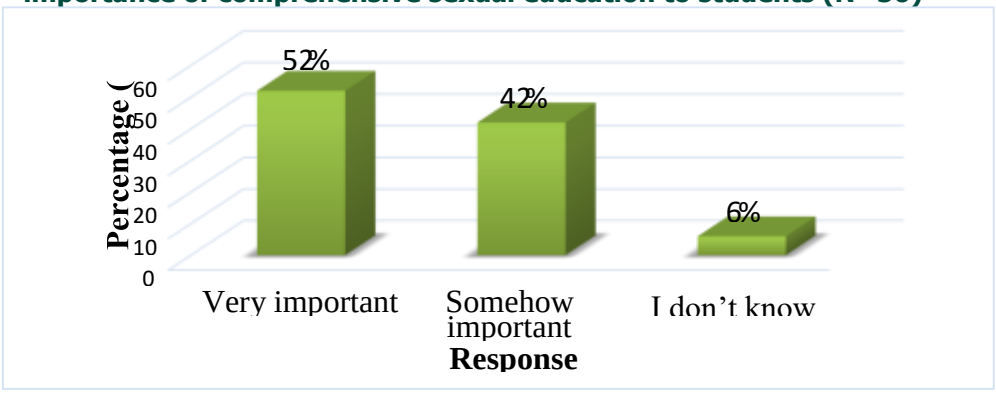

Figure 5, most of the respondents (52%) perceived comprehensive sexual education as very important to students whereas the least (6%) didn't know how comprehensive sexual education is important to students.

Figure 6: Shows the distribution of respondents according to whether they think teachers should openly discuss CSE at school

(N=50)

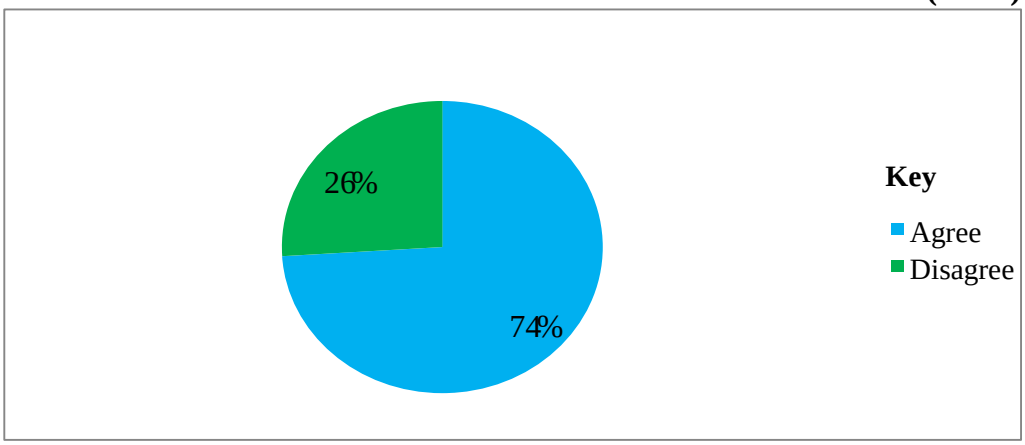

Figure 6, the majority of the respondents (74%) agreed that teachers should openly discuss CSE at school whereas the minority (26%) disagreed.

Table 6: Shows the distribution of respondents according to whom they preferred to inform about physical/ menstruation changes (N=50)

Response	Frequency(f)	Percentage (%)
Nobody	3	6
Parents	9	18
Teachers	20	40
Friends	11	22
Others	7	14
Total	**50**	**100**

Table 6, almost half of the respondents (40%) preferred to inform their teachers about physical and menstruation changes whereas the least (6%) preferred to inform their body about physical/ menstruation changes

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Figure 7: Shows the distribution of respondents according to whether they think it is necessary to have comprehensive sexual education at school (N=50)

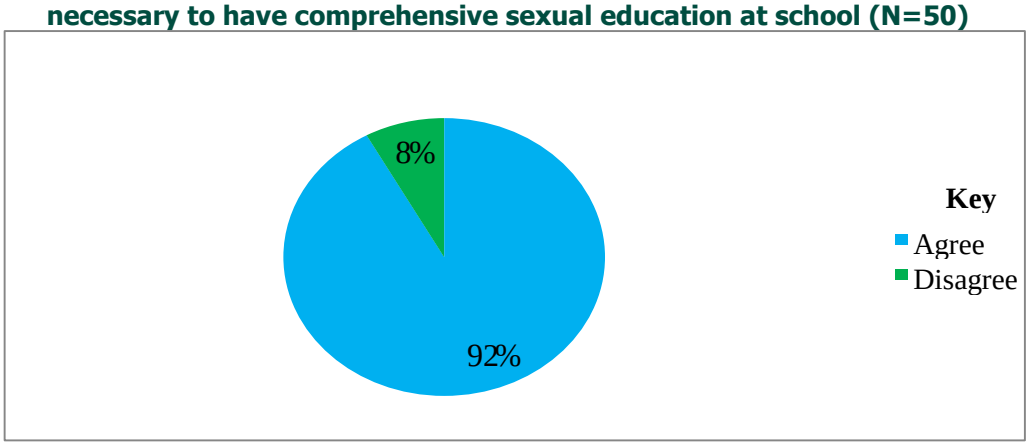


Figure 7, almost all respondents (92%) agreed that schools must conduct comprehensive sexual education whereas the minority (8%) disagreed.

Figure 8: Shows the distribution of respondents according to their views about what could be the right age at school for students to receive comprehensive sexual education N=50)

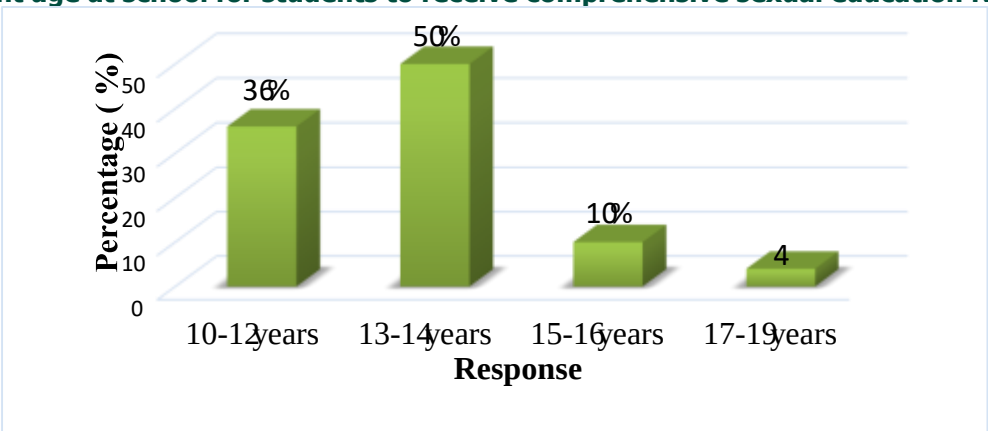


Figure 8, half of the respondents (50%) were of the view that the right age at school for students to receive CSE should be 13-14 years whereas the least (4%) reported 1719 years.

Practices toward comprehensive sexual education among students

Figure 9: Shows the distribution of respondents according to whether they were sexually active

(N=50)

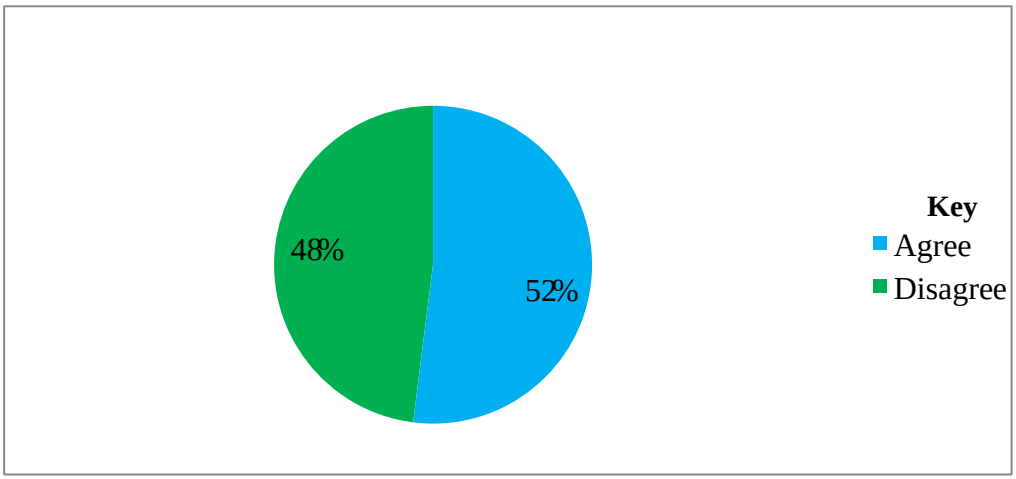


Figure 9, most of the respondents (52%) agreed that they were sexually active whereas the least (48%) disagreed.

Table 7: Shows the distribution of respondents according to the family planning method they had ever used (N=26)

Response	Frequency (f)	Percentage (%)
Condoms	13	50
None	1	4
Emergency pills	8	31
Others	4	15
Total	**26**	**100**

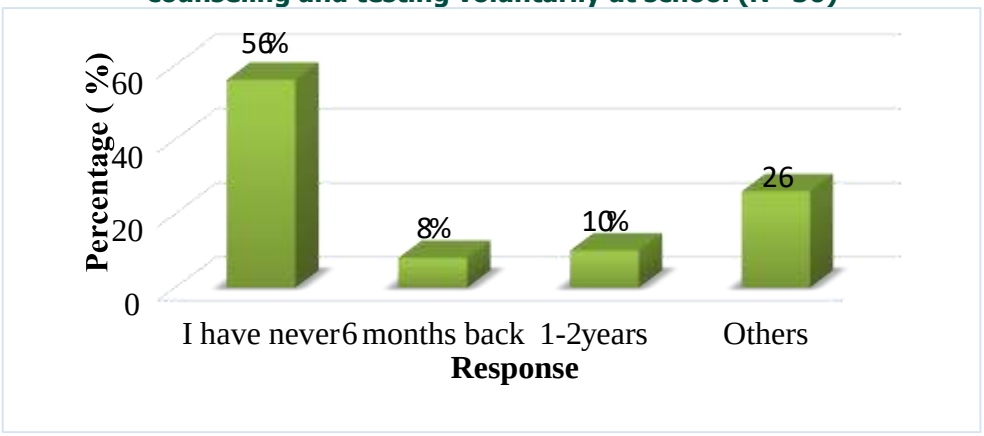
Table 7, half of the respondents (50%) had ever used condoms whereas the least (4%) had never used any contraceptive method.

Table 8: Shows the distribution of respondents according to how often teachers discuss comprehensive sexual education at school (N=50)

Response	Frequency (f)	Percentage (%)
Irregularly	29	58
Regularly	21	42
Total	**50**	**100**

Table 8, most of the respondents (58%) reported that teachers irregularly discuss comprehensive sexual education at school whereas the least (42%) reported that teachers regularly discuss comprehensive sexual education at school.

Figure 10: Shows the distribution of respondents according to when they last utilized HIV counseling and testing voluntarily at school (N=50)



From the figure above, more than half of the respondents (56%) reported that they had never gone for HIV counseling and testing voluntarily at school whereas the least (10%) last had counseling and testing voluntarily.

Table 9: Shows the distribution of respondents according to the reasons why they had ever gone for HIV counseling and testing voluntarily (N=28)

Response	Frequency (f)	Percentage (%)
Not ready for the test	11	39
Feared positive results	9	32
The school administration rarely organizes such programs	2	7.1
Others	6	21.4
Total	**28**	**100**

Table 9, half of the respondents (39%) reported that they feared positive results as the reason why had never gone for testing for HIV counseling and testing voluntarily at school whereas the least (7.1%) reported that the school administration rarely organized such program as the reason as to why had never gone for testing for HIV counseling and testing voluntarily at school.

Discussion

Knowledge of comprehensive sexual and reproduction among students

An overview of 50 participants marked that the majority of the respondents (88%) had never heard about comprehensive sexual education. This denotes that an ample number of participants were familiar with the study context. This is in line with a report from the Rwanda Education Board (2017), where 96% had never heard about comprehensive sexual education.

The study further revealed that more than half of the respondents (57%) obtained information about comprehensive sexual education from school. This is evidenced by the fact that schools are the major sources of insight as well as components of CSE are also part of the sexual and reproductive health content taught in schools. Therefore, schools had to be the focal source compared to others. The study results were inconsistent with findings from the urban area of Chennai, Tamil Nadu Siva et al. (2021), where findings showed that 54% obtained knowledge from school.

The study established that the majority of the respondents (60%) knew HIV/AIDS prevention as the component of comprehensive sexual education. This signifies that most of the study participants were aware of the CSE components. The study results disagreed with Helal et al (2021), where (52%) identified to know about puberty development changes as the purpose of CSE.

Most of the respondents (38%) reported knowing about HIV/AIDS as the purpose of comprehensive sexual education and this gives a direct relationship between the sources of information and the general awareness about CSE. The study results were similar to the findings of Elias (2020), where (48%) knew about HIV prevention as the purpose of sexual education. The study further revealed that the majority of the respondents (80%) knew that unprotected sex was one way through which HIV/AIDS is transmitted. This implies that an outstanding number of participants were aware of HIV/AIDS transmission. This agrees with Jecolia et al (2023), where (52%) correctly identified that STDs are transmissible from one person to another through unprotected sexual intercourse.

Findings showed that more than half of the respondents (58%) reported the use of condoms as one way through which STDs are prevented and this implies that most of the study participants were aware of the preventive methods for HIV/AIDS.

The study discovered that more than half of the respondents (70%) knew condoms as contraceptive methods. This could be attributed to the fact that a significant number of participants had never been sensitized about condoms as a contraceptive method. The study results were in line with Supriya et al (2021), where 49% knew condom use as a contraceptive.

The study discovered that most of the respondents (34%) knew breast development in girls as one of the physical changes of puberty during the onset of adolescence. This was evidenced by the fact that most physical changes of puberty are part of sexual and reproductive contents taught in schools and it was anticipated that they were most likely to be aware of the context. The study results differ from Kemigisha et al (2019), where (62%) knew voice changes in boys as puberty development changes among boys.

Attitude toward utilization of voluntary counseling and testing services among adolescents aged 13-19 years

The study revealed that most of the respondents (52%) perceived comprehensive sexual education as very important to students. This could be attributed to the fact that most of the study participants had perceived components of CSE to be beneficial in their lives as well as preventive strategies for HIV/AIDS, teenage pregnancies, and school dropouts. This is consistent with findings that were obtained in rural areas of Uganda by Kemigisha et al (2019), where (80%) agreed that the CSE lessons were highly beneficial because they helped them understand body changes and maintenance of personal hygiene.

majority of the respondents (74%) agreed teachers should openly discuss CSE at school. This denotes out that, students trusted or preferred teachers to discuss for them than other sources of information. This agrees with Helal et al (2021)., where (60%) of the participants agreed that teachers should openly teach comprehensive sexual education at school. The study further showed that almost half of the respondents (40%) preferred to inform their teachers about physical and menstruation changes. This implies that study participants were afraid of related psychological, and emotional impacts that could have resulted from not informing their parents. This is in contrast with Supriya et al (2021), where most of the students (69%) preferred their teachers to guide them about sex education.

Findings obtained from the study revealed that almost all respondents (92%) agreed that schools must conduct comprehensive sexual education. This implies that a significant number of the study participants were willing to utilize VCT services. This was in line with the case of Muleba District by Elias (2020), where findings showed that the majority of teachers (77.8%) agreed that sex education is appropriate for secondary schools.

Study results indicated that half of the respondents (50%) were of the view that the right age at school for students to receive CSE should be 13-14 years and therefore, this could be a result of the fact they were comfortable with this age to start knowing CSE.

Practices toward comprehensive sexual education among students

However, most of the respondents (52%) agreed that they were sexually active. This is evidenced by the fact that most of the study participants were in a relationship and therefore, they were most likely to have had sexual intercourse. The findings were in line with Kemigisha et al (2019), where (54%) had ever had sexual intercourse.

Stand still, half of the respondents (50%) had ever used condoms. This could be a result of the fact a significant number of participants had some knowledge about contraceptives and they were most likely to be aware of the consequences of unprotected sexual intercourse which paved the way for the use of condoms. This is in disagreement with Jecolia et al (2023), where very few of the participants (5.7%) had used it in their last sexual intercourse.

Remarkably, most of the respondents (58%) reported that teachers irregularly discuss comprehensive sexual education at school. This reveals out low uptake of the services. This differs from Park (2018), where findings showed that 99% of boys and girls had previously received some sex education regularly.

more than half of the respondents (56%) reported that they had never gone for HIV counseling and testing voluntarily at school. This could be attributed to the fact that an average number of the participants had never been advised or exposed to VCT services at school. Findings were in contrast with San et al (2020), where most of the students (78%) had never gone for voluntary y counseling for HIV testing at school.

Half of the respondents (39%) reported that they feared positive results, as the reason why they had never gone for testing for HIV counseling and testing voluntarily at school, whereas the least (7.1%) reported that the school administration rarely organized such programs. This is not in line with Siva et al (2021), where those who had not tested before were asked for the reasons that prevented them from doing so, the majority (45.4%) felt that they were sure they didn't have HIV.

Conclusion

Knowledge and attitude towards comprehensive sexual education were worthy and agreeable but practices were deprived because they irregularly have comprehensive sexual education at school.

Recommendations

The Ministry of Education and Sports should set and implement an appropriate model of CSE that is client-

initiated, youth-friendly, and accessible to secondary students.

Health facilities within the area of Makindye West sub-county should intensively continue to extend adolescent-friendly services in schools and communities to increase the uptake of CSE to equip students with knowledge on HIV/AIDS and abstinence.

Peer education and social networking should be organized by the district health officer to create more awareness and utilization of comprehensive sexual education among students.

More mass media campaigns through social media platforms, newspapers, televisions, and radios on the importance of CSE in the prevention of HIV/AIDS, teenage pregnancies, and school dropouts; its process needs to be put in place by sexual and reproductive health Uganda and other non-governmental organizations.

The researcher recommended further study within the same context in different parts of the country to come up with overall strategic policies that will enhance the uptake of VCT services.

It is recommended that Makindye Senior Secondary School administration should develop ways to include parents and perhaps the community in providing sex education to students.

Communication between parents and children regarding sexuality is very important, yet both parents and children often feel uncomfortable discussing the topic with each other. Information for both students and parents regarding communicating about sexuality can be very beneficial to both groups.

Makindye Senior Secondary School administration should contribute largely to disseminating information encouraging HIV testing voluntarily among students**.**

Acknowledgment

First and foremost, I would like to thank the almighty God for the sufficient grace which has sustained me all this far.

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I would like to thank my family especially; my dad, mum, grandmother, aunties, uncles, sisters, and brothers for their care and moral support towards the completion of this course.

I would like to pass my heartfelt gratitude to the study participants who consented promptly to my study.

Lastly, I would like also to pass my gratitude to my friends especially; Specioza, Racheal, Esther, and Sharif for the mutual friendship they showed me. May the almighty bless you all.

List of abbreviations

AIDS: Acquired Immune Deficiency Syndrome
CSE: Comprehensive sex education
STD: Sexually Transmitted Diseases
VCT: Voluntarily Counselling and Testing
WHO: World Health Organization

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The study was not funded

Conflict of interest

The author did not declare any conflict of interest

Author Biography

Mark Dembe is a student with a diploma in clinical medicine and community health at Kampala School of Health Sciences.

Amiri is a tutor at the Kampala School of Health Sciences,

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