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**EFFECTS OF SEX EDUCATION ON EARLY CHILD PREGNANCIES IN THE  
SELECTED SENIOR SECONDARY SCHOOLS**

**CASE STUDY: KALUNGU DISTRICT**

by

**MUWONGE Francis**  
**2021-B221-13268**

A research report presented to

**FACULTY OF EDUCATION**  
in partial fulfillment of the requirements for the award of the degree  
**Bachelor of Science with Education**

**UGANDA MARTYRS UNIVERSITY**

Supervisor: Kato John Bbosa

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**DECLARATION**

I, **Muwonge Francis**, declare that this research proposal titled *“Effects of Sex Education on Early Child Pregnancies in the Selected Senior Secondary Schools: A Case Study of Kalungu District”* is my original work and has never been submitted to any university or institution for any academic award.

Signature: ...  Date: .....28<sup>th</sup> / 08/2025.....

**MUWONGE FRANCIS**

**2021-B221-13268**

## APPROVAL

This Dissertation titled “*Effects of Sex Education on Early Child Pregnancies in the Selected Senior Secondary Schools: A Case Study of Kalungu District*” has been under my supervision

**Name of Supervisor:** BBOSA KATO JOHN



**Signature:**

**Date:** .....28/7/2025.....

## **DEDICATION**

This work is dedicated to my beloved parents, family, and all those who have supported me academically and morally throughout my education journey. Your unwavering love, guidance, and encouragement have been the foundation of my success.

## **ACKNOWLEDGEMENT**

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## **LIST OF ABBREVIATIONS**

AIDS	Acquired Immune Deficiency Syndrome
CSE	Comprehensive Sexuality Education
HIV	Human Immunodeficiency Virus
MoES	Ministry of Education and Sports (Uganda)
MoH	Ministry of Health
RSE	Relationships and Sex Education
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infection
UDHS	Uganda Demographic and Health Survey
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNESCO	United Nations Educational, Scientific and Cultural Organization
WHO	World Health Organization
UPE	Universal Primary Education

## **ABSTRACT**

This study assessed the effects of sex education on early child pregnancies in selected senior secondary schools in Kalungu District. It aimed to examine the extent of sex education implementation, its impact on teenage pregnancy rates, and the challenges hindering its effective delivery. A descriptive case study design with mixed methods was employed, involving students, teachers, parents, and school administrators. Findings revealed that while 73.3% of students had received sex education, its implementation was inconsistent and hampered by inadequate teacher training, limited resources, and cultural or religious opposition. Despite these challenges, 75% of students reported improved knowledge of reproductive health and contraceptive methods, and 70% of female students felt more empowered to avoid early sexual activity. However, peer pressure, parental resistance, and insufficient government support continued to undermine the effectiveness of sex education programs. The study concluded that sex education contributed positively to adolescent reproductive health awareness and the reduction of early pregnancies but emphasized the need for enhanced teacher capacity, resource provision, parental involvement, and culturally inclusive approaches to maximize impact.

## **CHAPTER ONE**

### **1.0 Introduction**

This chapter includes background of the study, problem statement, purpose of the study, research objectives, research questions, significance of the study, Justification of the study and conceptual framework

### **1.1 Background of study**

Sex education, also known as sexuality education, refers to the comprehensive teaching and learning about various aspects of human sexuality, including anatomy, reproduction, sexual behavior, emotional relations, and reproductive health. It aims to equip individuals, particularly young people, with the knowledge, skills, attitudes, and values necessary to make informed decisions regarding their sexual and reproductive health (Wright, 2018). Comprehensive sexuality education (CSE) encompasses a broad range of topics such as human development, relationships, personal skills, sexual behavior, sexual health, and society and culture. According to the World Health Organization (WHO), Comprehensive sexuality education is a curriculum-based process that addresses the cognitive, emotional, physical, and social aspects of sexuality, aiming to empower individuals to realize their health, well-being, and dignity, develop respectful social and sexual relationships, consider the impact of their choices on their own and others' well-being, and understand and ensure the protection of their rights throughout their lives (WHO, 2021).

Child pregnancies, often referred to as adolescent or teenage pregnancies, occur when girls under the age of 18 become pregnant. This phenomenon poses significant health risks for both the young mothers and their infants, including higher rates of maternal and infant mortality, obstetric complications, and long-term socioeconomic challenges (Birhanu, 2019). The United Nations Children's Fund (UNICEF) reports that globally, approximately 13% of adolescent girls and young women give birth before the age of 18, leading to negative impacts on their education, livelihoods, and health (UNICEF, 2023). Factors contributing to child pregnancies include child marriage, lack of access to education and reproductive health services, and socio-economic disparities. The World Health Organization emphasizes that adolescent pregnancy is a major contributor to maternal and child mortality and perpetuates the cycle of ill-health and poverty (WHO, 2021)

Globally, adolescent pregnancies remain a significant public health concern, with approximately 21 million girls aged 15 to 19 years becoming pregnant each year in developing regions (WHO, 2020). Comprehensive sexuality education (CSE) has been identified as a pivotal intervention to address this issue. Studies have demonstrated that CSE programs can lead to reductions in sexual activity, number of sexual partners, and increased use of contraceptives among adolescents (American Academy of Pediatrics, 2022). For instance, a study analyzing the impact of CSE in Ecuador found that its implementation in schools led to a notable decrease in teenage pregnancy rates (UNU-WIDER, 2023). Despite these positive outcomes, the effectiveness of sex education mandates varies across different contexts. Some research indicates that merely mandating sex education without ensuring its quality and comprehensiveness may not yield the desired reduction in teenage fertility rates (Paton, 2018).

In Africa, the challenge of adolescent pregnancies is particularly acute. The continent accounts for the highest rates of teenage pregnancies globally, with sub-Saharan Africa leading these statistics (UNFPA, 2022). Cultural norms, limited access to reproductive health services, and inadequate implementation of sex education contribute to these high rates. However, there is evidence that well-structured sex education programs can make a difference. For example, in Uganda, comprehensive sex education programs have demonstrated success in reducing rates of sexual activity, sexual risk behaviors, sexually transmitted infections (STIs), and adolescent pregnancy, as well as delaying sexual activity (American Academy of Pediatrics, 2022). This underscores the potential of CSE in mitigating the prevalence of teenage pregnancies across the continent. Focusing on East Africa, the region continues to grapple with high adolescent pregnancy rates. In Uganda, a significant number of teenage pregnancies have been recorded, with 378,790 pregnant girls aged below 15-19 years registered at health facilities in 2021, translating to about 1,052 pregnancies recorded daily (UNFPA Uganda, 2022). The COVID-19 pandemic exacerbated this situation, leading to increased cases of teenage pregnancies during school closures (Daily Monitor, 2020). Despite these challenges, there have been concerted efforts to implement CSE programs. Studies have shown that such programs, when effectively delivered, can lead to a reduction in adolescent pregnancies and improve reproductive health outcomes (American Academy of

Pediatrics, 2022). However, the success of these programs often hinges on cultural acceptance and the involvement of community stakeholders.

In Uganda, teenage pregnancy remains a pressing issue, with significant implications for the health and socioeconomic well-being of young girls. The country has one of the highest teenage pregnancy rates in sub-Saharan Africa, with 25% of girls aged 15-19 having begun childbearing (UNICEF Uganda, 2019). Factors contributing to this include early sexual debut, child marriages, and limited access to sexual and reproductive health services (UNFPA Uganda, 2022). The government, in collaboration with various stakeholders, has been working to implement policies and programs aimed at reducing these rates. Comprehensive sex education has been identified as a key strategy in this endeavor. However, challenges such as cultural resistance and inadequate training of educators have hindered its widespread implementation (Global Press Journal, 2012). Addressing these challenges is crucial for the effectiveness of sex education programs in reducing teenage pregnancies in Uganda. Teenage pregnancy and motherhood has been a major health and social concern in Uganda for some time. According to Uganda Demographic and Healthy survey of 2011, 24% of teenagers (15-19) have begun childbearing with girls living in rural settings beginning childbearing earlier than their urban counterparts (24%vs21%). Teenage pregnancies are particularly high in the Eastern central, Eastern and Karamoja region (30%) compared to other regions, with southwest region having the lowest (15%) and central region the second lowest of (19%). Furthermore, in Uganda, 10% of girls are married by 15, 40% are married by 18 and the country has a very low primary survival rate of 33% indicating a serious dropout phenomenal (CUAMM), 2016. The proportion of women aged (15-19) who have begun childbearing increases dramatically with age, rising from 4% among women aged 15 to 54% among women aged 19 (UDHs 2016).

Zooming into Kalungu District, the situation reflects broader national trends. During the COVID-19 pandemic, the district reported a surge in teenage pregnancies, with over 3,500 schoolgirls becoming pregnant during the lockdown period (Daily Monitor, 2020). Tragically, six underage girls died while giving birth in the same timeframe. These alarming statistics highlight the urgent need for effective interventions. While there is limited specific data on the impact of sex education programs in Kalungu District, the national trend suggests that comprehensive sex education could

play a pivotal role in addressing this crisis. Implementing culturally sensitive and community-supported CSE programs could potentially reduce the incidence of teenage pregnancies in the district. Engaging local leaders, parents, and educators in the design and delivery of these programs is essential to ensure their acceptance and effectiveness.

Teenage pregnancy is a significant public health problem. Adolescent sexual behavior deviation causes increased teenage pregnancies. Common problems such as a group of teenagers confused in understanding what to do and what not to do, such as having or not having a date, masturbating, watching together, or kissing that leads to risky sexual behavior, uncontrolled ways of socializing will result in sexual intercourse outside of marriage and affect pregnancy (Birhanu, 2019). Teenage pregnancy is a substantial public health problem at a global level as a leading factor in the high rate of maternal death and pain. By 2020, the WHO estimates that every year in developing countries, precisely 12 million teenage girls aged 15-19 and at least 777,000 adolescent girls under 15 give birth, and 10 million unwanted pregnancies occur among teenagers. Globally, complications during pregnancy and childbirth are the leading cause of death in teenage pregnancies (Organization, 2022; Wall-Wieler., 2016). The National Statistical Bureau in 2012 reported that the prevalence of teenage pregnancies was 48 per 1,000 pregnancies, and a study in 9 large cities in Indonesia found that a total of 37,000 were unintended pregnancies. 27% of unmarried couples (KTD) occur in unmarried couples, and 12.5% are student couples (Anifah., 2018; Perveen, 2017). Accountability Survey, it reported that 2.5 million women under the age of 16 had given birth (Álvaro, 2019; Damayanti, 2022).

## **1.2 Problem statement**

Early child pregnancy continues to pose a major public health, educational, and socio-economic challenge in Uganda. Despite national and global efforts to reduce its prevalence, the country remains among those with the highest teenage pregnancy rates in Sub-Saharan Africa. According to the United Nations Population Fund (UNFPA, 2022), approximately 25% of Ugandan girls aged 15–19 have already begun childbearing. This alarming trend is fueled by a combination of factors, including deeply rooted socio-cultural norms, widespread poverty, sexual abuse, inadequate access to reproductive health services, and the absence of consistent, comprehensive sex education in schools. Although some schools have made attempts to integrate elements of sex education into

their curricula, these efforts are often fragmented, informal, and inconsistent. In many cases, the topic is entirely avoided due to cultural taboos, religious opposition, and a general discomfort among educators and parents when discussing issues related to sexuality. As a result, many adolescents grow up misinformed or completely uninformed about sexual and reproductive health, leaving them vulnerable to unsafe sexual practices, sexually transmitted infections (STIs), and unintended pregnancies. The consequences of early child pregnancy are far-reaching. Affected girls are often forced to drop out of school, which undermines their chances of completing formal education and achieving economic independence. Many face social stigma, family rejection, early marriages, and complications during childbirth that may endanger both the mother and the child (WHO, 2021). These outcomes not only perpetuate cycles of poverty and gender inequality but also place a burden on public health and education systems. Despite ongoing interventions by the Ugandan government and non-governmental organizations to promote adolescent reproductive health, their impact remains limited. Challenges such as socio-cultural resistance, poor implementation strategies, and insufficient teacher training hinder the effectiveness of these programs. The persistence of high teenage pregnancy rates, despite these interventions, highlights the need for a critical examination of how sex education is currently delivered in schools. This study, therefore, seeks to assess the effectiveness of sex education in reducing early child pregnancies in selected secondary schools in Kalungu District. It aims to identify the gaps in content delivery, evaluate student and teacher perceptions, and understand the barriers preventing effective implementation. Unlike previous studies that primarily focus on the prevalence and causes of teenage pregnancies, this research will examine how a well-structured and context-sensitive sex education program can serve as a preventive tool. The findings will contribute evidence-based recommendations to policymakers, educators, and stakeholders on integrating comprehensive sexuality education that is age-appropriate, culturally sensitive, and capable of addressing not only biological aspects but also the emotional, social, and ethical dimensions of adolescent sexuality.

### **1.3 Main objective of the study**

To assess the effects of sex education on early child pregnancies in selected senior secondary schools in Kalungu District.

### **1.3.1 Objectives of the Study**

- i. To examine the extent to which sex education is implemented in selected senior secondary schools in Kalungu District.
- ii. To assess the impact of sex education on the prevalence of early child pregnancies in selected senior secondary schools in Kalungu District.
- iii. To identify the challenges hindering the effective delivery of sex education in selected senior secondary schools in Kalungu District.

### **1.4 Research Questions**

- i. To what extent is sex education implemented in selected senior secondary schools in Kalungu District?
- ii. How does sex education influence the prevalence of early child pregnancies in selected senior secondary schools in Kalungu District?
- iii. What are the challenges affecting the effective delivery of sex education in selected senior secondary schools in Kalungu District?

### **1.5 Scope of the Study**

This study focused on Kalungu District, located in central Uganda, and examined the effects of sex education on early child pregnancies in selected senior secondary schools. The research specifically assessed the extent to which sex education had been implemented, its impact on reducing early child pregnancies, and the challenges that hindered its effectiveness in secondary schools. It also evaluated the perceptions of students, teachers, and parents regarding sex education and how these attitudes influenced its delivery and effectiveness. The study was limited to selected senior secondary schools in Kalungu District, and data were gathered through surveys, interviews, and focus group discussions with students, teachers, and education officials. It did not extend to primary schools or institutions outside Kalungu District, nor did it analyze other factors influencing teenage pregnancies beyond sex education. The study was conducted over a period of three months and focused on firsthand experiences and insights from key stakeholders.

### **1.5.1 Content Scope**

The study focused on evaluating the effects of sex education on early child pregnancies in selected senior secondary schools in Kalungu District. It examined the extent to which sex education had been implemented, the quality and comprehensiveness of the curriculum, and the methods used in delivering sex education to students. The study also explored the attitudes and perceptions of students, teachers, and parents towards sex education and how these influenced its effectiveness in addressing early child pregnancies. Furthermore, it assessed the impact of sex education on students' awareness, decision-making, and behavioral changes regarding sexual and reproductive health. Additionally, the research investigated the challenges that hindered the effective implementation of sex education in secondary schools, such as cultural barriers, inadequate teacher training, and lack of resources. By addressing these aspects, the study provided insights into how sex education could be strengthened to mitigate the issue of early child pregnancies in Kalungu District.

### **1.5.2 Time Scope**

The study was conducted over a period of four months, from February 2025 to June 2025. This period was deemed sufficient to allow the researcher to conduct a thorough examination of the effects of sex education on early child pregnancies in selected senior secondary schools in Kalungu District.

### **1.5.3 Geographical Scope**

The study was conducted in selected secondary schools within Kalungu District in central Uganda. Kalungu District lies approximately 116.85 kilometers southwest of Kampala, Uganda's capital, along the all-weather tarmac road on the Kampala–Masaka highway and to the northwest of Lake Victoria. According to satellite mapping, Kalungu is located at geographical coordinates 0°10'0" south of the Equator and 31°45'25" east of Greenwich. The district shares borders with Masaka District in the south, Bukomansimbi District in the west, Gomba District in the north, Mpigi District in the northeast, and Lake Victoria in the east. The area was chosen because teenage pregnancy was notably prevalent among students in secondary schools in Kalungu District.

## **1.6 Significance of the study**

This study is significant as it provides valuable insights into the role of sex education in addressing early child pregnancies in selected senior secondary schools in Kalungu District. With Uganda experiencing high rates of teenage pregnancies, particularly in rural districts like Kalungu, this research will offer evidence on the effectiveness of sex education in shaping students' knowledge, attitudes, and behaviors regarding sexual and reproductive health. The findings will benefit policymakers by informing decisions on the integration of comprehensive sex education into the school curriculum, ensuring that students receive accurate and age-appropriate information to make informed choices. Additionally, the study will be beneficial to educators by highlighting the gaps and challenges in the delivery of sex education, such as cultural barriers, lack of teacher training, and inadequate resources, and by recommending practical solutions for improvement. Students, as the primary beneficiaries, will gain from improved sex education programs that empower them to make responsible decisions, ultimately reducing cases of early child pregnancies and keeping more girls in school. Parents and community leaders will also benefit by understanding the importance of sex education in protecting young girls from unintended pregnancies, thereby fostering a more supportive and open environment for discussing sexual and reproductive health issues. Furthermore, the study will contribute to existing academic knowledge on sex education and teenage pregnancies, serving as a reference for future research on adolescent reproductive health and education policy in Uganda.

## **1.7 Justification of the Study**

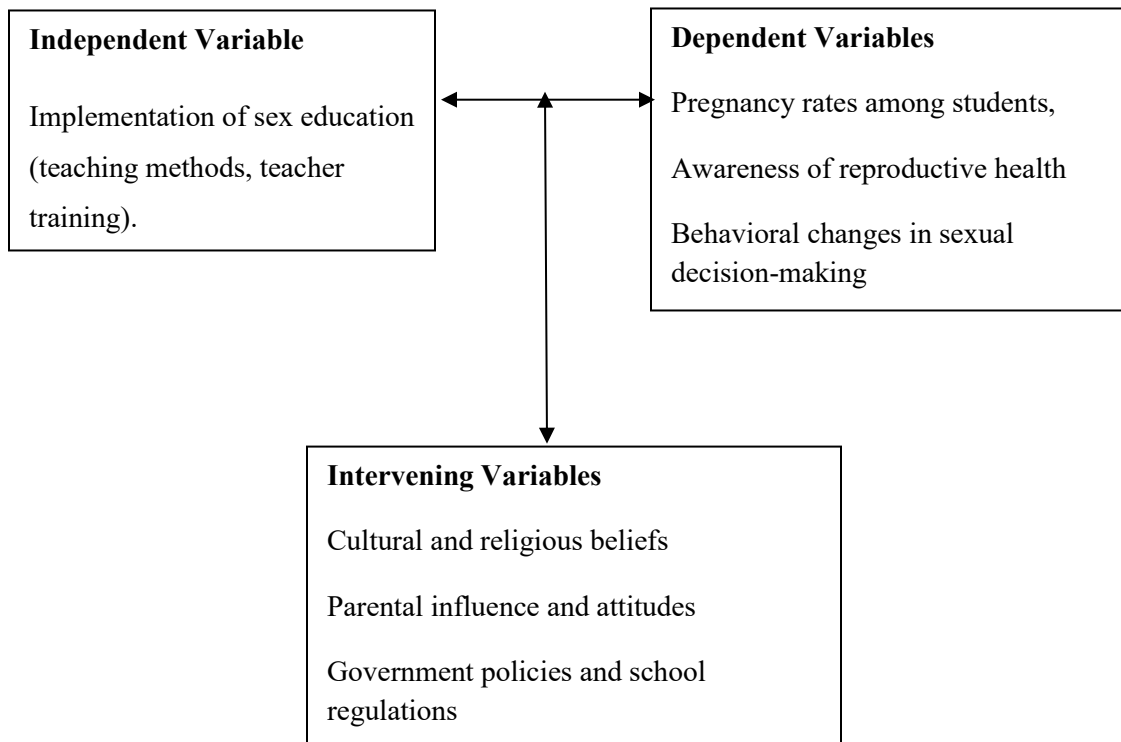
This study was justified by the persistent challenge of early child pregnancies among adolescents in Uganda, particularly in Kalungu District, where teenage pregnancy rates remained high despite existing interventions. Research had indicated that limited access to comprehensive sex education contributed significantly to early pregnancies, as many students lacked accurate information on reproductive health, contraception, and responsible sexual behavior. Although government policies and programs such as the National Sexuality Education Framework (2018) were designed to address these issues, their implementation had remained inconsistent, with many schools either neglecting or inadequately delivering sex education due to cultural, religious, and societal barriers. The study was necessary to assess the actual impact of sex education on early child pregnancies

and to identify the key gaps in its implementation within secondary schools. Unlike previous studies that had focused primarily on the prevalence and consequences of teenage pregnancies, this research explored the direct relationship between sex education and pregnancy rates, providing empirical evidence on its effectiveness as a preventive measure. The findings of the study were intended to be crucial for policymakers, educators, and community leaders in designing and implementing more effective sex education programs that were culturally sensitive yet impactful. Moreover, by highlighting the challenges faced by teachers, students, and parents regarding sex education, the study proposed practical solutions to enhance its acceptance and effectiveness. Ultimately, the research contributed to national efforts aimed at reducing teenage pregnancies, improving adolescent reproductive health, and ensuring that more girls remained in school to achieve their educational and career aspirations.

### **1.7 Conceptual framework**

The implementation of sex education directly influences the prevalence of early child pregnancies by equipping students with knowledge about reproductive health, contraception, and responsible sexual behavior. Studies indicate that comprehensive sex education reduces risky sexual behavior and unintended pregnancies among adolescents (UNESCO, 2021). However, the effectiveness of sex education is mediated by various intervening variables such as cultural and religious beliefs, which may either support or hinder its acceptance and implementation (Nuwagaba, 2023). Parental influence also plays a significant role, as some parents discourage open discussions about sexuality, limiting students' ability to make informed decisions (Namubiru, 2024). Government policies and school regulations determine whether sex education is mandatory and how it is delivered, affecting its consistency and reach (Ministry of Education and Sports, Uganda, 2023). Furthermore, peer pressure and societal norms influence adolescents' behaviors and attitudes toward sex education, either reinforcing or undermining its effectiveness (Nabwire et al., 2025).

**Figure 1: showing Conceptual framework**



## CHAPTER TWO

### LITERATURE REVIEW

#### 2.0 Introduction

This chapter presents a comprehensive review of existing literature on the effects of sex education on early child pregnancies. It examines theoretical frameworks, previous studies, and empirical evidence related to the implementation of sex education, its impact on reducing teenage pregnancies, and the challenges affecting its effectiveness.

#### 2.1 Theoretical framework

Sex education and its influence on early child pregnancies can be analyzed through several theoretical perspectives that explain adolescent behavior, decision-making, and health-related choices. One of the most relevant theories is Social Learning Theory, developed by Bandura (1986), which suggests that individuals learn behaviors through observation, imitation, and reinforcement from their environment. In the context of sex education, adolescents acquire knowledge and shape their attitudes towards sexual health by observing peers, parents, educators, and media influences. According to UNESCO (2019), comprehensive sex education (CSE) delivered in schools helps students develop the necessary skills to make informed decisions about their sexual health, reducing risky behaviors that contribute to early pregnancies. However, the effectiveness of Social Learning Theory in promoting positive sexual behaviors depends on the presence of positive role models and reinforcing messages from educators and parents (Mugisha, 2021). In cases where adolescents are exposed to conflicting information, such as conservative cultural beliefs that discourage open discussions on sexuality, the impact of sex education may be limited (Nabwire et al., 2023). Therefore, Social Learning Theory highlights the need for consistent and supportive learning environments where adolescents can develop positive sexual health behaviors through reliable information and reinforcement.

Another theory is the Health Belief Model, which explains how individuals make health-related decisions based on their perceptions of risks, benefits, barriers, and self-efficacy (Rosenstock, 1974). This model is particularly useful in understanding adolescent decision-making regarding contraception use and engagement in early sexual activities. According to WHO (2022),

adolescents who perceive a high risk of early pregnancy and sexually transmitted infections (STIs) are more likely to adopt safe sexual behaviors when provided with adequate sex education. However, when there are misconceptions about reproductive health, such as the belief that contraceptives cause infertility or that abstinence is the only effective method, adolescents may fail to utilize available preventive measures (Kasozi, 2024). The Health Belief Model also emphasizes the role of self-efficacy, meaning that when students are empowered with knowledge and practical skills, they are more likely to make informed sexual decisions and resist peer pressure (Ministry of Health Uganda, 2023). Therefore, incorporating Health Belief Model into sex education programs can enhance their effectiveness by addressing misconceptions, increasing risk awareness, and empowering adolescents with confidence to make responsible choices.

The Theory of Planned Behavior, proposed by Ajzen (1991), provides a framework for understanding how adolescents' intentions influence their sexual behavior. The Theory of Planned Behavior argues that behavior is determined by attitudes, subjective norms, and perceived behavioral control (Ajzen, 1991). In the context of sex education, students' attitudes toward early pregnancies, contraception, and sexual activity are shaped by the information they receive from schools, parents, and society (Muwanguzi et al., 2020). If students believe that delaying sexual activity or using contraception is socially acceptable and beneficial, they are more likely to adopt safe sexual behaviors (UNICEF, 2021). However, in communities where discussing sex is stigmatized, adolescents may face pressure to conform to traditional norms, leading to uninformed decisions and higher pregnancy rates (Mugabe et al., 2023). The Theory of Planned Behavior underscores the need for sex education programs to challenge negative societal attitudes, promote positive peer influences, and provide students with the necessary skills and autonomy to make informed reproductive health choices (Nabwire, 2025). Collectively, these theories provide a strong foundation for understanding how sex education influences early child pregnancies and highlight the importance of integrating behavioral, cognitive, and societal perspectives into educational programs for adolescents.

## **2.2 Concept of Sex Education**

Sex education is a structured program that provides individuals, particularly adolescents, with knowledge, skills, and values necessary to make informed and responsible decisions regarding their sexual and reproductive health (UNESCO, 2018). It encompasses various topics, including human anatomy, puberty, reproductive health, contraception, sexually transmitted infections (STIs), consent, relationships, and gender roles (WHO, 2021). The primary goal of sex education is to equip young people with accurate and age-appropriate information to help them navigate the complexities of their sexual development while minimizing risks associated with early pregnancies, unsafe abortions, and STIs (UNFPA, 2022). Studies have shown that comprehensive sex education is more effective in reducing risky sexual behaviors compared to abstinence-only programs, as it promotes open discussions and encourages adolescents to make informed decisions about their sexual health (Kirby, 2019). However, despite its proven benefits, the implementation of sex education remains a contentious issue in many societies due to cultural, religious, and political factors that shape perceptions of adolescent sexuality (Nabukeera, 2023). The delivery of sex education varies across different regions and educational systems, with some countries incorporating it into formal school curricula while others rely on parental guidance or community-based programs (Guttmacher Institute, 2020). In countries with well-established sex education policies, adolescents are more likely to delay sexual activity, use contraceptives correctly, and engage in healthier relationships (Santelli et al., 2018). In contrast, in settings where sex education is either limited or non-existent, teenagers often rely on misinformation from peers, media, or the internet, increasing their vulnerability to unintended pregnancies and STIs (Baku et al., 2021). According to UNICEF (2023), the integration of life skills into sex education programs enhances students' ability to resist peer pressure, communicate effectively, and make responsible choices regarding their reproductive health. However, challenges such as inadequate teacher training, resistance from parents, and conflicting societal norms continue to hinder the successful implementation of sex education in many regions, particularly in developing countries (Katongole, 2024).

The debate over what should be included in sex education programs remains a significant challenge, with different stakeholders advocating for varying approaches based on cultural and

moral beliefs (Kiggundu, 2022). While some groups support a comprehensive approach that covers both abstinence and contraceptive use, others argue for abstinence-only education, fearing that discussions on contraception may encourage early sexual activity (Kagwa et al., 2020). However, research indicates that comprehensive sex education does not increase sexual activity among adolescents; rather, it provides them with the knowledge necessary to make safer choices when they eventually become sexually active (Chandra-Mouli et al., 2019). In Uganda, efforts to introduce sex education in schools have faced resistance from religious and cultural institutions, despite evidence showing its effectiveness in reducing teenage pregnancies and improving reproductive health outcomes (Muwonge, 2025). Therefore, for sex education to be impactful, it must be culturally sensitive, scientifically accurate, and tailored to the needs of adolescents while involving key stakeholders such as parents, teachers, and policymakers (Ministry of Education and Sports Uganda, 2023).

### **2.3 Early Child Pregnancies**

Early child pregnancies, defined as pregnancies occurring in girls aged 19 years or younger, pose significant health, social, and economic challenges worldwide. Globally, approximately 21 million girls aged 15 to 19 years and 2 million girls under 15 years become pregnant each year (WHO, 2020). These pregnancies often result from early marriages, lack of access to education and contraceptive services, and socio-economic disparities. Adolescent pregnancies are associated with higher risks of maternal and neonatal complications, including preterm births and low birth weight (WHO, 2020). Young mothers often face social stigma, interrupted education, and limited employment opportunities, perpetuating cycles of poverty and inequality.

In sub-Saharan Africa, the prevalence of adolescent pregnancies remains particularly high. Factors such as cultural norms favoring early marriage, limited access to reproductive health services, and inadequate sex education contribute to these elevated rates. For instance, in Uganda, the adolescent birth rate is among the highest globally, with significant variations across regions. Adolescent pregnancies in Uganda are linked to increased school dropout rates, hindering educational attainment and future economic prospects for young women. The consequences of early child pregnancies extend beyond individual health risks. Babies born to adolescent mothers are more

likely to be premature, have low birth weight, and face higher mortality rates (Office of Disease Prevention and Health Promotion, 2020). These infants may also experience developmental challenges and reduced educational achievements, impacting their long-term well-being. Furthermore, early childbearing can strain national healthcare systems and impede socio-economic development. Addressing adolescent pregnancies is crucial for achieving global health targets and promoting gender equality.

Efforts to reduce early child pregnancies involve multi-faceted approaches, including comprehensive sex education, improved access to contraceptive services, and empowerment programs for young women. In Uganda, initiatives such as the National Strategy to End Child Marriage and Teenage Pregnancy aim to address the underlying causes of adolescent pregnancies. However, challenges persist due to socio-cultural barriers, inadequate implementation of policies, and disparities in service delivery. Continuous efforts are required to create supportive environments that enable adolescents to make informed choices about their reproductive health.

#### **2.4 Implementation of Sex Education in Secondary Schools**

The integration of sex education into secondary school curricula has been a focal point of educational reforms globally, aiming to equip adolescents with the knowledge and skills necessary for informed decision-making regarding their sexual health. In England, for instance, Relationships and Sex Education (RSE) became mandatory for all secondary schools in September 2020, as stipulated by the Department for Education (2019). This mandate requires schools to deliver comprehensive content covering topics such as healthy relationships, sexual health, consent, and online safety. The statutory guidance emphasizes the importance of tailoring the curriculum to be age-appropriate and sensitive to the diverse backgrounds of students. However, the COVID-19 pandemic posed challenges to the immediate implementation of these requirements, leading to allowances for schools to delay full integration until the summer term of 2021 (UK Parliament, 2024). Research conducted during the 2022–2023 academic year assessed the implementation of compulsory RSE in 25 English secondary schools. The study, framed by May's general theory of implementation, identified processes of sense-making, cognitive participation, and collective action as critical to successful curriculum integration (Bennett et al.,

2024). Findings indicated that while schools acknowledged the importance of Relationships and Sex Education, variations existed in the depth and breadth of content delivery. Factors influencing effective implementation included the availability of trained educators, support from school leadership, and engagement with parents and the wider community. Moreover, the study highlighted the necessity for ongoing professional development to ensure educators are equipped to handle sensitive topics confidently and competently.

Parental involvement and societal attitudes significantly impact the effectiveness of sex education programs. In England, parents retain the right to withdraw their children from certain aspects of sex education up to three terms before the child turns 16, unless exceptional circumstances apply (Department for Education, 2019). This provision underscores the need for schools to engage with parents, addressing concerns and clarifying the objectives of Relationships and Sex Education. Effective communication strategies can mitigate apprehensions and foster a collaborative approach to delivering sex education. Additionally, societal attitudes towards topics such as consent, LGBTQ+ relationships, and online safety influence the receptiveness of both students and parents to the curriculum. Schools must navigate these dynamics to create an inclusive and supportive learning environment.

Technological advancements and the proliferation of digital media have introduced new dimensions to sex education. Issues such as sexting, exposure to explicit content, and online exploitation necessitate the inclusion of digital literacy within the RSE curriculum. Recent initiatives in Scotland, for example, have addressed the risks associated with sexting among young adolescents, emphasizing legal repercussions and personal safety (The Scottish Sun, 2025). Educators are now tasked with preparing students to navigate the digital landscape responsibly, recognizing the potential risks and making informed choices. This evolution of sex education reflects the changing societal context and the need for curricula to adapt accordingly.

## **2.5 Impact of Sex Education on Early Child Pregnancies**

Comprehensive sex education (CSE) has been identified as a pivotal factor in reducing early child pregnancies. By providing students with accurate information about human development, contraception, and sexually transmitted infections (STIs), Comprehensive sex education equips

young people with the knowledge necessary to make informed decisions regarding their sexual health Campbell, 2017). Studies have demonstrated that curricula offering detailed information about condoms and contraception can lead to reductions in risky sexual behaviors, unintended pregnancies, and STIs. In contrast, programs focusing solely on abstinence have not shown similar effectiveness. For instance, a meta-analysis comparing comprehensive sexuality education programs with abstinence-only programs found that the latter did not reduce the likelihood of pregnancy and may have increased it (Bennett et al., 2024). Furthermore, integrating gender equality into sexuality education enhances its effectiveness. A 2010 review indicated that 'gender-focused' curricula were substantially more effective in reducing risky behaviors than programs that did not consider gender. Emphasizing rights and gender issues in these programs helps reduce gender-based violence and bullying, promotes safe schools, empowers young people to advocate for their rights, and advances gender equality (Kato, 2025). Additionally, comprehensive programs have been effective across various demographics, including different genders, ethnic groups, and communities, without hastening the initiation of sexual activity (Namusoke, 2022). However, the effectiveness of sex education programs can vary based on cultural and regional contexts. For example, in Scotland, explicit sex education programs in schools have had limited effect in reducing teenage pregnancy, suggesting that cultural influences and the promotion of positive relationships may have a greater impact than specific pregnancy prevention programs (NSPCC, 2013). This underscores the importance of tailoring sex education programs to align with the cultural and societal norms of the target population to achieve optimal outcomes.

## **2.6 Challenges Hindering the Effective Delivery of Sex Education**

The effective delivery of sex education in senior secondary schools encounters numerous challenges that impede its implementation and efficacy. One significant barrier is the lack of comprehensive teacher training and resources. Educators often feel ill-equipped to deliver sex education due to insufficient training, leading to discomfort and inadequate instruction. A study highlighted that many teachers lack the confidence and necessary skills to effectively teach Relationships and Sex Education (RSE), resulting in suboptimal delivery (Campbell, 2017). This deficiency is exacerbated by limited access to quality resources, hindering the provision of accurate and engaging content. Moreover, systemic challenges within the education sector, such

as financial constraints and competing priorities, further impede the implementation of comprehensive sexuality education (UNESCO, 2019). Parental opposition and cultural sensitivities also pose substantial challenges to effective sex education. Some parents and community members oppose the inclusion of certain topics, such as contraception and LGBTQ+ issues, in the curriculum due to religious or moral beliefs. This resistance can lead to the exclusion of critical information, leaving students without the necessary knowledge to make informed decisions about their sexual health. Additionally, cultural taboos surrounding discussions of sexuality can result in discomfort among educators and students, further hindering open and effective communication (Kids Learning Guide, 2024). This cultural resistance is often rooted in deeply held beliefs and traditions, making it challenging to implement standardized sex education programs across diverse communities. Variability in policies and curricula across different regions contributes to inconsistencies in the delivery of sex education. In some areas, sex education is not mandatory, leading to disparities in the quality and content of instruction students receive. For instance, a poll revealed that despite RSE becoming statutory in all secondary schools, only 35% of young people rated their RSE as "good" or "very good," indicating significant inconsistencies in delivery (Sex Education Forum, 2022). This lack of uniformity can result in gaps in knowledge and understanding among students, undermining the overall effectiveness of sex education programs. Furthermore, frequent turnover of key personnel within the education sector can disrupt the continuity and sustainability of sex education initiatives, as new staff may lack the necessary training or commitment to the program (UNESCO, 2019).

The delivery methods of sex education also play a crucial role in its effectiveness. Traditional didactic teaching approaches may not engage students or address their specific needs and concerns. Research suggests that interactive and student-centered teaching methods are more effective in conveying information and fostering positive attitudes toward sexual health (Pound, 2017). However, implementing such methods requires additional training and resources, which may not be available in all schools. Moreover, the integration of sex education into the broader school ethos and policies, such as behavior and safeguarding, is essential for reinforcing the messages conveyed in the classroom (Department for Education, 2019). Without a supportive school environment, the

impact of sex education programs may be limited, as students may not feel safe or comfortable applying the knowledge they have gained.

## **2.7 Conclusion**

Comprehensive sex education has been shown to be effective in reducing unintended adolescent pregnancies by providing accurate information and fostering informed decision-making among young people (Chandra-Mouli et al., 2018). However, challenges such as cultural sensitivities, inadequate teacher training, and inconsistent policy implementation hinder its effectiveness (Pound et al., 2017; UNESCO, 2019). Notably, there is a scarcity of research focusing on the impact of Comprehensive sex education in sub-Saharan Africa, particularly concerning very young adolescents (Chimwaza Manda et al., 2022). Additionally, limited studies have explored the long-term outcomes of Comprehensive sex education programs, indicating a need for further research to assess sustained impacts on early child pregnancies.

## **CHAPTER THREE**

### **METHODOLOGY**

#### **3.0 Introduction**

This chapter describes the framework within which the research will be conducted. The chapter represents the research design, study population, sample design and sampling techniques, data collection instruments, validity and reliability of research instruments, data analysis, and ethical consideration.

#### **3.1 Research Design**

Zikmund (2018) defined research design as a "master plan specifying the methods and procedures for collecting and analyzing the desired information." In this study, the researcher adopted a descriptive case study design with quantitative research strategies to assess the effects of sex education on early child pregnancies in selected senior secondary schools. The descriptive case study design was preferred because it aimed to accurately portray the characteristics of specific groups or situations (Creswell, 2020). According to Lockesh (2016), descriptive case study designs were intended to preserve information about the current state of phenomena while allowing for valid conclusions to be drawn from the collected data. To enhance the depth of analysis, the researcher also employed a mixed-methods research design, which integrated both qualitative and quantitative approaches. According to Ary, Jacobs, and Sorensen (2020), mixed-methods research provided stronger evidence for conclusions by combining different methods, thus allowing for a more comprehensive understanding of a phenomenon. Additionally, integrating qualitative and quantitative approaches acted as a check and balance against biases and overgeneralization of results (Clark, 2021).

#### **3.2 Study Population**

The study population comprised students, teachers, parents, and school administrators from selected senior secondary schools in Kalungu District. Students, particularly those in upper secondary levels, provided insights into their exposure to sex education and its perceived impact

on early child pregnancies. Teachers and school administrators offered perspectives on the implementation and effectiveness of sex education programs in their schools.

### 3.3 Sample Size

Saunders et al. (2019) emphasized that collecting data from a representative sample was a valid alternative when there were constraints on time and budget, making it impractical to survey an entire population. They further explained that the normal distribution of data ensured validity and reliability, stating that under the central limit theorem, a sample size of 30 or more was typically sufficient for statistical analysis, even if the population was not normally distributed. Roscoe’s rule of thumb (Roscoe, 2020), as cited by Fisher (2021), suggested that a minimum sample of 30 was acceptable for meaningful statistical analysis. Based on these guidelines, the study employed a sample size of 150 respondents, comprising students, teachers, parents, and school administrators from selected senior secondary schools in Kalungu District. The sample included 120 students, who were the primary beneficiaries of sex education programs, and 30 key informants, including teachers, school administrators, and parents. These respondents were selected to ensure a balanced representation of perspectives on the effects of sex education on early child pregnancies. The chosen sample size was adequate to provide a comprehensive understanding of the relationship between sex education and early child pregnancies while ensuring the validity and reliability of the study findings (Owolabi, 2016).

**Table 1: showing Sample Size and Selection of Respondents.**

<b>Category</b>	<b>Frequency</b>	<b>Percentage (%)</b>
Students (Senior Secondary)	120	80
Teachers	10	6.67
School Administrators	10	6.67
Parents	10	6.67
<b>Total</b>	<b>150</b>	<b>100</b>

### **3.4 Sampling Techniques**

This study employed various sampling techniques to select schools and respondents who participated in the research. The techniques used included stratified sampling, purposive sampling, convenience sampling, and random sampling to ensure that the selected sample was representative of the population under study.

#### **3.4.1 Stratified Sampling**

Stratified sampling, a probability sampling technique, was used to ensure that the sample accurately represented the population by dividing it into distinct subgroups or strata. In this study, the researcher obtained a list of senior secondary schools in Kalungu District from the district education office, which served as the sampling frame. The schools were stratified into day and boarding secondary schools to ensure proportional representation. This approach helped reduce sampling bias and enhanced the accuracy of the study findings by capturing variations within different school categories.

#### **3.4.2 Purposive Sampling**

Purposive sampling, a non-probability sampling technique, was used to select participants based on specific characteristics aligned with the research objectives (Maxwell, 2021). Teachers, school administrators, and parents were selected purposively because they possessed relevant knowledge and experience regarding sex education and early child pregnancies in secondary schools. This technique ensured that key informants with valuable insights contributed meaningfully to the study. However, potential bias associated with purposive sampling was acknowledged when interpreting the findings.

#### **3.4.3 Convenience Sampling**

Convenience sampling, a non-probability sampling technique, was employed to select parent representatives, as it was not feasible to reach all parents within the district. Parents who were willing and available to participate were included in the study. While this method helped overcome time and logistical constraints, it potentially limited the generalizability of the findings.

#### **3.4.4 Random Sampling**

Random sampling, a probability sampling technique, was used to ensure that every individual in the target population had an equal chance of being selected (Saunders et al., 2021). Students from selected senior secondary schools were randomly chosen to participate. This approach helped achieve a representative sample of students with diverse backgrounds, ensuring that the findings were generalizable. The selection process involved compiling a list of students and using a random number generator to select participants, thereby minimizing selection bias.

#### **3.5 Data Collection**

Data collection for this study was based on both primary and secondary sources. Primary data were collected using structured questionnaires administered to students, teachers, and parents in selected senior secondary schools in Kalungu District. The questionnaires were designed to assess perceptions of sex education, its delivery, and its effects on early child pregnancies. In addition, semi-structured interviews were conducted with key informants such as school administrators and health professionals to gain qualitative insights into the effectiveness of sex education programs. Secondary data were gathered from official reports, including government publications, school records, and previous studies related to sex education and adolescent reproductive health.

##### **3.5.1 Data Sources**

Data for this study were drawn from both primary and secondary sources. Primary data were collected through structured questionnaires administered to students aged 13–19 years, who provided information about their exposure to sex education, knowledge of reproductive health, and attitudes toward early pregnancies. Teachers and parents were also surveyed to assess their perspectives on the role of sex education in reducing early child pregnancies. Key informants, including school administrators, health workers, and policymakers, were interviewed to provide a deeper understanding of the challenges and strategies for improving sex education in schools.

Secondary data were sourced from relevant government reports, including those from the Ministry of Education and Sports, the Ministry of Health, and the Uganda Bureau of Statistics (UBOS), as well as academic publications and prior studies on adolescent reproductive health and sex education. This combination of primary and secondary data sources ensured a robust and

comprehensive analysis of the effects of sex education on early child pregnancies in Kalungu District.

### **3.5.2 Data Collection Methods**

#### **3.5.2.1 Quantitative Data Collection Methods – Survey Questionnaires**

The researcher designed a structured questionnaire aimed at collecting quantitative data on the perceptions, experiences, and challenges students faced regarding sex education and its impact on early child pregnancies. The questionnaire included Likert-scale items to measure the level of agreement or disagreement with statements related to the effectiveness of sex education, knowledge of contraception, and attitudes toward early pregnancies. Multiple-choice questions gathered demographic information such as age, school level, and family background. These quantitative responses helped quantify the extent to which sex education influenced students' knowledge and behavior regarding reproductive health.

#### **Distribution**

The survey questionnaires were distributed to a representative sample of students, teachers, and parents in both day and boarding senior secondary schools in Kalungu District. The selection process ensured representation from different socio-economic backgrounds and school settings. The distribution method involved face-to-face administration within schools and community meetings, which effectively captured responses from various stakeholders.

#### **3.5.2.2 Qualitative Data Collection Methods**

##### **Focus Group Discussions (FGDs)**

The researcher conducted focus group discussions (FGDs) with selected groups of students to gain in-depth insights into their views on sex education, its effectiveness, and its impact on their decisions regarding early pregnancies. These discussions allowed participants to express their opinions, share personal experiences, and highlight the challenges they faced in accessing accurate reproductive health information. The focus group discussions also explored cultural and social factors that influenced students' attitudes toward sex education and early pregnancies.

## **Semi-Structured Interviews**

Semi-structured interviews were conducted with key informants, including school administrators, health professionals, and policymakers, to gather qualitative insights into the implementation of sex education programs. These interviews were flexible, allowing the researcher to probe for detailed responses and explore specific issues such as curriculum gaps, parental involvement, and policy challenges. The qualitative data collected through these interviews helped provide a deeper understanding of the role of sex education in preventing early pregnancies and improving adolescent reproductive health in Kalungu District.

### **3.6 Validity**

In this study, the validity of the research instruments was assessed by consulting experts familiar with the topic of sex education and adolescent reproductive health. These experts reviewed the survey questionnaires and interview guides to ensure that they were appropriate, clear, and capable of capturing the essence of the research problem. Their feedback helped refine the instruments by identifying questions that were relevant, ambiguous, or unnecessary. The validation process focused on determining whether the instruments accurately reflected key concepts such as knowledge of sex education, attitudes toward reproductive health, and the relationship between sex education and early child pregnancies. To quantitatively measure validity, a Content Validity Index (CVI) was calculated, providing a metric for evaluating how well the instruments covered the relevant aspects of the study. This approach enhanced the overall credibility and effectiveness of the data collected in addressing the research objectives.

### **3.7 Reliability**

Reliability was crucial in ensuring that the study produced consistent and dependable results. According to Phelan and Wren (2016), reliability referred to the consistency of measurement when the same instrument was applied in similar contexts. To assess reliability in this study, a test-retest approach was used, where a subset of respondents completed the same questionnaire at two different points in time to check for consistency. Additionally, Cronbach's Alpha coefficient was calculated using SPSS 20 to measure the internal consistency of the survey items. A high Cronbach's Alpha value (above 0.7) indicated that the research instruments reliably measured the

constructs related to sex education, adolescent reproductive health knowledge, and early child pregnancies, thereby ensuring the credibility of the collected data.

### **3.8 Limitations of the Study**

Several limitations affected the outcome of this study. Financial constraints impacted the ability to print and distribute questionnaires, as the cost of printing and transportation within Kalungu District was high. Additionally, limited resources for fieldwork made it difficult to reach all target respondents, especially students in rural schools with limited access to communication.

Some respondents, particularly students, felt uncomfortable discussing sex education and reproductive health issues, which may have affected the honesty of their responses. Cultural and religious beliefs also influenced the willingness of teachers and parents to participate, potentially limiting the diversity of perspectives gathered. Furthermore, the time frame for the study restricted the ability to engage all key informants, such as school administrators and health professionals.

Despite these limitations, the researcher took steps to mitigate the challenges, such as ensuring anonymity in responses, using trained research assistants to facilitate discussions, and employing electronic distribution methods where feasible. These measures helped ensure that the study provided meaningful insights into the effects of sex education on early child pregnancies in Kalungu District.

## CHAPTER FOUR

### DATA ANALYSIS, INTERPRETATION AND PRESENTATION

#### 4.0 Introduction

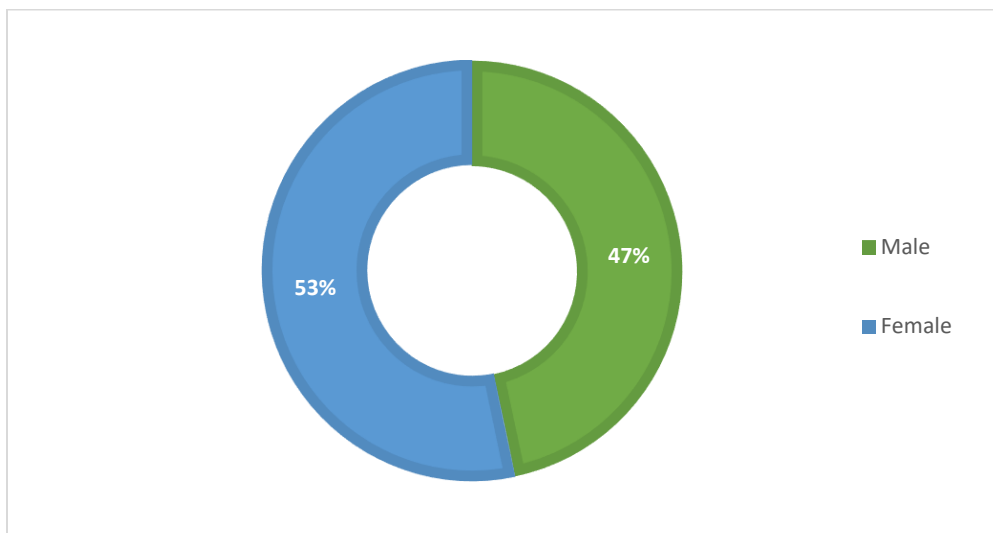
This chapter presents, analyzes, and interprets the data gathered on the effects of sex education on early child pregnancies among selected senior secondary schools in Kalungu District. The results offer insights into how sex education delivery and related factors influence early child pregnancies in the study area.

#### 4.1 Demographic Data

Demographic information provides essential background for understanding the responses. The characteristics analyzed include gender, age, class/grade, school type, religious affiliation, and experiences related to sex education.

##### 4.1.1 Gender of Respondents

**Figure 2: Gender of Respondents**

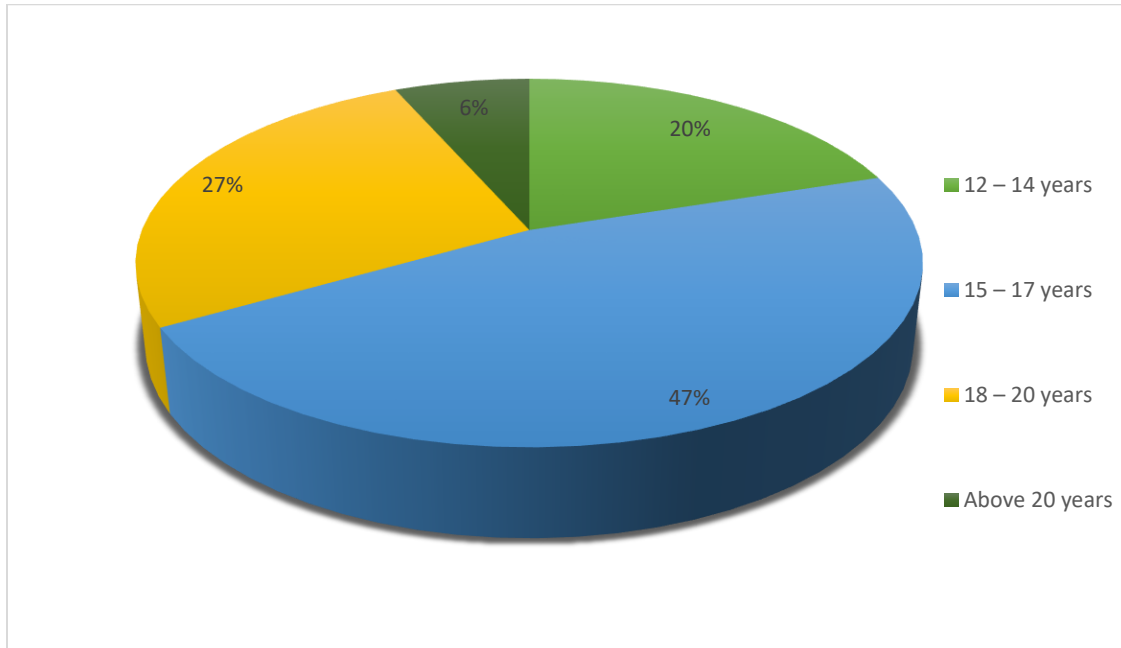


The results in figure 2 indicate that the majority of respondents were female, constituting 53.3%, while males accounted for 46.7%. This gender distribution is significant because studies show that early child pregnancies predominantly affect females, who are the direct beneficiaries of sex education interventions (UNESCO, 2022). The slight female majority aligns with findings by

Kassa et al. (2018), who observed that female students are often more involved in sex education programs due to their higher vulnerability to early pregnancies. This gender balance ensures a comprehensive understanding of sex education effects across both sexes.

#### 4.1.2 Age of Respondents

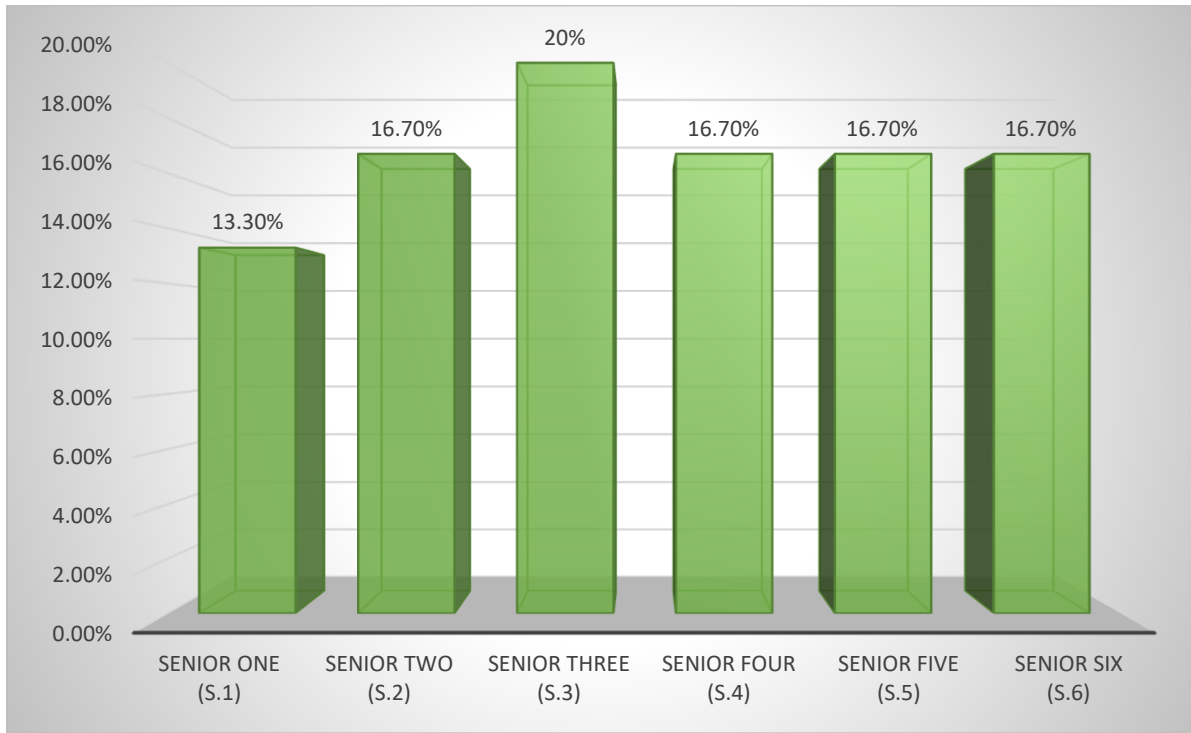
**Figure 3: Age of Respondents**



The majority of respondents were aged between 15–17 years (46.7%), followed by 18–20 years (26.7%). Only 20% were aged 12–14 years, and 6.6% were above 20 years. This distribution reflects the typical age range of senior secondary students in Uganda (MoES, 2020). According to WHO (2021), adolescents aged 15–19 are at the highest risk of early pregnancy, underscoring the relevance of targeting this age group with sex education programs. Early intervention for younger adolescents (12–14 years) is critical for prevention efforts, as supported by findings from Chandra-Mouli et al. (2018), which advocate for starting sex education before adolescents become sexually active.

### 4.1.3 Class/Grade of Respondents

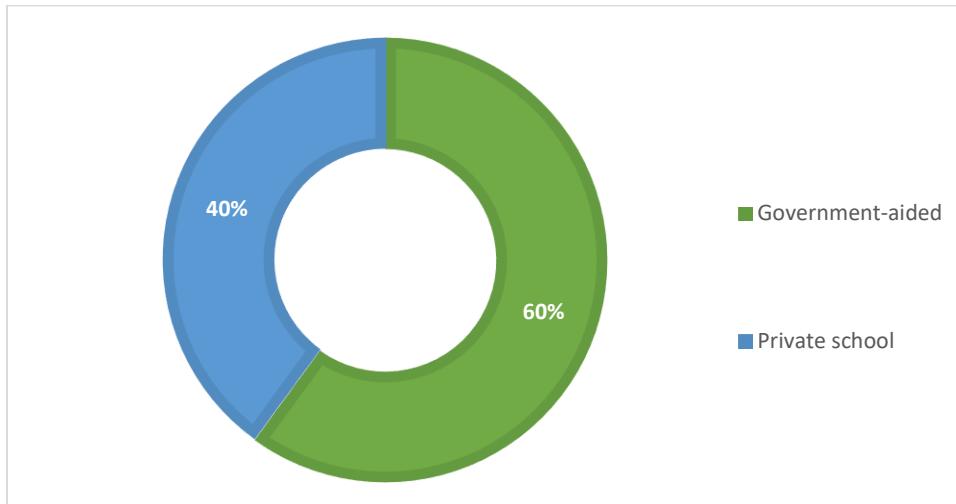
**Figure 4: Class/Grade of Respondents**



Respondents were fairly distributed across different grades, with the highest concentration in Senior Three (20%). Each of the other classes S.2, S.4, S.5, and S.6 accounted for 16.7% respectively, while S.1 represented 13.3%. These findings mirror trends noted by Asekun-Olarinmoye et al. (2020), where middle secondary classes (S.3 and S.4) are the most critical for delivering sex education since most adolescents in these classes are beginning to explore relationships. Equipping students at these stages with proper reproductive health information is vital for preventing early pregnancies (Chilinda et al., 2019).

#### 4.1.4 Type of School

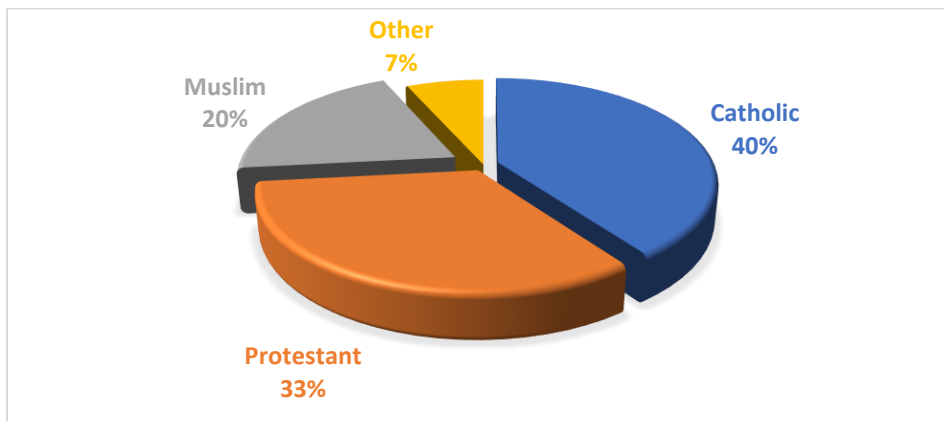
**Figure 5: Type of School**



Most respondents (60%) were from government-aided schools, while 40% were from private schools. This suggests that government schools, often catering to larger and more diverse populations, were better represented. As highlighted by Byamugisha et al. (2022), government schools frequently serve lower socio-economic groups, where teenage pregnancy rates tend to be higher. Meanwhile, private schools sometimes offer more structured sex education programs, although accessibility varies. This distribution provides a balanced view of the sex education landscape across different school management systems.

#### 4.1.5 Religious Affiliation of Respondents

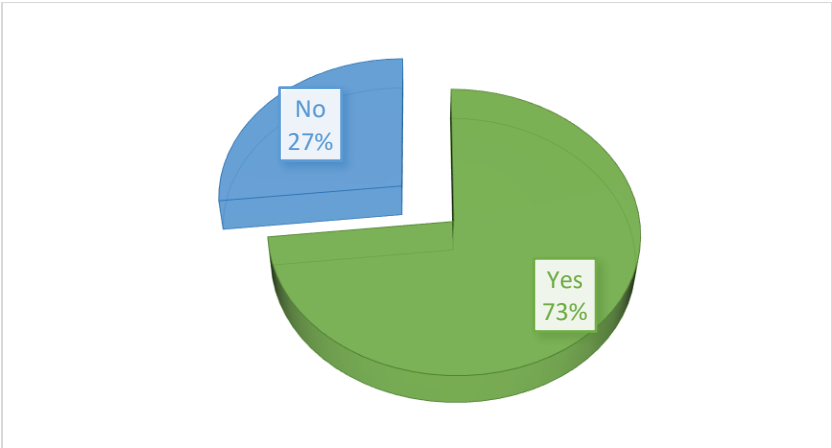
**Figure 6: Religious Affiliation of Respondents**



Catholics represented 40% of the respondents, Protestants 33.3%, Muslims 20%, and others 6.7%. These figures reflect the broader religious demographics of Kalungu District and central Uganda (UBOS, 2022). Religious beliefs significantly influence attitudes towards sex education, as shown in research by Karamagi et al. (2019), with some denominations promoting abstinence-only education while others advocate for comprehensive sex education. Understanding these affiliations is crucial in designing culturally sensitive sex education programs that are acceptable to diverse religious communities.

#### 4.1.6 Receipt of Sex Education at School

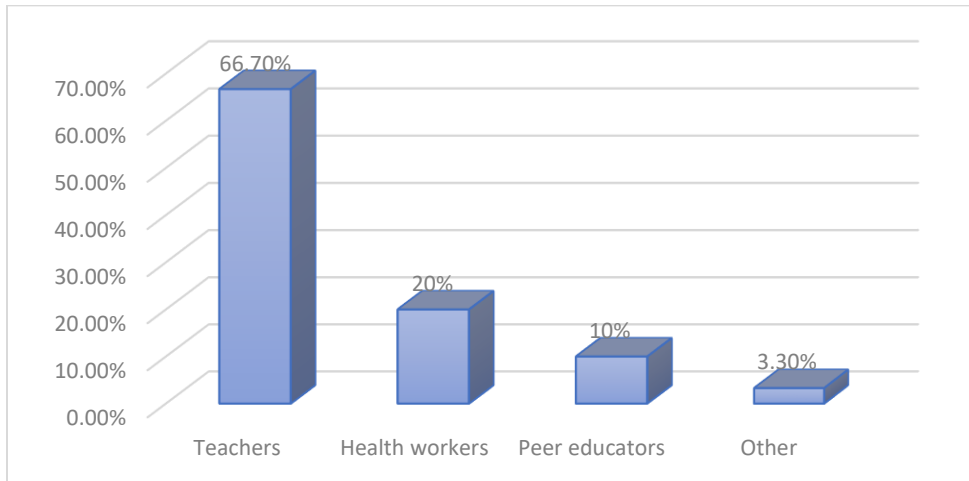
Figure 7: Receipt of Sex Education at School



The majority (73.3%) reported having received sex education at school, while 26.7% had not. This is an encouraging sign, as access to accurate information is critical to reducing teenage pregnancies (Ivanova et al., 2022). However, the significant minority who missed sex education highlights gaps in program delivery, especially in some schools, as observed by Musaazi et al. (2019). Comprehensive coverage is essential for achieving the intended impacts of sex education programs.

#### 4.1.7 Providers of Sex Education

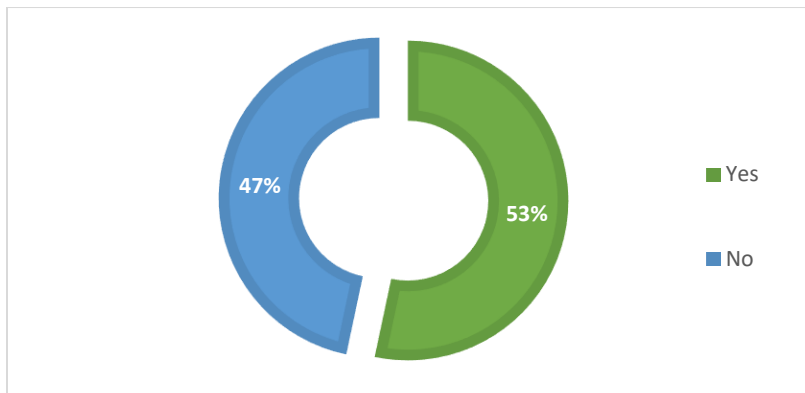
**Figure 8: Providers of Sex Education**



Teachers were the primary providers of sex education (66.7%), followed by health workers (20%), peer educators (10%), and others (3.3%). The reliance on teachers underscores their central role in youth education, a trend corroborated by Namutebi et al. (2021), who found that school-based interventions are most effective when delivered by trained educators. However, integrating health workers and peer educators enhances credibility and relatability, as suggested by UNESCO (2023).

#### 4.1.8 Parental Communication on Reproductive Health

**Figure 9: Parental Communication on Reproductive Health**

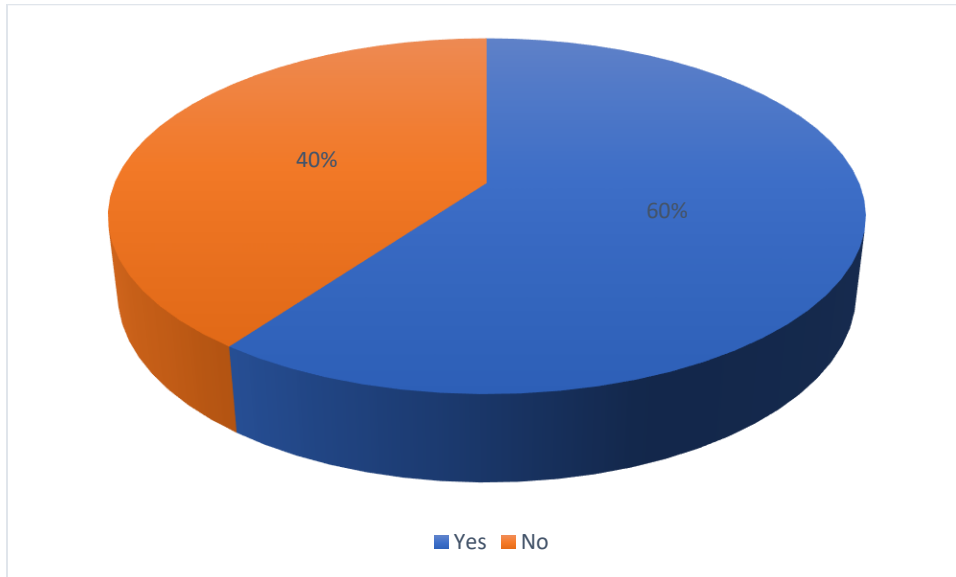


A slight majority (53.3%) reported that their parents/guardians talk to them about reproductive health, while 46.7% said they did not. Parental involvement is crucial, and studies like Muwonge

et al. (2020) emphasize that open parent-child communication significantly reduces risky sexual behaviors. However, cultural taboos and discomfort often inhibit such discussions in Ugandan settings (Tumwine et al., 2022).

#### 4.1.9 Attendance at Sex Education Seminars/Workshops

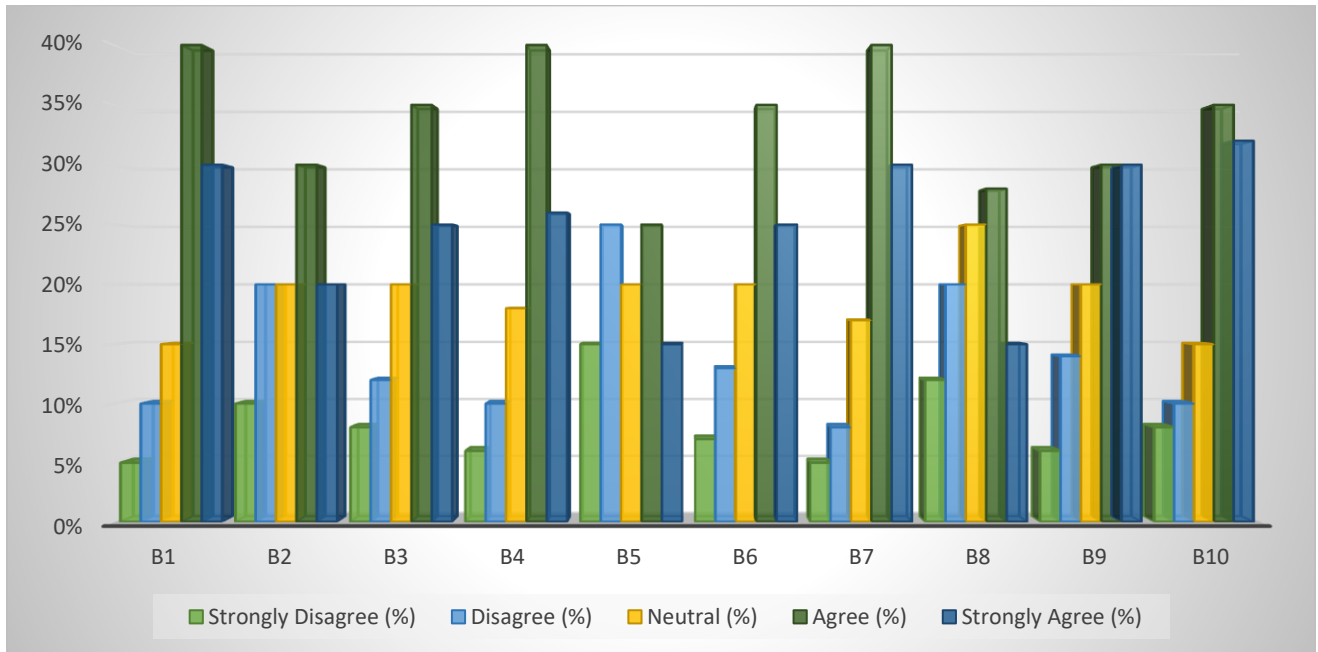
**Figure 10: Attendance at Sex Education Seminars/Workshops**



Sixty percent of respondents reported attending a sex education seminar or workshop, while 40% had not. Participation in seminars enhances knowledge and skills regarding sexual and reproductive health, as highlighted by Twa-Twa et al. (2020). Workshops offer interactive and practical learning opportunities that complement classroom teaching, reinforcing key messages and promoting behavior change.

## 4.2 Implementation of Sex Education

Figure 11: Implementation of Sex Education



The findings indicate that sex education is included in the school curriculum (B1), with 40% agreeing and 30% strongly agreeing, demonstrating that most schools recognize the importance of integrating sexuality education into formal education systems. This is consistent with UNESCO (2021), which emphasized that the inclusion of comprehensive sex education (CSE) in school curricula worldwide has significantly expanded, although content depth varies across regions. However, regarding teacher preparedness, only 30% agreed and 20% strongly agreed that teachers are adequately trained to deliver sex education (B2), reflecting a noticeable gap. According to Goldfarb and Lieberman (2021), inadequate teacher training remains one of the biggest obstacles to effective sex education, with many educators feeling ill-equipped to tackle sensitive topics.

While sex education is taught regularly (B3) as 35% agreed and 25% strongly agreed, the data also shows 20% neutrality, suggesting that while the program exists, its consistency may vary. Studies by Haberland and Rogow (2018) support this by pointing out that without structured scheduling, sex education sessions can be irregular, affecting continuity and learning outcomes. Encouragingly, 40% agreed and 26% strongly agreed that school administration supports the

implementation of sex education (B4), highlighting a positive institutional environment. Research by Chandra-Mouli et al. (2020) emphasized that administrative buy-in is crucial for the successful delivery and sustainability of CSE programs.

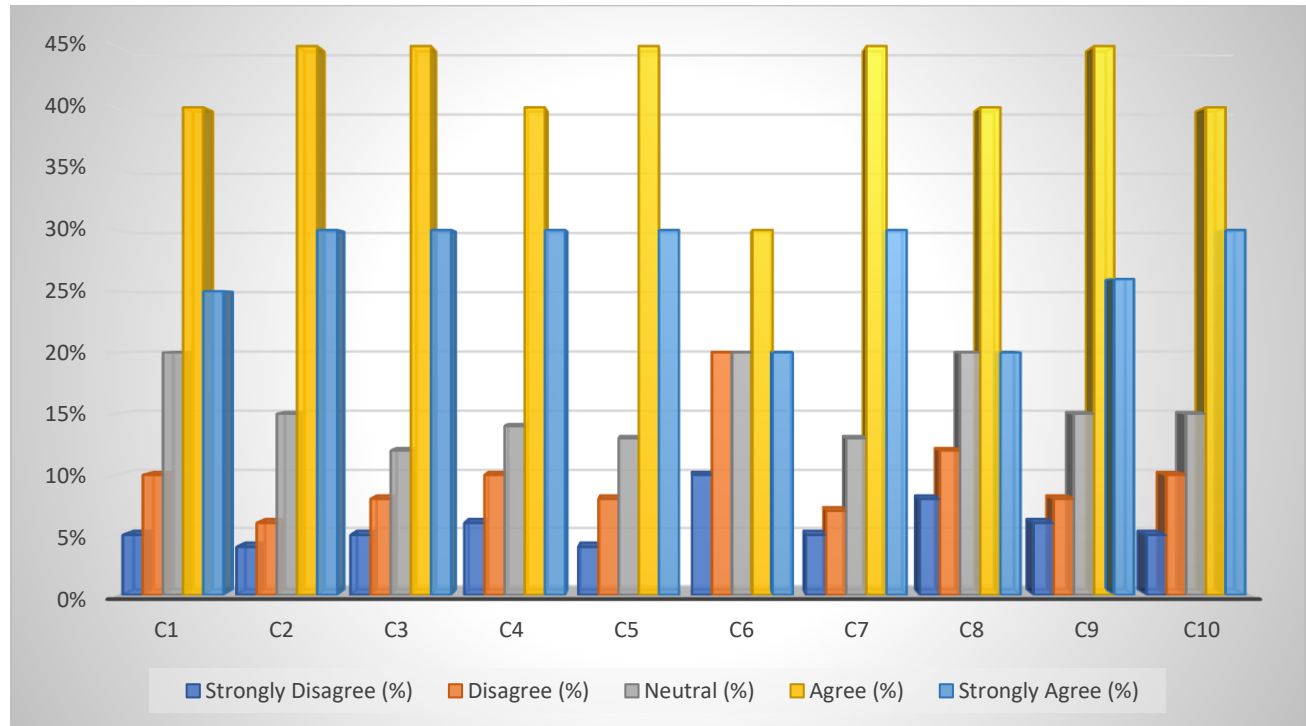
Despite these positive developments, resource inadequacy is a significant concern, with only 25% agreeing and 15% strongly agreeing that there are adequate resources for teaching sex education (B5), while a considerable 40% (15% strongly disagreeing + 25% disagreeing) felt otherwise. UNESCO (2021) similarly noted that lack of culturally sensitive, age-appropriate teaching materials often limits the impact of sex education, especially in under-resourced schools. Encouragingly, students actively participate in sex education lessons (B6), with 35% agreeing and 25% strongly agreeing, aligning with findings by Mason-Jones et al. (2020) which showed that participatory methods in CSE promote higher engagement and retention among students.

Sex education appears relevant to learners' needs, as 40% agreed and 30% strongly agreed that sex education lessons address key issues affecting students (B7). This supports the recommendation by Keogh et al. (2019) that student-centered and rights-based approaches in CSE are essential for meaningful impact. However, parents' support for sex education is more cautious; only 28% agreed and 15% strongly agreed, while a combined 32% disagreed (B8). This is in line with findings by Eisenberg et al. (2019), who reported that parental opposition remains a barrier, especially when parents are not engaged early and meaningfully in CSE program design.

The influence of religious beliefs on the implementation of sex education (B9) is significant, with 30% agreeing and 30% strongly agreeing, indicating that religion can both shape and restrict content delivery. According to van Reeuwijk and Nahar (2019), religious frameworks often demand abstinence-only models, which sometimes conflict with comprehensive approaches. Similarly, cultural beliefs hindering effective sex education (B10) were acknowledged, with 35% agreeing and 32% strongly agreeing, underscoring that deeply rooted societal norms continue to limit open discussions about sexuality. This aligns with Chandra-Mouli et al. (2021), who argue that cultural sensitivities must be navigated carefully to ensure that programs are respectful yet transformative.

### 4.3 Impact of Sex Education on Early Child Pregnancies

Figure 12: Impact of Sex Education on Early Child Pregnancies



The results from the study highlight the important role that sex education plays in addressing early pregnancies among students. 40% agreed and 25% strongly agreed that sex education has reduced early pregnancies in their school (C1), showing a strong positive perception among the majority. This aligns with Chandra-Mouli et al. (2018) who demonstrated that comprehensive sex education significantly reduces teenage pregnancy rates when properly implemented. A smaller proportion, however, 5% strongly disagreed and 10% disagreed, suggesting that while the impact is notable, there may still be contextual barriers such as cultural influences affecting effectiveness. Similarly, regarding the statement that students have a better understanding of reproductive health due to sex education (C2), a combined 75% (45% agree, 30% strongly agree) supported the view, consistent with Goldfarb and Lieberman (2021) who found that students receiving structured sex education programs reported better knowledge of reproductive systems and health issues, enhancing their confidence in managing sexual health risks. Only a minority (4% strongly disagreed, 6% disagreed) indicated otherwise, pointing to isolated challenges possibly tied to teaching delivery.

Sex education increasing students' awareness of contraceptive methods (C3) received strong endorsement, with 75% agreeing or strongly agreeing, supporting Fonner et al. (2018) who reported that contraceptive knowledge directly correlates with exposure to formal sex education, leading to safer sexual practices. Although 5% strongly disagreed and 8% disagreed, these figures are relatively low, showing overall success in messaging around contraception. The data also showed that students are more likely to seek guidance on sexual health after sex education lessons (C4), with 40% agreeing and 30% strongly agreeing. This corresponds with Keogh et al. (2019) who argued that access to accurate information in school settings fosters a culture where adolescents feel empowered to approach health professionals, rather than relying on peer hearsay.

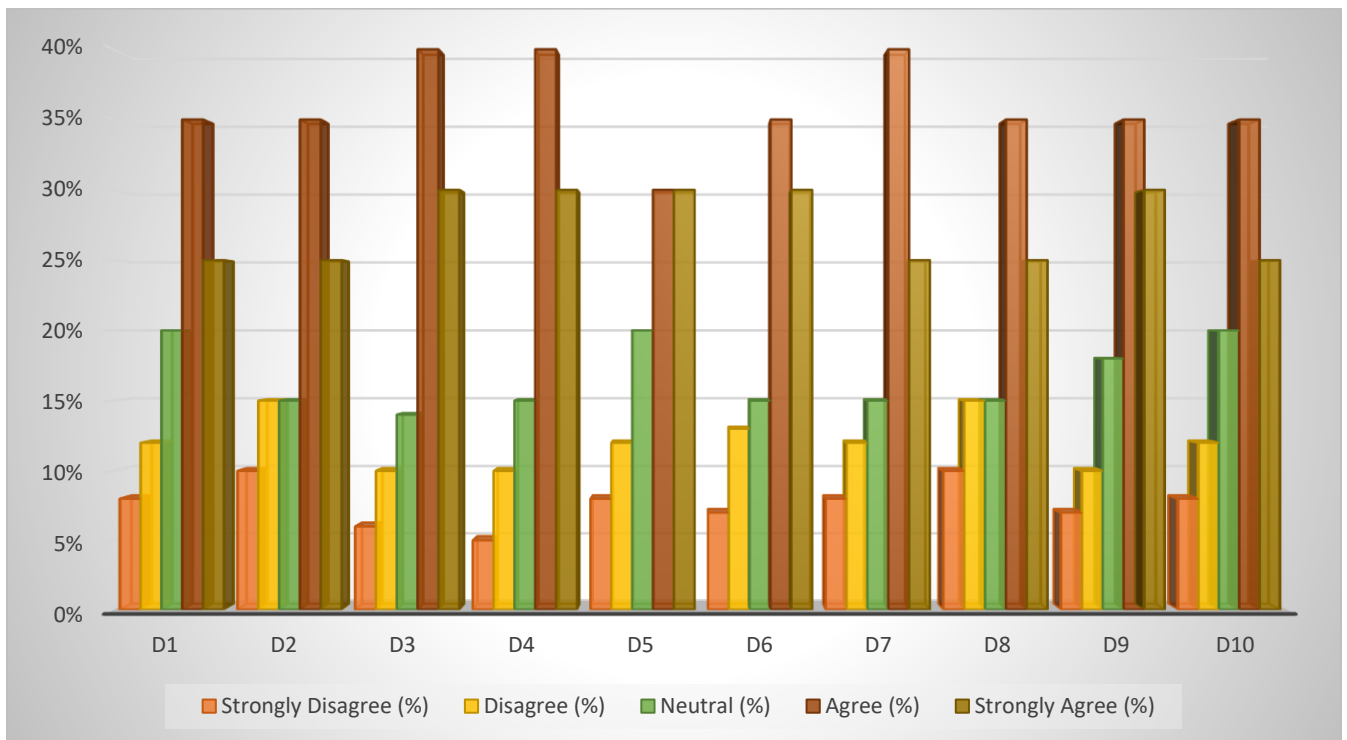
Regarding informed choices about relationships (C5), a combined 75% positive response (45% agree, 30% strongly agree) suggests that sex education has been instrumental in influencing relationship decision-making among students. This finding echoes Montgomery and Knerr (2021), who emphasize that embedding discussions around consent and emotional health within sex education leads to healthier relational outcomes among youth. Despite this, peer pressure remains a concern, as shown in the response to peer pressure leading to early pregnancies despite sex education (C6), where 30% agreed and 20% strongly agreed, indicating that nearly half the students feel peer influence can undermine the benefits of sex education. This matches findings by Mavedzenge et al. (2020), who warn that peer norms often work against formal education unless specific peer-led interventions are also included.

On a positive note, sex education changing students' attitudes toward abstinence and safe sex (C7) was strongly supported, with 45% agreeing and 30% strongly agreeing, reinforcing evidence from Santelli et al. (2018) that comprehensive programs can delay sexual debut and promote protection among sexually active youth. Concerning reduction in school dropouts due to early pregnancies (C8), 40% agreed and 20% strongly agreed, reflecting UNESCO's (2021) findings that comprehensive sex education correlates with higher school retention rates, particularly among adolescent girls. However, a 20% neutral response suggests some students feel the effect on dropouts may not yet be fully realized or visible.

The idea that sex education addresses myths and misconceptions about sex (C9) was supported by 45% agreeing and 26% strongly agreeing, in line with Garcia and Fields (2018), who observed that misinformation significantly diminishes where structured sex education is introduced. Only a small fraction (6% strongly disagreed, 8% disagreed) showed skepticism, pointing to lingering gaps possibly related to informal myths still circulating among students. Finally, the belief that female students feel more empowered to say no to early sex after sex education (C10) also garnered strong support with 70% (40% agree, 30% strongly agree), which resonates with research by van Reeuwijk and Nahar (2019) and UNFPA (2022) demonstrating that empowerment-based sex education interventions help girls assert agency over their sexual decisions, resisting coercion and societal pressures.

#### 4.4 Challenges Hindering Effective Sex Education

**Figure 13: Challenges Hindering Effective Sex Education**



The findings reveal that a significant number of teachers feel uncomfortable teaching sex education (D1), with 35% agreeing and 25% strongly agreeing. This challenge is consistent with findings by Eisenberg et al. (2019), who noted that teachers often lack both the confidence and the cultural

support to deliver sensitive content, particularly where comprehensive training is missing. 20% were neutral, suggesting that some teachers may not necessarily oppose teaching it but feel uncertain about best practices. Similarly, the perception that some parents oppose sex education in schools (D2) is strongly evident, with 35% agreeing and 25% strongly agreeing. This mirrors the results of research by Goldfarb and Lieberman (2021), which found that parental attitudes, often rooted in religious or cultural conservatism, significantly limit schools' efforts to introduce open discussions on sexuality.

The lack of resources is a considerable barrier, as 40% agreed and 30% strongly agreed that there are inadequate learning materials for sex education (D3). This challenge was also emphasized by UNESCO (2021), which reported that a shortage of updated, culturally appropriate teaching aids hampers the effectiveness of sex education programs across many regions. Similarly, the issue that sex education is not given enough time in the school timetable (D4) received strong support, with 40% agreeing and 30% strongly agreeing. This is consistent with findings by Haberland and Rogow (2018), who observed that in many countries, sex education is marginalized within school curricula, often treated as a supplementary or non-essential subject.

Religious beliefs discouraging open discussions about sex (D5) was also acknowledged, with 30% agreeing and 30% strongly agreeing, reflecting the entrenched influence of religious norms. A study by van Reeuwijk and Nahar (2019) similarly reported that in many communities, religious conservatism discourages candid conversations about sexual health, framing sex as a taboo subject. The influence of cultural norms making it difficult to discuss sex-related topics (D6) was similarly profound, with 35% agreeing and 30% strongly agreeing, confirming findings by Chandra-Mouli et al. (2021) who asserted that cultural taboos significantly hinder comprehensive sexuality education, particularly in African and Asian contexts.

Another serious concern was that teachers lack training in effective sex education delivery (D7), with 40% agreeing and 25% strongly agreeing, resonating with research by Keogh et al. (2019) that showed that without specialized training, teachers struggle to adopt participatory and rights-based approaches critical for effective sexuality education. Furthermore, students finding sex education uncomfortable and embarrassing (D8) was noted by 35% agreeing and 25% strongly

agreeing, supported by findings from Mason-Jones et al. (2020), who emphasized that unless lessons are framed in a sensitive, student-centered manner, discomfort can limit participation and learning outcomes.

The study also reveals that there is limited government support for sex education programs (D9), with 35% agreeing and 30% strongly agreeing, echoing the arguments of UNFPA (2022) that policy gaps, weak funding, and lack of political will continue to undermine national efforts to scale up comprehensive sexuality education programs. Finally, fear of backlash is a substantial barrier: schools fearing backlash from the community for teaching sex education (D10) was affirmed by 35% agreeing and 25% strongly agreeing. This challenge is highlighted in recent studies such as those by Goldfarb et al. (2021), who noted that fears of public controversy and reputational damage often lead schools to dilute or abandon comprehensive sex education efforts altogether.

The data clearly shows that both internal challenges (such as lack of teacher preparedness) and external societal pressures (parental, religious, and cultural resistance) significantly hinder the effective implementation of sex education programs. Strategic interventions are thus necessary to build teacher capacity, engage communities, and secure stronger institutional and government support to ensure that sex education fulfills its transformative potential.

## CHAPTER FIVE

### SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

#### 5.1 Summary of Results

The study aimed to assess the role and effectiveness of sex education in reducing early pregnancies in selected private secondary schools in Kalungu District. A significant portion of the respondents were from Senior Three (20%) and other middle secondary classes, which corroborates findings that this stage is crucial for effective sex education. The gender distribution, religious affiliation, and other demographic details showed that the majority of respondents came from government-aided schools (60%) and had received sex education at school (73.3%). The study also revealed varying levels of religious affiliation among the students, with Catholics making up the largest group (40%), followed by Protestants (33.3%) and Muslims (20%).

In terms of the implementation of sex education, 40% of the respondents felt that sex education was integrated into the school curriculum, with a notable 30% acknowledging that teachers were adequately trained to deliver these lessons. However, the study identified a considerable gap in teacher preparedness, as only 30% agreed that teachers were well-equipped to handle sensitive topics. The regularity of sex education lessons was somewhat inconsistent, as indicated by 35% of respondents agreeing that sex education was taught regularly, but the data also showed a neutral response from 20% of students, suggesting a variability in the program's delivery.

The study also highlighted several challenges in implementing sex education. There were concerns over the inadequate resources for teaching sex education (40% agreed and 30% strongly agreed), which is a significant barrier to the success of these programs. Additionally, only 25% of respondents felt that sex education lessons were adequately resourced, pointing to a lack of age-appropriate and culturally sensitive materials. In terms of student participation, 35% of respondents agreed that they actively participated in sex education lessons, reinforcing the importance of interactive and student-centered methods.

Regarding the impact of sex education on early pregnancies, the majority of students (40%) agreed that sex education had led to a reduction in early pregnancies in their schools. Furthermore, a larger

portion of students (75%) reported that they had a better understanding of reproductive health after receiving sex education. This was consistent with global studies, which highlight the positive correlation between comprehensive sex education and improved awareness of sexual and reproductive health issues.

One notable finding from the study was the strong support for contraceptive education, with 75% of respondents agreeing or strongly agreeing that sex education had increased their awareness of contraceptive methods. Additionally, 70% of female students felt more empowered to resist pressure to engage in early sexual activity. Despite these positive outcomes, peer pressure remained a significant challenge, with 30% of students agreeing that peer influence still contributed to early pregnancies, even after sex education.

The study also explored the challenges to effective sex education. Teachers reported feeling uncomfortable teaching sex education (35% agreeing), and parental opposition was noted as a significant barrier, with 35% of respondents agreeing that parents opposed sex education in schools. Cultural and religious influences also hindered open discussions about sexuality, with 30% of respondents agreeing that religious beliefs discouraged comprehensive sex education. Moreover, the lack of adequate government support (35% agreed) and the fear of backlash from the community (35% agreed) were further challenges impeding the successful delivery of sex education.

The study found that while sex education has made positive strides in Kalungu District, several barriers need to be addressed. These include improving teacher training, increasing the availability of resources, and engaging parents and religious communities to create a more supportive environment for comprehensive sex education.

## **5.2 Conclusions**

The findings of this study affirm that sex education plays a pivotal role in enhancing students' understanding of reproductive health and reducing early pregnancies in secondary schools in Kalungu District. The majority of students reported receiving sex education, which significantly contributed to their knowledge about contraceptive methods and reproductive health. This supports

the notion that access to accurate and comprehensive sex education is essential for preventing unintended pregnancies and improving sexual health outcomes among adolescents.

The study also revealed several gaps in the implementation of sex education. Although the curriculum includes sex education, teacher preparedness and the availability of resources remain major challenges. The data indicated that while many schools have integrated sex education into their systems, the inconsistent delivery of lessons, lack of teacher training, and shortage of appropriate teaching materials limit the effectiveness of these programs. These challenges highlight the need for targeted interventions to enhance the capacity of teachers and equip schools with the necessary resources to deliver high-quality sex education.

Furthermore, while students demonstrated a good understanding of reproductive health and contraceptive methods, the influence of peer pressure and cultural norms remains a significant barrier to the effectiveness of sex education. Despite students' knowledge, many still felt vulnerable to peer pressure, which undermined their ability to make informed decisions regarding sexual health. This suggests that sex education programs need to be complemented with broader interventions that address peer influence and encourage students to assert their sexual rights.

Religious beliefs also played a substantial role in shaping attitudes towards sex education. The findings showed that religious affiliations influenced the support and content of sex education programs, with some religious groups advocating for abstinence-only education. This calls for the development of culturally sensitive and inclusive sex education programs that can accommodate the diverse beliefs of students while still delivering comprehensive information about sexual health and rights.

The lack of parental support for sex education in schools emerged as another key challenge. Parents' reluctance to fully support sex education, often due to religious or cultural beliefs, further complicates the implementation of these programs. The study suggests that greater parental engagement and education about the benefits of comprehensive sex education are necessary to reduce opposition and create a supportive environment for students.

Additionally, the inadequate government support for sex education programs remains a significant concern. While some schools have made strides in implementing sex education, there is a lack of institutional support, including funding and policy backing, which affects the sustainability and reach of these programs. The study underscores the need for stronger government commitment to supporting and funding sex education initiatives in schools.

The study also highlights that, despite positive perceptions about the impact of sex education on early pregnancies, the progress made so far is still not enough to fully address the challenges of early child pregnancies in Kalungu District. While sex education has contributed to increased awareness of reproductive health and contraceptive methods, additional measures are needed to address the deep-rooted social, cultural, and religious factors that influence adolescent behavior.

In conclusion, while the role of sex education in improving students' sexual health knowledge and reducing early pregnancies in Kalungu District is evident, the study suggests that a multifaceted approach is needed to overcome the barriers hindering its full implementation. This includes enhancing teacher training, increasing resource allocation, addressing cultural and religious barriers, engaging parents, and securing stronger government support.

### **5.3 Recommendations**

#### **Enhance Teacher Training and Capacity Building**

It is crucial to invest in comprehensive training programs for teachers to equip them with the necessary knowledge and skills to effectively deliver sex education. Teachers should be trained not only on the content but also on how to handle sensitive topics, address students' questions, and create a comfortable learning environment. Teacher workshops, peer-sharing networks, and continuous professional development should be prioritized to ensure that educators are confident and prepared.

#### **Increase Availability of Age-Appropriate Resources**

Schools need access to updated and culturally sensitive educational materials that cater to different age groups. This includes textbooks, multimedia resources, and teaching aids that are

relevant, engaging, and respectful of students' cultural contexts. The Ministry of Education and local education authorities should collaborate with organizations such as UNESCO and UNFPA to provide these materials.

### **Strengthen Community Engagement and Parental Involvement**

It is essential to engage parents and communities in the design and implementation of sex education programs. Workshops, informational sessions, and open discussions should be held to increase parents' understanding of the importance of comprehensive sex education. Involving parents in the conversation will help mitigate opposition and create a more supportive environment for students.

### **Address Cultural and Religious Barriers**

Comprehensive sex education should be delivered in a culturally sensitive manner that respects the religious and social beliefs of students. Engaging religious leaders and community influencers in discussions about the benefits of sex education can help reduce resistance and ensure that the content is presented in a way that resonates with diverse groups.

### **Promote Peer Education Programs**

Peer educators can play a critical role in disseminating accurate information and providing support to their fellow students. Peer-led initiatives should be integrated into sex education programs to encourage students to share their knowledge and experiences with one another, creating a supportive network for learning and decision-making.

### **Advocate for Stronger Government Support and Policy Frameworks**

The government must prioritize sex education in its educational policies and allocate adequate resources to ensure its effective delivery. This includes funding for teacher training, curriculum development, and the production of educational materials. Furthermore, policies should be put in place to ensure the sustainability of sex education programs in schools.

### **Expand School-Based Counseling and Health Services**

To complement sex education, schools should provide access to trained counselors and health professionals who can offer confidential support and guidance to students. These services would address any gaps in knowledge and provide a safe space for students to seek advice on sexual health issues.

### **Implement School-Wide Sexual Health Awareness Campaigns**

Schools should organize campaigns and events to raise awareness about sexual health and rights. These initiatives can be in the form of seminars, exhibitions, and community outreach programs that provide students with additional opportunities to engage with sex education content.

### **Strengthen Collaboration with NGOs and Health Organizations**

Collaboration between schools and local health organizations, NGOs, and other stakeholders should be strengthened to improve the quality and reach of sex education programs. These organizations can provide technical support, resources, and expertise to enhance the effectiveness of sex education in schools.

### **Monitor and Evaluate Sex Education Programs Regularly**

Regular monitoring and evaluation of sex education programs are essential to ensure that they are meeting their objectives. Feedback from students, teachers, and parents should be collected to assess the impact and identify areas for improvement. This will allow for continuous refinement of sex education programs to ensure that they remain relevant and effective in addressing the needs of students.

## APPENDIX I

### QUESTIONNAIRE FOR ASSESSING THE EFFECTS OF SEX EDUCATION ON EARLY CHILD PREGNANCIES IN SELECTED SENIOR SECONDARY SCHOOLS IN KALUNGU DISTRICT

**Dear Respondent,**

I am a student at Uganda Martyrs University, pursuing a Bachelor of Science with Education. This questionnaire is part of my research proposal titled "*The Effects of Sex Education on Early Child Pregnancies in Selected Senior Secondary Schools in Kalungu District.*" The purpose of this study is to assess how sex education influences the rates of early child pregnancies among students in secondary schools within Kalungu District.

Your participation in this research is voluntary, and all the information you provide will be treated with the utmost confidentiality and used solely for academic purposes. Kindly answer the questions honestly, as your input is crucial in understanding the impact of sex education on adolescent reproductive health and early pregnancies.

Thank you for your time and cooperation...

#### **Section A: Demographic Data**

**a. Gender**

Male

Female

**b. Age**

12 – 14 years

15 – 17 years

18 – 20 years

Above 20 years

**c. Class/Grade**

Senior One (S.1)

Senior Two (S.2)

Senior Three (S.3)

Senior Four (S.4)

Senior Five (S.5)

Senior Six (S.6)

**d. School Type**

Government-aided school

Private school

**e. Religious Affiliation**

Catholic

Protestant

Muslim

Other

**f. Have you ever received sex education in school?**

Yes

No

**g. Who provides sex education in your school?**

Teachers

Health workers

Peer educators

Other

**h. Do your parents/guardians talk to you about reproductive health and pregnancy prevention?**

Yes

No

**i. Have you ever attended a seminar or workshop on sex education?**

Yes

No

**SECTION B: IMPLEMENTATION OF SEX EDUCATION**

Please indicate your level of agreement with the following statements using the scale below:

**Scale:**

1 = Strongly Disagree

2 = Disagree

3 = Neutral

4 = Agree

5 = Strongly Agree

NO.	Statement	1	2	3	4	5
B1	Sex education is included in the school curriculum.					
B2	Teachers are adequately trained to deliver sex education.					
B3	Sex education is taught regularly in our school.					
B4	The school administration supports the implementation of sex education.					
B5	There are adequate resources for teaching sex education.					
B6	Students actively participate in sex education lessons.					
B7	Sex education lessons address key issues affecting students.					
B8	Parents support the teaching of sex education in schools.					
B9	Religious beliefs influence the implementation of sex education.					
B10	Cultural beliefs hinder effective sex education.					

**SECTION C: IMPACT OF SEX EDUCATION ON EARLY CHILD PREGNANCIES**

Please indicate your level of agreement with the following statements using the scale below:

**Scale:**

1 = Strongly Disagree

2 = Disagree

3 = Neutral

4 = Agree

5 = Strongly Agree

NO.	Statement	1	2	3	4	5
C1	Sex education has reduced early pregnancies in our school.					
C2	Students have a better understanding of reproductive health due to sex education.					
C3	Sex education has increased students' awareness of contraceptive methods.					
C4	Students are more likely to seek guidance on sexual health after sex education lessons.					
C5	Sex education helps students make informed choices about relationships.					
C6	Peer pressure leads to early pregnancies despite sex education.					
C7	Sex education has changed students' attitudes toward abstinence and safe sex.					
C8	There is a reduction in cases of school dropouts due to early pregnancies.					
C9	Sex education addresses myths and misconceptions about sex.					
C10	Female students feel more empowered to say no to early sex after sex education.					

#### **SECTION D: CHALLENGES HINDERING EFFECTIVE SEX EDUCATION**

Please indicate your level of agreement with the following statements using the scale below:

**Scale:**

1 = Strongly Disagree

2 = Disagree

3 = Neutral

4 = Agree

5 = Strongly Agree

<b>NO.</b>	<b>Statement</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
D1	Teachers feel uncomfortable teaching sex education.					
D2	Some parents oppose sex education in schools.					
D3	There are inadequate learning materials for sex education.					
D4	Sex education is not given enough time in the school timetable.					
D5	Religious beliefs discourage open discussions about sex.					
D6	Cultural norms make it difficult to discuss sex-related topics.					
D7	Teachers lack training in effective sex education delivery.					
D8	Students find sex education uncomfortable and embarrassing.					
D9	There is limited government support for sex education programs.					
D10	Schools fear backlash from the community for teaching sex education.					

## APPENDIX II

### REFERENCES

- Academia.edu, 2023. Barriers to Sexuality Education in Uganda. *Academia.edu*.
- Population and Health Research Center, 2025. Sexuality Education Programs in East Africa: A Review. *APHRC*.
- Afrobarometer, 2025. Ugandans support sex education in schools but oppose contraceptives for youth. *Afrobarometer Dispatch No. 920*.
- Ajayi, A.I., Ushie, B.A., Mwoka, M., Igonya, E.K., Ouedraogo, R. and Juma, K., 2025. Mapping adolescent sexual and reproductive health research in sub-Saharan Africa: a scoping review. *BMJ Open*, 10(7), p.e035335.
- Ajayi, A.I., Ushie, B.A., Mwoka, M., Igonya, E.K., Ouedraogo, R. and Juma, K., 2020. Mapping adolescent sexual and reproductive health research in sub-Saharan Africa: a scoping review. *BMJ Open*, 10(7), p.e035335.
- Apiot Okudi, C., 2018. Teachers can empower girls through sex education in Uganda. *Brookings*.
- Apiot Okudi, C., 2018. Teachers can empower girls through sex education in Uganda. *Medium*. Available at: <https://medium.com/@Brookings/teachers-can-empower-girls-through-sex-education-in-uganda-76df67438ead>

Atuyambe, L., Birabwa, C., Chemonges, D., Namatovu, F., Makumbi, F. and Tetui, M., 2025. Framing contraceptive use motivations among adolescents and young adults in Uganda. *Frontiers in Global Women's Health*, 4, p.658515.

Atuyambe, L., Birabwa, C., Chemonges, D., Namatovu, F., Makumbi, F. and Tetui, M., 2021. Framing contraceptive use motivations among adolescents and young adults in Uganda. *Frontiers in Global Women's Health*, 2, p.658515.

Chimwaza Manda, W., Sikweyiya, Y., Kaunda-Khangamwa, B.N., Selemani, A., Jimu, S. and Kamndaya, M., 2025. Adolescent sexual health interventions that include very young adolescents in sub-Saharan Africa: a scoping review. *BMJ Open*, 12(11), p.e063343.

Chimwaza Manda, W., Sikweyiya, Y., Kaunda-Khangamwa, B.N., Selemani, A., Jimu, S. and Kamndaya, M., 2022. Adolescent sexual health interventions that include very young adolescents in sub-Saharan Africa: a scoping review protocol. *BMJ Open*, 12(11), p.e063343.

Daily Monitor, 2025. Nakiwogo sex workers receive free condoms amidst scarcity. *Daily Monitor*.

Daily Monitor, 2025. Teen pregnancies: Why aren't we making progress? *Daily Monitor*.

Evangelical Alliance, 2025. Relationships and Sex Education in secondary schools. *Evangelical Alliance*.

Family Watch International, 2018. Analysis of Uganda's National Sexuality Education Framework: Ten Areas of Concern. *Family Watch International*.

FEBRASGO and SBRASH, 2022. Sexuality Education in Schools. *Brazilian Federation of Gynecology and Obstetrics Associations*.

Frontiers, 2025. Sexuality education that prioritizes sexual well-being: Initiatives and impact. *Frontiers in Education*.

Guttmacher Institute, 2025. Adolescent Sexual and Reproductive Health in Uganda. *Guttmacher Institute*.

International Planned Parenthood Federation, 2025. Delivering Effective Sex Education: Lessons from Uganda. *IPPF*.

Kaufman, Z.A., DeCelles, J., Bhauti, K., Dringus, S., Dringus, L., Obida, J., Nyambe, J., Weiss, H.A. and Ross, D.A., 2020. A new hope: introducing comprehensive sex education to a Christian school in Uganda. *Journal of Global Health Reports*, 4, p.e2020018

KAWA Uganda, 2025. Ministry of Education Releases 2025 Official School Calendar. *KAWA Uganda*.

KAWA Uganda, 2025. Ministry of Education Schools 2025 Calendar in Uganda. *KAWA Uganda*.

Kirby, D., 2021. The impact of sex education on the sexual behaviour of young people. *UNAIDS*.

Kruitbosch, T., 2020. The Whole School Approach for sexuality education: findings from Uganda. *UNESCO HIV and Health Education Clearinghouse*.

Marie Stopes Uganda, 2025. Challenges in Implementing Sex Education in Ugandan Schools. *Marie Stopes Uganda*.

Ministry of Education and Sports, Uganda, 2025. Homepage - Ministry of Education And Sports. *Ministry of Education and Sports*.

Ministry of Education and Sports, Uganda, 2025. Information on District Quota Admissions 2025-2026. *Ministry of Education and Sports*.

Ministry of Education and Sports, Uganda, 2025. Official School Calendar 2025. *Ministry of Education and Sports*.

Ministry of Education and Sports, Uganda, 2025. PhD Shortlisted Applicants for UK Commonwealth Scholarship 2025-2026. *Ministry of Education and Sports*.

Miu.edu, 2024. Sex Education and Mitigation of STDs in Secondary Schools in Uganda: A Case Study of Highland Secondary School Kisaasi. *Miu.edu*.

Monitor, 2025. Nakiwogo sex workers receive free condoms amidst scarcity. *Daily Monitor*.

National Society for the Prevention of Cruelty to Children (NSPCC), 2025. Children and young people's views on learning about relationships, sex, and sexuality: A narrative review of UK literature. *NSPCC Learning*.

Ninsiima, A.B., Coene, G., Michielsen, K., Najjuka, S., Kemigisha, E., Ruzaaza, G.N., Nyakato, V.N. and Leye, E., 2020. Institutional and contextual obstacles to sexuality education policy implementation in Uganda. *Sex Education*, 20(1), pp.17-32

NSPCC Learning, 2022. Children and young people's views on learning about sex, sexuality and relationships: A narrative review of UK literature. *NSPCC Learning*.

Planned Parenthood, 2025. The Impact of Sex Education on Teen Pregnancy Rates. *Planned Parenthood Federation of America*.

Population Council, 2025. Barriers to Effective Delivery of Sex Education in Sub-Saharan Africa. *Population Council*.

Save the Children, 2025. Addressing Teenage Pregnancy through Education in Uganda. *Save the Children Uganda*.

Standard Media, 2025. Sex education should start at home, renowned epidemiologist suggests. *The Standard Health*.

Third Lens, 2025. Love Does – Restore Leadership Academy (Uganda). *Third Lens*.

Uganda Fact, 2025. UNEB Basic and Secondary Schools, TVET, and Health Training Institutions Academic Calendar Released. *Uganda Fact*.

UNESCO, 2020. International technical guidance on sexuality education: an evidence-informed approach. *UNESCO*.

UNESCO, 2025. Global Status Report on Comprehensive Sexuality Education. *UNESCO*.

UNICEF, 2025. Comprehensive Sexuality Education in Uganda: Progress and Challenges. *UNICEF Uganda*.

WHO, 2025. Adolescent Pregnancy: Issues and Solutions in Uganda. *World Health Organization*.

Wikipedia, 2025. Abstinence-only sex education in Uganda. *Wikipedia*.

World Bank, 2025. Uganda Secondary Education Expansion Project. *World Bank Project Appraisal Document*.

## APPENDIX III

### PERMISSION LETTER TO CONDUCT FIELD RESEARCH

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Uganda  
Martyrs  
University



Making a Difference

THE FACULTY OF EDUCATION

Date: 10<sup>th</sup> April 2025

RE: PERMISSION LETTER TO CONDUCT FIELD RESEARCH

Dear Sir/Madam:

Greetings from Uganda Martyrs University,

The Faculty of Education is very delighted to introduce MUWONGE FRANCIS Registration Number 2021-B21-13268 a student pursuing a Bachelors Education Degree of Uganda Martyrs University. He/She is undertaking a field research to fulfil one of the requirements for the award of Bachelors of Education Degree of Uganda Martyrs University.

His/Her research topic is:

*The Effect of Sex Education on Early Child Pregnancies in the Selected Secondary Schools A Case Study of Kalungu District*

We request that you offer him/her the necessary assistance to complete this academic project. For further inquiries on this matter, please, contact me at 0799333822 or e-mail address: csababuvuna@umu.ac.ug.

Thank you very much for your support and cooperation.

Sincerely

For SAABAVUMA CHRISTOPHER  
Saabavuma Christopher  
Head, Secondary Education