Sexuality Education and Pupils' Sexual Behavior in Primary Schools in Lamogi Sub- County, Amuru District, Uganda

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Declaration

I Adong Lucy hereby declare that this dissertation entitled "*Sexuality education and Pupils Sexual Behavior in Primary Schools in Lamogi Sub- County, Amuru district*" is my original work and has never been submitted to any institution of higher learner or University for any award.

Signature ……. Date 07/10/2026……

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Approval

This is to certify that the dissertation entitled "*Sexuality education and Pupils Sexual Behavior in Primary Schools in Lamogi Sub- County, Amuru district*" was written under our guidance, mentorship, and supervision, we recommended it for assessment.

Signature.....Date.....7/10/26.....

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Signature.....Date.....7/10/26.....

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Dedication

I dedicate this research to my Husband Mr. Oyet Godfrey Jomo and my lovely children:Lamunu Eunice, Daisy Lapong, Lamaro Faith Diana, Oyet Promise Isaac, Maria Lagum Marylin and Laker Prudence.

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I acknowledge the almighty God for the gift of life and strength he gave me throughout this study. Special thanks to my Supervisors.Sr. Dr. Rosalba Aciro (PhD) and Dr.George Opio (PhD) who tirelessly guided me throughout this study. I also thank my coursework Lecturers Assoc.Professor Denis Thaddeus Ofoyuru, Prof. Wilfred Lajul, Dr. Gloria Lamaro (PhD), Dr JB Habirmana (PhD), Dr. Odama Stephen (PhD), Mr. Okot Ambrose, Mr. Luwa John and Mr Okot Patrick. I also acknowledge my course mates Scovia Lamunu, Mackenzie Nelson, Luyima Daudi, Lamwaka Irene Adoch for their friendship and encouragement during the course. I also acknowledge the Head teachers, Pupils Teachers, senior woman and senior male Teachers in primary schools in Lamogi Sub- County for participating in the study.

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Abstract

The study investigated the effect of sexuality education and pupil's sexual behavior in primary schools in Lamogi sub-county, Amuru District. The study was guided by three specific objectives namely; to assess the level of sexuality education in primary schools; to examine the status of pupil's sexual behavior in primary schools in Lamogi sub-county and to determine the relationship between Sexuality education and Pupils' sexual behavior in primary schools in Lamogi sub-county, Amuru District. The study used mixed methods approach, quantitative and qualitative data were collected from a sample of 316 respondents and participants using self-administered questionnaires and interview guides. Data was sorted and analyzed using Statistical package of social scientists (SPSS version 26.0), and document analysis. The study findings for research question One showed that the level of implementation of sexuality education was low in primary schools in Lamogi sub -county while for research question Two, findings showed that there was minimal level of pupils' sexual behavior in Primary schools in Lamogi sub-county and finally, research question Three which showed that there was a strong correlation between sexuality education and pupils' sexual behavior in primary schools in Lamogi sub-county.

Probability and non-probability sampling techniques were used due to the mixed methods approach, cresswell(2014), purposive sampling was also used to select Teachers and Head teachers, senior male and senior woman teachers for the rich knowledge they have concerning their pupils and the schools at large(Neuman, 2024).

The study recommended that sexuality education should be programmed in the primary school routine for successful pupil's sexual behavior modification. More so, it recommended that Teachers should expand mentorship, guidance and counselling to develop pupils' self-control and personal safety skills in relation to sexual relationships and health. The school administration should also strengthen and structure sexuality education programmes (Denford et al, 2017). Better still, parents are urged to collaborate with schools to overcome cultural influence on open talks on risky sexual behavior in general - for the safety of our children in primary schools.

CHAPTER ONE

INTRODUCTION AND BACKGROUND OF THE STUDY

1.0 Introduction

Pupils' sexual behaviour in primary schools has become an important public health and educational concern in Uganda because of the potential consequences of early and unsafe sexual activity. Early sexual involvement may expose young learners to unintended pregnancy, sexually transmitted infections (STIs), sexual exploitation, school dropout and other adverse social and educational outcomes. These challenges may negatively affect pupils' educational attainment, psychosocial wellbeing and future opportunities (Anyanwu & Tamwesigire, 2022). Evidence further indicates that peer influence, socio-economic circumstances, inadequate parental guidance and limited access to accurate sexual and reproductive health information can shape young people's sexual decision-making (Otika et al., 2024). Consequently, sexuality education has increasingly been considered an important component of school-based interventions for equipping learners with age-appropriate knowledge, values and skills for making informed decisions about relationships, personal safety and sexual and reproductive health (Kirby, 2002).

In Uganda, the National Sexuality Education Framework provides guidance for delivering comprehensive, age-appropriate and culturally responsive sexuality education within educational institutions (Ministry of Education and Sports [MoES], 2018). However, translating policy provisions into effective school-level practice remains challenging because of differences in implementation capacity, teacher preparedness, cultural expectations and community perceptions regarding sexuality education (UNFPA, 2018). These challenges are particularly relevant in communities where learners may have limited access to reliable reproductive health information and services. In Northern Uganda, concerns regarding teenage pregnancy, early marriage and school dropout continue to require coordinated interventions involving schools, families, health workers and communities (AMREF Uganda, 2023). Against this background, this chapter presents the historical, theoretical, conceptual and contextual backgrounds of the study, followed by the problem statement, purpose, objectives, research questions, hypothesis, scope, significance and conceptual framework.

1.1 Background to the Study

The background to the study is presented thematically under four areas: historical background, theoretical background, conceptual background and contextual background. The historical background examines the development of concerns surrounding adolescent sexual behaviour over time. The theoretical background presents the Social Cognitive Theory underpinning the study. The conceptual background defines and explains the major concepts and variables, while the contextual background focuses on the situation in Uganda, Northern Uganda and Lamogi Sub-county in Amuru District.

1.1.1 Historical Background

Adolescent sexual behaviour has progressively become an important public health, educational and social development concern because of its relationship with reproductive health outcomes and educational participation. Over the past several decades, changes associated with urbanisation, globalisation, communication technologies and increased access to information have influenced how young people obtain information and form attitudes about sexuality and relationships. The expansion of digital communication has also created additional channels through which young people encounter information about relationships and sexuality, although the accuracy and appropriateness of such information may vary (World Health Organization [WHO], 2023; Widman et al., 2022). Consequently, researchers and policymakers have increasingly focused on understanding the social and environmental factors that influence adolescent sexual behaviour and on identifying interventions that promote healthy development (Kågesten et al., 2021).

In sub-Saharan Africa, adolescent sexual behaviour has historically been influenced by family structures, cultural expectations, community norms and systems of socialisation. Families and communities traditionally played an important role in transmitting values and expectations concerning relationships, sexual conduct and transition to adulthood. However, social and economic transformation has changed some of these traditional mechanisms. Urbanisation, migration, mass media and digital technologies have increased young people's exposure to information and social influences beyond the immediate family and community. Peer relationships have consequently become an important source of information and behavioural influence among adolescents (Yakubu & Salisu, 2021). Evidence from African settings also indicates continuing concerns regarding early sexual debut, inconsistent protection

and other behaviours that may increase vulnerability to adverse reproductive health outcomes (Mmari et al., 2023).

Uganda has experienced similar changes in adolescent sexual and reproductive health patterns. Government institutions and development partners have implemented various programmes aimed at improving young people's access to reproductive health information and services. Nevertheless, factors such as poverty, limited parental supervision, peer influence and inadequate access to accurate information continue to affect adolescents' ability to make informed decisions. Research has associated inadequate sexuality education with gaps in knowledge about reproductive health risks and protective behaviours (Ninsiima et al., 2021). More recent evidence has continued to emphasise the importance of strengthening sexuality education and other adolescent-responsive interventions to support informed decision-making and healthy development among young people (Kisaakye et al., 2024).

Northern Uganda provides an important context for examining adolescent sexual behaviour because of the region's history of armed conflict, displacement and social disruption. The prolonged conflict affected families, schools, livelihoods and community support systems, which traditionally played important roles in socialising and protecting children. Although the region has made substantial progress during the post-conflict period, some communities continue to experience socio-economic difficulties and limitations in access to education and health services. These conditions may increase children's vulnerability to early marriage, teenage pregnancy and other adverse outcomes (Atuyambe et al., 2022). In Amuru District, research has continued to identify adolescent reproductive health concerns that may affect educational participation and broader social development (Otika et al., 2024). The historical development of these challenges therefore provides an important basis for examining whether sexuality education is associated with pupils' sexual behaviour in the local school environment.

1.1.2 Theoretical Background

This study is anchored in Social Cognitive Theory (SCT), originally developed by Albert Bandura (1977). The theory explains human behaviour as the result of reciprocal interaction between personal factors, behaviour and the surrounding environment. Within a school setting, learners do not acquire behaviours solely through direct instruction; they also learn through observation, interaction, reinforcement and the development of beliefs about their own ability to perform particular behaviours. The theory is therefore relevant to the present study because pupils' sexual behaviour may be influenced

by what they learn in school as well as by their interactions with parents, teachers, peers, community members and media.

A central concept of Social Cognitive Theory is observational learning, through which individuals acquire behaviours by observing the actions of others and the consequences associated with those actions. In the context of sexuality education, pupils may observe and learn attitudes and behavioural patterns from peers, family members, teachers and media content. Positive examples may reinforce responsible decision-making, while exposure to risky behaviours may contribute to the development of undesirable attitudes and practices. Social influences are therefore important in understanding how pupils interpret information about relationships, sexuality and personal safety (Bandura, 1977; Viner et al., 2022).

Another important component of SCT is self-efficacy, which refers to an individual's belief in their ability to successfully perform a particular behaviour. In sexuality education, self-efficacy may influence a learner's ability to resist inappropriate peer pressure, communicate personal boundaries, seek reliable information and make decisions consistent with health and personal safety. Education programmes that strengthen learners' confidence and decision-making abilities can therefore support positive behavioural outcomes (Bastable & Dart, 2021). Self-efficacy is particularly relevant because knowledge alone may not always translate into behaviour unless learners also possess the confidence and skills required to apply what they have learned.

SCT also recognises the importance of environmental factors, including family relationships, school climate, peer groups, cultural expectations and access to information. Sexuality education provides a structured environment in which learners can acquire knowledge, discuss age-appropriate issues and develop skills related to communication and decision-making. From the SCT perspective, repeated interaction between individual knowledge, social influences and environmental conditions can shape behavioural outcomes. The theory therefore provides a useful framework for explaining how the implementation of sexuality education may influence pupils' sexual behaviour through knowledge acquisition, observational learning, social interaction and self-efficacy.

1.1.3 Conceptual Background

Sexuality education refers to a structured educational process through which learners acquire age-appropriate knowledge, attitudes, values and skills concerning sexuality, relationships, personal safety and reproductive health. Effective sexuality education is expected to respond to learners' developmental needs and provide information that enables them to understand physical and social changes, recognise inappropriate situations and make informed decisions. Contemporary scholarship emphasises that sexuality education should be developmentally appropriate, evidence-based and responsive to the social and cultural context in which learners live (Goldfarb & Lieberman, 2021).

In this study, sexuality education is conceptualised through four dimensions: knowledge, attitudes, skills and access to sexuality-related information. Knowledge concerns learners' understanding of issues such as puberty, personal safety, pregnancy prevention, STIs and reproductive health. Appropriate knowledge can help learners recognise potential risks and understand where to seek reliable assistance. Access to accurate information is therefore an important component of sexuality education because pupils may otherwise obtain information from peers, media or other sources whose content may be inaccurate or inappropriate (Brömdal et al., 2021).

Attitudes constitute another important dimension of sexuality education. They refer to learners' perceptions, beliefs and orientations towards relationships, personal boundaries, responsible behaviour, abstinence and sexual health. Positive and age-appropriate attitudes can support responsible decision-making and respect for oneself and others. However, attitudes are shaped by several social influences, including family, peers, school environments and cultural expectations. Sexuality education can therefore provide an opportunity for schools to address misconceptions and promote appropriate values concerning relationships and personal safety.

Skills are also central to effective sexuality education. These include communication, decision-making, refusal, problem-solving and help-seeking skills that enable learners to respond appropriately to challenging situations. For example, a learner who understands personal boundaries but lacks communication or refusal skills may have difficulty applying that knowledge in practice. Sexuality education that incorporates relevant life skills can therefore strengthen learners' capacity to respond to peer pressure and make appropriate decisions (Kirkman et al., 2022).

The dependent variable in this study is pupils' sexual behaviour. It refers to behaviours and decisions concerning sexual relationships and activities among pupils within the population studied. The concept may be reflected through indicators such as age at sexual initiation, exposure to sexual pressure, engagement in risky sexual practices, decision-making concerning sexual activity and protective behaviours. Pupils' behaviour is not determined by sexuality education alone; it may also be influenced by family circumstances, peer relationships, socio-economic conditions, cultural expectations and access to information and services. Nevertheless, evidence suggests that appropriately designed sexuality education can contribute to improved knowledge, attitudes, skills and decision-making related to sexual and reproductive health (Fernández et al., 2021).

1.1.4 Contextual Background

Uganda continues to face challenges related to adolescent sexual and reproductive health despite interventions by government institutions, schools, health facilities and development partners. Young people may encounter circumstances that expose them to early sexual activity, unintended pregnancy and STIs. Factors associated with these challenges include limited access to reliable information, poverty, peer influence, inadequate parental guidance and gaps in adolescent-responsive services. These circumstances have strengthened the need for coordinated sexuality education involving schools, families, communities and health-service providers (Ninsiima et al., 2021).

Teenage pregnancy remains an important concern because pregnancy during the school-going period can interrupt education and affect young people's future opportunities. For some learners, pregnancy may result in temporary or permanent withdrawal from school, while social and economic circumstances may further limit their ability to continue their education. Access to accurate and age-appropriate sexuality education can help learners understand reproductive health, personal safety and the potential consequences of early sexual activity (Kisaakye et al., 2024). Schools therefore provide an important setting for delivering information and skills that complement guidance received from families and communities.

The context of Northern Uganda is influenced by the region's post-conflict recovery and continuing socio-economic challenges. Some communities experience limitations in access to health services, educational resources and other forms of social support. Such conditions can affect the availability of adolescent-responsive reproductive health information and services. Interventions in the region have

included community health education, HIV testing and counselling, gender-based violence awareness and referral mechanisms, alongside efforts to strengthen health facilities and community-based support systems (Atuyambe et al., 2022). These interventions demonstrate that addressing adolescent sexual and reproductive health requires cooperation between educational institutions, health services, families and community structures.

Within Amuru District, adolescent reproductive health challenges remain relevant to educational and community development. In Lamogi Sub-county, schools constitute an important environment for providing pupils with age-appropriate information concerning puberty, personal safety, healthy relationships, peer influence, early pregnancy, STIs, abstinence and appropriate help-seeking. Sexuality education may also help learners distinguish between safe and unsafe situations, recognise inappropriate sexual contact and understand available reporting and support mechanisms. Evidence from the area has highlighted the importance of strengthening access to reproductive health information and education among young people (Otika et al., 2024). It is against this local context that the present study examines the influence of sexuality education on pupils' sexual behaviour in primary schools in Lamogi Sub-county.

1.2 Problem Statement

Pupils' sexual behaviour remains a concern in Uganda because early and unsafe sexual activities may expose learners to teenage pregnancy, sexually transmitted infections (STIs), school dropout and other negative outcomes. Although sexuality education programmes have been introduced to provide learners with appropriate knowledge, attitudes and skills, challenges such as peer influence, poverty, inadequate parental guidance and limited access to reliable information continue to affect pupils' sexual behaviour (Ninsiima et al., 2021; Widman et al., 2022). In Northern Uganda, these challenges are further influenced by socio-economic difficulties and limited access to some health and social services (Atuyambe et al., 2022). In Amuru District, concerns related to teenage pregnancy, early marriage and school dropout continue despite interventions by schools, government and other stakeholders (Otika et al., 2024). However, there was limited empirical evidence on the relationship between sexuality education and pupils' sexual behaviour in primary schools in Lamogi Sub-county. Therefore, this study examined the influence of sexuality education on pupils' sexual behaviour in primary schools in Lamogi Sub-county, Amuru District.

1.3 Purpose of the Study

The purpose of the study was to examine the influence of sexuality education on pupils' sexual behaviour in primary schools in Lamogi Sub-county, Amuru District.

1.4 Specific Objectives

The study was guided by the following specific objectives:

i. To assess the level of implementation of sexuality education in primary schools in Lamogi Sub-county, Amuru District.

ii. To examine the status of pupils' sexual behaviour in primary schools in Lamogi Sub-county, Amuru District.

iii. To establish the relationship between sexuality education and pupils' sexual behaviour in primary schools in Lamogi Sub-county, Amuru District.

1.5 Research Questions

i. What is the level of implementation of sexuality education in primary schools in Lamogi Sub-county, Amuru District?

ii. What is the status of pupils' sexual behaviour in primary schools in Lamogi Sub-county, Amuru District?

iii. What is the relationship between sexuality education and pupils' sexual behaviour in primary schools in Lamogi Sub-county, Amuru District?

1.6 Hypothesis

H_0: There is no statistically significant relationship between sexuality education and pupils' sexual behaviour in primary schools in Lamogi Sub-county, Amuru District.

1.7 Scope of the Study

1.7.1 Content Scope

The study focused on sexuality education as the independent variable and pupils' sexual behaviour as the dependent variable in primary schools in Lamogi Sub-county, Amuru District. Specifically, the study assessed the level of implementation of sexuality education, examined the status of pupils' sexual behaviour and established the relationship between sexuality education and pupils' sexual behaviour. Sexuality education was examined in terms of knowledge, attitudes, skills and access to sexuality-related information, while pupils' sexual behaviour was examined in relation to decision-making, exposure to risky sexual practices and other age-inappropriate sexual behaviours relevant to the study.

1.7.2 Geographical Scope

The study was conducted in ten selected primary schools in Lamogi Sub-county, Amuru District, Northern Uganda. The study area was selected because of the continuing relevance of adolescent reproductive health concerns, including teenage pregnancy, early marriage and school dropout. The selected primary schools provided an appropriate setting for examining the implementation of sexuality education and its relationship with pupils' sexual behaviour within the local context.

1.7.3 Time Scope

The study covered the period from 2020 to 2025. This period was selected because it includes the COVID-19 pandemic and the subsequent period of school reopening, during which prolonged school closures and changes in children's daily environments generated concerns about educational disruption and child protection. The period also provides a recent basis for examining the implementation of sexuality education and pupils' sexual behaviour in the study area.

1.8 Significance of the Study

The study may benefit pupils by contributing evidence on the importance of age-appropriate sexuality education in promoting knowledge, responsible decision-making and personal safety. The findings may help identify areas in which learners require additional information and skills concerning relationships, puberty, personal boundaries, reproductive health and appropriate help-seeking.

The study may also benefit teachers and school administrators by providing evidence on the implementation of sexuality education in primary schools. The findings may help schools identify gaps in the delivery of sexuality education and strengthen classroom-based and school-wide approaches that respond appropriately to learners' developmental needs.

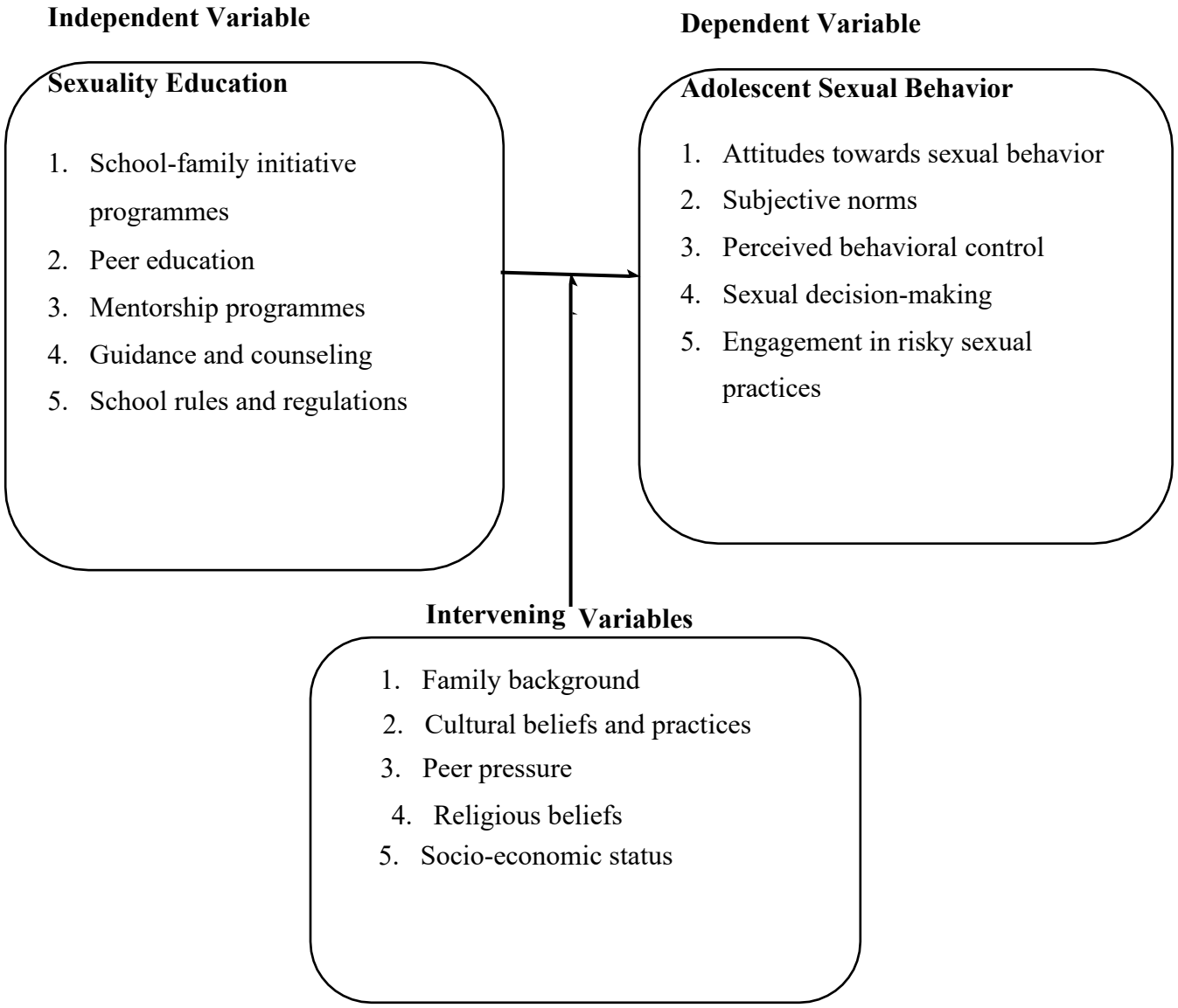
The findings may further benefit parents and community members by highlighting the importance of collaboration between families, schools and community structures in guiding children on age-appropriate issues concerning relationships, personal safety and reproductive health. Such collaboration may strengthen communication between adults and children and provide learners with reliable sources of information and support.

The study may also be useful to policymakers, education authorities, health workers and development partners by providing locally generated evidence on sexuality education and pupils' sexual behaviour. The findings may inform the design, implementation and strengthening of school-based and community-based interventions aimed at addressing teenage pregnancy, STIs, early marriage, school dropout and other challenges affecting children and adolescents.

Finally, the study may contribute to academic and research knowledge by providing evidence from Lamogi Sub-county, Amuru District. The findings may serve as a reference for future researchers interested in sexuality education, child protection, adolescent reproductive health, school participation and related educational and public health issues in Northern Uganda.

1.9 Conceptual Framework

The conceptual framework shows the relationship between sexuality education (independent variable) and pupils' sexual behaviour (dependent variable), with parental guidance, peer influence, culture and socio-economic conditions as intervening factors.



Source: Adapted from Social Cognitive Theory by Bandura (1986) and modified by the researcher (2025).

Figure 1: Conceptual Framework

Source: Adapted from Social Cognitive Theory by Bandura (1986) and modified by the researcher (2025). Figure 1: Conceptual Framework. The conceptual framework illustrates the assumed relationship between sexuality education as the independent variable, comprising school-family initiatives, peer education, mentorship, guidance and counselling, and school rules and regulations, and adolescent sexual behaviour as the dependent variable, measured through attitudes, subjective norms, perceived behavioural control, sexual decision-making and engagement in risky sexual practices. The framework assumes that effective sexuality education equips pupils with knowledge, values and life skills that promote responsible sexual decision-making and reduce risky sexual behaviour (Goldfarb & Lieberman, 2021; Brömdal et al., 2021). However, this relationship may be influenced by intervening factors such as family background, cultural beliefs, peer pressure, religious beliefs and socio-economic status, which may strengthen or weaken the effect of sexuality education on pupils' sexual behaviour (Kirkman et al., 2022).

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This chapter reviews literature thematically according to the study objectives. It focuses on the level of sexuality education in primary schools, the status of pupils' sexual behaviour, and the relationship between sexuality education and pupils' sexual behaviour. The review also identifies gaps in the existing literature that justify the present study in Lamogi Sub-county, Amuru District.

2.1 The Level of Sexuality Education in Primary Schools

Sexuality education is increasingly recognised as an important component of child development and health promotion. It provides learners with knowledge, attitudes and skills related to human development, relationships and reproductive health. Ninsiima et al. (2020) found that sexuality education improves learners' understanding of puberty and reproductive health, while Kemigisha et al. (2019) associated it with improved awareness of teenage pregnancy and STIs. However, much of this evidence focuses on adolescents generally rather than primary school pupils, leaving limited evidence on the actual level of sexuality education among pupils in specific rural settings such as Lamogi Sub-county.

Globally, sexuality education has been incorporated into school programmes to improve children's knowledge, communication and decision-making skills. Goldfarb and Lieberman (2021) reported that comprehensive sexuality education improves reproductive health knowledge, while Haberland and Rogow (2018) found improvements in communication and gender-related attitudes. UNESCO (2021) also emphasised the contribution of sexuality education to healthier behavioural choices. However, global evidence may not adequately reflect the cultural, educational and resource conditions of rural Ugandan primary schools, creating a contextual gap that the present study seeks to address.

In Africa, sexuality education has gained attention because of concerns about teenage pregnancy, HIV/AIDS and sexual violence. Mufune (2020) observed that several African countries have introduced sexuality education programmes, although implementation is affected by cultural and religious barriers. Chandra-Mouli et al. (2019) further reported that many programmes concentrate on biological reproduction while giving less attention to broader issues such as consent and

relationships. However, these studies provide limited evidence on how sexuality education is implemented at primary school level in Northern Uganda, particularly in Amuru District.

Evidence from East Africa indicates that sexuality education remains inconsistently implemented. Wambua (2020) found that some teachers lack confidence in discussing sexuality-related topics, while Njue and Nzioka (2021) identified parental resistance as a barrier. Komba and Mwandanji (2020) also linked inadequate teaching materials to weak implementation. However, much of this evidence examines general implementation challenges without measuring the level of sexuality education using specific dimensions such as knowledge, attitudes, skills and access to information among primary school pupils.

In Uganda, sexuality education is guided by national policy frameworks intended to provide learners with age-appropriate knowledge and life skills. Kagoda and Sentongo (2019) found that implementation remains inadequate in some primary schools, while Mukasa (2020) reported that sexuality education is often integrated into other subjects. Nanyonjo et al. (2021) also found that schools allocate limited time to sexuality-related activities. However, these studies do not sufficiently establish the current level of sexuality education in primary schools in Lamogi Sub-county, creating a local empirical gap.

Teacher preparedness is an important factor in sexuality education implementation. Muweesi and Khan (2022) found that some primary school teachers lack specialised training, while Acheng Jameto (2017) observed that teachers may rely on personal and cultural beliefs when discussing sexuality. Kemigisha et al. (2019) found that trained teachers provide broader and more accurate information. Nevertheless, existing studies give limited attention to how teacher preparedness affects the actual delivery of sexuality education in rural primary schools in Amuru District, which this study intends to examine.

Parental attitudes can also influence the content and level of sexuality education provided in schools. Kaduyu and Yawe (2022) found that some parents support teaching about hygiene and puberty but resist discussions about contraception and sexual relationships. Bweyale and Sekaye (2024) similarly reported that cultural and religious beliefs shape parental perceptions. However, there is limited empirical evidence on how parental attitudes influence the implementation of sexuality education specifically in primary schools in Lamogi Sub-county.

Community perceptions may further affect sexuality education programmes. Bweyale and Sekaye (2024) found that some communities perceive sexuality education as inconsistent with traditional

values, while Chandra-Mouli et al. (2019) identified misconceptions as a barrier to implementation. Wambua (2020) also reported that community leaders may discourage open discussions about sexual health. However, these studies provide limited evidence on the specific community factors affecting sexuality education in Amuru District, leaving a contextual gap addressed by this study.

Availability of teaching and learning resources is another determinant of programme implementation. Muweesi and Khan (2022) found that some primary schools lack adequate teaching materials, while Komba and Mwandanji (2020) noted that overcrowded classrooms reduce opportunities for interactive learning. Chavula (2022) further observed that adequate resources improve programme delivery. However, there is insufficient evidence on the availability and use of sexuality education materials in primary schools in Lamogi Sub-county.

Evidence also indicates that structured sexuality education programmes can improve learners' knowledge and attitudes. Kemigisha et al. (2019) reported improved reproductive health knowledge among learners exposed to sexuality education, while Goldfarb and Lieberman (2021) found improvements in informed decision-making. However, most studies assess programme outcomes rather than first establishing the actual level of implementation. This creates a methodological gap because effective outcomes cannot be fully understood without assessing the extent to which sexuality education is actually provided.

Differences between rural and urban schools may also affect access to sexuality education. Nanyonjo et al. (2021) found that rural schools often face greater shortages of trained teachers and instructional materials. Mukasa (2020) similarly reported better access to educational resources in urban schools. However, these comparisons provide limited evidence about the specific conditions of rural primary schools in Lamogi Sub-county. The present study therefore seeks to provide location-specific evidence on the level of sexuality education.

Overall, the literature shows that sexuality education remains unevenly implemented because of inadequate teacher preparation, limited resources, parental resistance and cultural concerns. However, there is a clear empirical and contextual gap regarding the actual level of sexuality education among primary school pupils in Lamogi Sub-county, Amuru District. The present study addresses this gap by assessing sexuality education in terms of its implementation, knowledge, attitudes, skills and access to relevant information.

2.2 The Status of Pupils' Sexual Behaviour in Primary Schools

Pupils' sexual behaviour has become a growing concern because early sexual activity may expose children to pregnancy, STIs, exploitation and school dropout. WHO (2021) associates early sexual initiation with increased reproductive health risks, while UNESCO (2018) links inadequate sexual health knowledge with risky behaviour. However, much of the available literature focuses on adolescents as a broad age group rather than primary school pupils, creating an age-specific gap in understanding sexual behaviour among younger learners.

Globally, young people's sexual behaviour is influenced by peer groups, family relationships, media and the wider social environment. Kirby (2017) identified peer influence as an important factor in sexual decision-making, while Santelli et al. (2018) linked inadequate parental supervision to early sexual experimentation. UNFPA (2021) also highlighted the influence of digital media on young people's attitudes. However, these studies provide limited evidence on how these influences operate among primary school pupils in rural Ugandan communities.

In Africa, sexual behaviour is shaped by cultural, social and economic circumstances. Ninsiima et al. (2020) found that cultural restrictions can limit communication about sexuality, while Mufune (2020) associated poverty with increased vulnerability to risky sexual practices. Mmari and Blum (2018) also identified gender norms as an influence on sexual decision-making. However, the available evidence does not adequately explain the status of sexual behaviour among primary school pupils in Northern Uganda.

Studies in East Africa have reported concerns about early sexual activity among young adolescents. Namisi et al. (2019) reported sexual activity among some adolescents aged 10–14 years, while Kilemba and Kilonzo (2018) identified peer influence as an important factor. Mukoma and Flisher (2021) noted that some programmes focus heavily on abstinence while giving limited attention to broader reproductive health issues. However, these studies provide limited district-level evidence on primary school pupils in Amuru District.

In Uganda, sexual behaviour among young people remains an important educational and public health issue. MoES (2020) reported concerns about sexual activity among school-going adolescents, while UBOS and ICF (2023) identified differences between rural and urban settings. Nalugoda et al. (2019) also linked socio-economic circumstances with vulnerability to risky behaviour. However, nationally representative findings cannot adequately explain the specific situation of pupils in Lamogi Sub-county, creating a local evidence gap.

Peer pressure is frequently identified as an influence on pupils' sexual behaviour. Nanyonjo et al. (2021) found that some learners engage in sexual experimentation because of peer influence, while Atuyambe et al. (2020) reported that adolescents may imitate behaviours observed among peers. However, these findings do not establish the extent to which peer influence affects sexual behaviour among primary school pupils in Lamogi Sub-county.

Family relationships also influence children's sexual behaviour. Nalugoda et al. (2019) found that unstable family environments may increase vulnerability, while Atuyambe et al. (2020) linked poor parent-child communication with limited access to reproductive health information. Baku et al. (2018) found that supportive parenting can protect young people from risky behaviours. However, limited research has examined the role of family factors alongside sexuality education among pupils in Lamogi Sub-county.

Media exposure is another factor affecting young people's sexual attitudes and behaviour. UNFPA (2021) reported that social media increases young people's exposure to sexual content, while Wandera et al. (2017) associated inappropriate media exposure with curiosity and experimentation. However, there is limited local evidence showing the extent to which media exposure affects the sexual behaviour of primary school pupils in rural communities of Amuru District.

School factors also influence pupils' sexual behaviour. Kagoda and Sentongo (2019) found that inadequate sexuality education may limit learners' ability to make informed decisions, while Kemigisha et al. (2019) reported better outcomes where trained teachers were involved. However, existing studies do not sufficiently establish the status of pupils' sexual behaviour in relation to the implementation of sexuality education in Lamogi Sub-county. This creates an important empirical gap for the present study.

Overall, the literature indicates that pupils' sexual behaviour is influenced by multiple factors, including peers, family, media, socio-economic conditions and school environments. However, there is limited empirical evidence on the actual status of sexual behaviour among primary school pupils in Lamogi Sub-county, Amuru District. The present study addresses this gap by examining pupils' sexual behaviour within the specific school and community context.

2.3 Relationship Between Sexuality Education and Pupils' Sexual Behaviour in Primary Schools

Sexuality education may influence pupils' sexual behaviour by providing accurate information about human development, relationships and reproductive health. Kim (2023) found that learners receiving sexuality education demonstrate better knowledge of sexual health issues, while WHO (2023) reported that appropriate sexuality education can support delayed sexual initiation. However, much of the available evidence concerns adolescents generally, leaving limited evidence on primary school pupils in specific rural Ugandan settings.

Sexuality education can influence pupils' attitudes towards relationships and responsible behaviour. Li (2017) found that structured sexuality education improves attitudes towards responsible sexual behaviour, while Wang et al. (2023) reported improvements in understanding healthy relationships and personal boundaries. However, these studies provide limited evidence on whether similar relationships exist among primary school pupils in Lamogi Sub-county.

Sexuality education may also contribute to delaying sexual initiation. WHO (2023) reported that comprehensive programmes can support young people in postponing sexual activity, while Osadolor (2022) associated improved knowledge with better decision-making and resistance to peer pressure. However, there remains insufficient local evidence on whether sexuality education is associated with delayed sexual activity among primary school pupils in Amuru District.

Another potential relationship concerns risky sexual behaviour. Li (2017) found that sexuality education improves understanding of STIs and prevention, while Wang et al. (2023) reported improved ability to assess risky situations. However, existing studies do not sufficiently establish whether the level of sexuality education is statistically associated with pupils' sexual behaviour in Lamogi Sub-county. This represents an important empirical gap addressed by the current study.

Sexuality education may also strengthen pupils' ability to resist peer pressure. Niland (2024) reported that communication and refusal skills can help learners respond to peer pressure, while Chavula (2022) linked sexuality education with improved critical thinking. However, limited evidence is available on the extent to which these skills influence sexual behaviour among primary school pupils in rural Northern Uganda.

Sexuality education can promote healthy interpersonal relationships by teaching respect, communication and personal boundaries. Wang et al. (2023) found that such education improves

understanding of healthy relationships, while WHO (2023) emphasised the importance of relationship skills. However, most studies have been conducted outside the specific context of Amuru District, creating a contextual gap regarding how these relationships operate among local primary school pupils.

Gender-sensitive sexuality education may also influence behavioural outcomes by addressing the different experiences and needs of boys and girls. Chavula (2022) found that gender-responsive approaches can improve learner engagement, while WHO (2023) emphasised the importance of addressing gender-related inequalities. However, limited local research has examined whether gender-sensitive sexuality education contributes to differences in pupils' sexual behaviour in Lamogi Sub-county.

Teacher competence may determine how sexuality education translates into behavioural outcomes. Simmonds (2019) found that trained educators create supportive environments for discussing sensitive issues, while Wang et al. (2023) linked teacher competence with better learner understanding. However, there is limited evidence on whether teacher preparedness influences the relationship between sexuality education and pupils' sexual behaviour in Amuru District.

Parental and community involvement may strengthen the relationship between sexuality education and pupils' behaviour. Niland (2024) reported better outcomes where parents participate in sexuality education initiatives, while Chavula (2022) found that community support improves programme acceptance. However, the specific contribution of parents and communities to sexuality education and pupils' behaviour in Lamogi Sub-county remains inadequately documented.

Overall, existing literature generally indicates that sexuality education is associated with improved knowledge, attitudes, decision-making and safer sexual behaviour. However, there is a clear empirical gap concerning the statistical relationship between sexuality education and pupils' sexual behaviour in primary schools in Lamogi Sub-county, Amuru District. Most existing studies focus on adolescents generally, other geographical settings or programme outcomes rather than the specific relationship between the two variables. The present study therefore seeks to establish this relationship within the local primary school context.

CHAPTER THREE

METHODOLOGY

3.0 Introduction

This chapter presents the methodology used in the study. It describes the research approach, research design, study population, sample size, sampling techniques, data collection methods and instruments, quality control, ethical considerations, administration procedures and data analysis techniques.

3.1 Research Approach

The study adopted a mixed-methods approach, combining quantitative and qualitative methods. The quantitative approach enabled the researcher to collect numerical data and establish patterns and relationships among the study variables, while the qualitative approach provided detailed views and experiences from participants (Cohen et al., 2018). Combining the two approaches enabled triangulation and provided a broader understanding of sexuality education and pupils' sexual behaviour.

3.2 Research Design

The study adopted a convergent mixed-methods design. Quantitative and qualitative data were collected during the same period and analysed separately before being compared and integrated (Creswell & Plano Clark, 2018). Questionnaires were used to collect quantitative data, while interviews provided qualitative information. The study was also cross-sectional, as data were collected from the selected respondents at one point in time.

3.3 Study Population

The target population comprised 1,630 participants, including 30 head teachers, 400 teachers and 1,200 pupils in primary schools in Lamogi Sub-county, Amuru District. Head teachers were included because of their administrative responsibilities and knowledge of school programmes, teachers because of their direct involvement with learners, and pupils in Primary Five to Primary Seven because they were the focus of the study and could provide information relevant to the research objectives.

3.4 Sample Size Determination

The sample size was determined using the Krejcie and Morgan (1970) sample size determination table. The study selected 218 pupils, 88 teachers and 10 head teachers, giving a total sample of 316 respondents.

Table 1: Sampling Frame

Category	Population	Sample Size	Sampling Technique
Pupils	1,200	218	Simple random
Teachers	400	88	Simple random
Head teachers	30	10	Purposive
Total	**1,630**	**316**	

Source: Researcher's Sampling Frame, 2026.

3.5 Sampling Techniques

The study used both probability and non-probability sampling techniques. Simple random sampling was used to select pupils and teachers because they formed relatively large groups and each eligible participant had an equal chance of selection. The lottery method was used by assigning identification numbers to eligible participants and randomly selecting the required numbers. Purposive sampling was used to select head teachers because they possessed specific administrative information relevant to sexuality education implementation in their schools.

3.6 Data Collection Methods

The study used questionnaires, interviews and document review to collect data. Questionnaires generated quantitative information from pupils and teachers, while interviews provided qualitative information from selected key informants. Relevant school documents were also reviewed where necessary to supplement primary data and support triangulation.

3.6.1 Questionnaire Survey

Quantitative data were collected using self-administered structured questionnaires. The questionnaires contained closed-ended items measured using a five-point Likert scale ranging from 1 = Strongly Disagree to 5 = Strongly Agree. The questions focused on the implementation of sexuality education and pupils' sexual behaviour.

3.6.2 Interview Guide

Qualitative data were collected using semi-structured interviews with selected head teachers. The interview guide contained open-ended questions and probing questions to obtain detailed information about the implementation of sexuality education and pupils' sexual behaviour. Interviews complemented questionnaire findings and provided explanations that could not be adequately captured through closed-ended questions.

3.7 Quality Control

Quality control was undertaken to ensure that the research instruments generated accurate and consistent data. The questionnaires and interview guide were pre-tested in a primary school outside the selected study schools. Feedback from the pre-test was used to revise unclear, ambiguous or repetitive questions before the actual data collection.

3.7.1 Validity

Validity refers to the extent to which an instrument measures what it is intended to measure (Amin, 2005). The instruments were reviewed to ensure that the items adequately represented the study objectives and variables. The researcher also used triangulation of questionnaires, interviews and document review to strengthen the credibility of the findings.

3.7.2 Reliability

Reliability refers to the consistency of an instrument in measuring a particular concept (Cohen et al., 2018). The questionnaire was pre-tested among respondents who were not included in the final study. The reliability of the Likert-scale items was assessed using Cronbach's alpha, with a coefficient of 0.70 or above considered acceptable for the study.

3.8 Ethical Considerations

The study observed ethical principles throughout the research process. Permission to conduct the study was obtained from the relevant authorities, while participants were informed about the purpose of the study before participation. Participation was voluntary, and confidentiality and privacy were maintained. No participant's identity was disclosed in the presentation of the findings.

3.9 Administration Procedure

The researcher obtained an introductory letter from Gulu University and presented it to the relevant authorities before commencing data collection. Research assistants were trained on the administration of questionnaires and the conduct of interviews. The researcher then coordinated data collection, checked completed instruments and ensured that the research procedures were followed consistently.

3.10 Data Analysis

Quantitative data were coded, entered, cleaned and analysed using SPSS Version 25.0. Descriptive statistics, including frequencies, percentages, means and standard deviations, were used to summarise respondents' characteristics and assess the level of sexuality education and pupils' sexual behaviour. The results were presented in tables and explained using concise narratives.

Pearson Product-Moment Correlation Coefficient was used to establish the relationship between sexuality education and pupils' sexual behaviour. The significance of the relationship was tested at the 0.05 level of significance. The correlation results were presented in tables and interpreted according to the direction and strength of the relationship.

Qualitative data from interviews were analysed using thematic analysis. Interview responses were transcribed, coded and grouped into themes and sub-themes based on recurring ideas and patterns. The qualitative findings were presented narratively and used to complement and explain the quantitative results.

CHAPTER FOUR

DATA PRESENTATION, ANALYSIS AND INTERPRETATION

4.0 Introduction

This chapter presents, analyzes, and interprets the findings of the study on the influence of sexuality education on adolescent sexual behavior in primary schools in Amuru District. The findings are presented in line with the study objectives and research questions. Specifically, the chapter examines the level of sexuality education in primary schools, the status of pupils' sexual behavior, and the relationship between sexuality education and pupils' sexual behavior. Data were collected from teachers and learners using questionnaires and analyzed using descriptive and inferential statistical techniques.

The chapter begins with the presentation of respondents' demographic characteristics, followed by findings on the level of sexuality education and the status of pupils' sexual behavior in primary schools. Finally, the chapter presents the results of the correlation analysis conducted to establish the relationship between sexuality education and pupils' sexual behavior in Amuru District. The findings are presented using frequencies, percentages, means, standard deviations, and correlation coefficients, accompanied by interpretation and discussion of the results.

4.1 Demographic Characteristics of Respondents

This section presents the demographic characteristics of respondents who participated in the study. The characteristics examined included gender, age, level of education, class level, living arrangement, and position held in the school. These characteristics were considered important because they provide background information about the respondents and facilitate a better understanding of the context within which sexuality education and pupils' sexual behavior were examined. The demographic findings are presented separately for teachers and learners.

Table 2:Demographic Characteristics of Teacher Respondents (N = 88)

Variable	Category	Frequency (f)	Percentage (%)
Gender	Male	52	59.1
	Female	36	40.9
	Total	**88**	**100.0**
Age Bracket	20–29 years	18	20.5
	30–39 years	34	38.6
	40–49 years	24	27.3
	50 years and above	12	13.6
	Total	**88**	**100.0**
Level of Education	Diploma	26	29.5
	Bachelor's Degree	50	56.8
	Master's Degree	12	13.6
	Total	**88**	**100.0**
Position Held	Classroom Teacher	48	54.5
	Class Teacher	18	20.5
	Head of Department	10	11.4
	Senior Man Teacher	6	6.8
	Senior Woman Teacher	6	6.8
	Total	**88**	**100.0**

Source: Primary Data (2026)

The findings in Table 4.1 indicate that the majority of teacher respondents were male, accounting for 52 respondents (59.1%), while female teachers constituted 36 respondents (40.9%). This suggests that males dominated the teaching workforce in the selected primary schools. The presence of both male and female teachers was important because it provided diverse perspectives on sexuality education and adolescent sexual behavior. The findings further suggest that learners were exposed to both male and female role models within the school environment.

Regarding age, the largest proportion of teachers were aged between 30 and 39 years, accounting for 34 respondents (38.6%). This was followed by teachers aged 40–49 years who constituted 24 respondents (27.3%), while those aged 20–29 years accounted for 18 respondents (20.5%). Teachers aged 50 years and above formed the smallest category at 12 respondents (13.6%). These findings imply that most teachers were in their active professional years and therefore likely to possess sufficient experience and maturity necessary for handling sexuality education matters among learners.

The findings on educational qualifications reveal that the majority of teachers possessed Bachelor's Degrees, accounting for 50 respondents (56.8%). Diploma holders constituted 26 respondents (29.5%), while only 12 respondents (13.6%) had attained Master's Degrees. This indicates that the teaching staff were generally qualified and capable of implementing educational programs effectively. Higher levels of education among teachers are likely to enhance their understanding of sexuality education and improve their ability to communicate sensitive information to learners appropriately.

Concerning position held, most respondents were classroom teachers, accounting for 48 respondents (54.5%). Class teachers constituted 18 respondents (20.5%), while heads of department accounted for 10 respondents (11.4%). Senior Man Teachers and Senior Woman Teachers each represented 6 respondents (6.8%). The dominance of classroom teachers implies that the study largely captured views from respondents who interact directly with learners on a daily basis and are therefore well placed to provide information regarding sexuality education implementation and learners' behavior.

Table 3: Demographic Characteristics of Learner Respondents (N = 218)

Variable	Category	Frequency (f)	Percentage (%)
Gender	Male	110	50.5
	Female	108	49.5
	Total	**218**	**100.0**
Age Bracket	10–12 years	58	26.6
	13–15 years	96	44.0
	16 years and above	64	29.4
	Total	**218**	**100.0**
Class Level	Primary Five (P5)	50	22.9
	Primary Six (P6)	80	36.7
	Primary Seven (P7)	88	40.4
	Total	**218**	**100.0**
Living Arrangement	Both Parents	126	57.8
	Single Parent	58	26.6
	Guardian/Relative	34	15.6
	Total	**218**	**100.0**
Position Held	Prefect	38	17.4
	Class Monitor	60	27.5
	Ordinary Student	120	55.0
	Total	**218**	**100.0**

Source: Primary Data (2026)

The findings in Table 3 show that learner respondents were almost equally distributed by gender, with males accounting for 110 respondents (50.5%) and females accounting for 108 respondents (49.5%). This balanced representation implies that views from both male and female learners were adequately captured in the study.

The age distribution revealed that the majority of learners were aged between 13 and 15 years, accounting for 96 respondents (44.0%). Learners aged 16 years and above constituted 64 respondents (29.4%), while those aged 10–12 years accounted for 58 respondents (26.6%). The findings suggest that most respondents were within the adolescent age bracket, which is a critical stage characterized by physical, emotional, and social changes. The presence of learners aged 16 years and above may be attributed to late school enrolment, repetition of classes, or interruptions in schooling.

Regarding class level, the majority of learners were in Primary Seven, accounting for 88 respondents (40.4%), followed by Primary Six with 80 respondents (36.7%) and Primary Five with 50 respondents (22.9%). This implies that most respondents were in upper primary classes and were therefore likely to have greater exposure to sexuality education programs and school activities.

The findings further indicate that the majority of learners, 126 respondents (57.8%), lived with both parents, while 58 respondents (26.6%) lived with a single parent and 34 respondents (15.6%) lived with guardians or relatives. Living arrangements are important because they influence the level of parental guidance and supervision available to learners. In terms of positions held, most respondents were ordinary students, accounting for 120 respondents (55.0%), followed by class monitors at 60 respondents (27.5%) and prefects at 38 respondents (17.4%). These findings suggest that while the majority of learners did not hold formal leadership positions, a considerable proportion were involved in school leadership, which may influence their responsibility levels and participation in school programs.

4.2 Research Question I: What is the Level of Sexuality Education in Primary Schools in Amuru District?

This research question sought to assess the level of sexuality education in primary schools in Amuru District. Learners were asked to indicate their level of agreement with statements relating to various aspects of sexuality education. The findings are presented in Table 4.

Table 4: Mean and Standard Deviation for Sexuality Education Showing Responses of Pupils (N = 218)

Construct	Item Statement	Range (1–5)	Mean	SD
Peer Education	Learners are involved in peer-led sexuality education sessions	1–5	2.30	0.82
	Schools organize peer group discussions on sexuality issues	1–5	2.10	0.79
	Peer educators are trained to guide fellow learners	1–5	2.20	0.85
Sub-Mean			**2.20**	**0.82**
Sexuality Orientation	Learners are oriented on sexuality matters at school entry	1–5	2.00	0.77
	Schools provide introductory lessons on sexuality education	1–5	2.10	0.80
	Orientation includes discussions on adolescent development	1–5	2.05	0.78
Sub-Mean			**2.05**	**0.78**
Sexuality Education Programmes	Schools have structured sexuality education programmes	1–5	1.90	0.74
	Sexuality topics are included in the school timetable	1–5	2.00	0.76
	External facilitators support sexuality education programmes	1–5	1.85	0.73
Sub-Mean			**1.92**	**0.74**
Guidance and Counselling	Teachers provide guidance on sexuality-related issues	1–5	2.30	0.88
	Schools have active counselling sessions for learners	1–5	2.20	0.85
	Learners seek counselling on sexual health concerns	1–5	2.25	0.86
Sub-Mean			**2.25**	**0.86**
Debating on Sexuality Issues	Schools organize debates on sexuality topics	1–5	1.80	0.70
	Learners actively participate in sexuality discussions	1–5	1.90	0.72
	Debate clubs include sexuality-related issues	1–5	1.85	0.71
Sub-Mean			**1.85**	**0.71**
Safe and Unsafe Body Touch Knowledge	Learners are taught about safe and unsafe body touches	1–5	2.40	0.90
	Teachers explain how to report inappropriate touching	1–5	2.30	0.88
	Learners understand personal body safety boundaries	1–5	2.35	0.89
Sub-Mean			**2.35**	**0.89**
Radio Talk Shows on Sexuality	Learners access radio programs discussing sexuality	1–5	1.70	0.68
	Schools encourage listening to sexuality talk shows	1–5	1.80	0.69
	Radio discussions reinforce school sexuality education	1–5	1.75	0.67
Sub-Mean			**1.75**	**0.68**
Mentorship Programmes	Schools have mentorship programmes on sexuality	1–5	2.10	0.81
	Mentors guide learners on sexual behaviour and decisions	1–5	2.00	0.79
	Role models are invited to talk about sexuality issues	1–5	2.05	0.80
Sub-Mean			**2.05**	**0.80**
School–Family Initiatives	Parents are involved in sexuality education discussions	1–5	2.20	0.84
	Schools collaborate with families on child sexuality education	1–5	2.10	0.82
	Communication between school and parents on sexuality is encouraged	1–5	2.15	0.83
Sub-Mean			**2.15**	**0.83**
Grand Mean			**2.06**	**0.79**

Decision Rule: 1.00–2.49 = Low Level, 2.50–3.49 = Moderate Level, 3.50–5.00 = High Level

Source: Primary Data (2026)

The findings in Table 4 revealed a grand mean of 2.06 and a standard deviation of 0.79, indicating a low level of sexuality education in primary schools in Amuru District. Since the grand mean was below the benchmark of 2.50, it implies that sexuality education activities were inadequately implemented across the sampled schools. The low standard deviation suggests that respondents had similar perceptions regarding the limited provision of sexuality education.

Among the constructs assessed, safe and unsafe body touch knowledge (M = 2.35, SD = 0.89), guidance and counselling (M = 2.25, SD = 0.86), and peer education (M = 2.20, SD = 0.82) recorded relatively higher mean scores. This implies that these aspects of sexuality education were practiced more frequently than the others, although their implementation remained low. School–family initiatives, sexuality orientation, and mentorship programmes also recorded low mean scores, suggesting limited parental involvement, inadequate learner orientation, and insufficient mentorship opportunities.

The lowest mean scores were recorded under sexuality education programmes (M = 1.92, SD = 0.74), debating on sexuality issues (M = 1.85, SD = 0.71), and radio talk shows on sexuality (M = 1.75, SD = 0.68). This indicates that structured sexuality education programmes, sexuality debates, and media-based sexuality education were rarely implemented in the schools. Overall, the findings imply that sexuality education in primary schools in Amuru District was inadequate and requires strengthening through improved programme implementation, teacher support, and greater involvement of parents and other stakeholders.

Table 5: Mean and Standard Deviation for Level of Sexuality Education Showing Responses of Teachers (N = 88)

Construct	Item Statement	Range (1–5)	Mean (M)	(SD)
Peer Education	Learners are involved in peer-led sexuality education sessions	1–5	4.10	0.68
	Schools organize peer group discussions on sexuality issues	1–5	4.00	0.70
	Peer educators are trained to guide fellow learners	1–5	4.20	0.65
	Sub-Mean		**4.10**	**0.68**
Sexuality Orientation	Learners are oriented on sexuality matters at school entry	1–5	3.90	0.72
	Schools provide introductory lessons on sexuality education	1–5	4.00	0.69
	Orientation includes discussions on adolescent development	1–5	4.10	0.67
	Sub-Mean		**4.00**	**0.69**
Sexuality Education Programmes	Schools have structured sexuality education programmes	1–5	3.80	0.75
	Sexuality topics are included in the school timetable	1–5	3.90	0.73
	External facilitators support sexuality education programmes	1–5	3.70	0.78
	Sub-Mean		**3.80**	**0.75**
Guidance and Counselling	Teachers provide guidance on sexuality-related issues	1–5	4.20	0.66
	Schools have active counselling sessions for learners	1–5	4.10	0.68
	Learners seek counselling on sexual health concerns	1–5	4.00	0.70
	Sub-Mean		**4.10**	**0.68**
Debating on Sexuality Issues	Schools organize debates on sexuality topics	1–5	3.90	0.72
	Learners actively participate in sexuality discussions	1–5	4.00	0.70
	Debate clubs include sexuality-related issues	1–5	3.80	0.74
	Sub-Mean		**3.90**	**0.72**
Safe & Unsafe Body Touch Knowledge	Learners are taught about safe and unsafe body touches	1–5	4.30	0.60
	Teachers explain how to report inappropriate touching	1–5	4.20	0.64
	Learners understand personal body safety boundaries	1–5	4.25	0.62
	Sub-Mean		**4.25**	**0.62**
Radio Talk Shows on Sexuality	Learners access radio programs discussing sexuality	1–5	3.70	0.76
	Schools encourage listening to sexuality talk shows	1–5	3.80	0.74
	Radio discussions reinforce school sexuality education	1–5	3.75	0.75
	Sub-Mean		**3.75**	**0.75**
Mentorship Programmes	Schools have mentorship programmes on sexuality	1–5	4.00	0.70
	Mentors guide learners on sexual behaviour and decisions	1–5	4.10	0.68
	Role models are invited to talk about sexuality issues	1–5	4.00	0.69
	Sub-Mean		**4.03**	**0.69**
School–Family Initiative	Parents are involved in sexuality education discussions	1–5	3.90	0.72
	Schools collaborate with families on child sexuality education	1–5	4.00	0.70
	Communication between school and parents is encouraged	1–5	4.10	0.68

Sub-Mean	**4.00**	**0.70**
Grand Mean	**3.99**	**0.70**

Decision Rule: 1.00–2.49 = Low Level, 2.50–3.49 = Moderate Level, 3.50–5.00 = High Level

Source: Primary Data (2026)

The study examined the level of sexuality education in primary schools in Amuru District using multiple constructs measured on a five-point Likert scale. The findings presented in Table 5 revealed a grand mean of 3.99 and a standard deviation of 0.70, indicating a high level of sexuality education implementation in the sampled schools. Since the grand mean was above the benchmark of 3.50, the findings suggest that sexuality education activities and programmes were effectively implemented. The relatively low standard deviation further indicates that respondents shared similar views regarding the provision of sexuality education in their schools.

Among the constructs assessed, safe and unsafe body touch knowledge recorded the highest sub-mean (M = 4.25, SD = 0.62), followed by guidance and counselling (M = 4.10, SD = 0.68), peer education (M = 4.10, SD = 0.68), mentorship programmes (M = 4.03, SD = 0.69), and both sexuality orientation and school–family initiatives (M = 4.00). These findings imply that schools were actively providing learners with knowledge on personal safety, counselling services, peer support, mentorship opportunities, and collaboration with families. The low standard deviations suggest consistency in the implementation of these activities across the sampled schools.

The constructs of debating on sexuality issues (M = 3.90, SD = 0.72), sexuality education programmes (M = 3.80, SD = 0.75), and radio talk shows on sexuality (M = 3.75, SD = 0.75) also recorded high mean scores, although slightly lower than the other constructs. This indicates that structured sexuality education programmes, sexuality-related discussions, and media-based learning were available and contributed to learners' understanding of sexuality issues. Overall, the findings demonstrate that sexuality education was highly implemented in primary schools in Amuru District, implying that schools had established mechanisms and supportive environments for promoting learners' sexual and reproductive health knowledge.

Table 6: Independent Samples t-test and Effect Size on Sexuality Education

Variable	Group	N	Mean (M)	Std. Deviation (SD)	t-value	df	Sig. (2-tailed)	Cohen's d	Interpretation
Sexuality Education	Teachers	88	4.12	0.58	6.84	304	0.000	0.78	Moderate to Large Effect
	Pupils	218	3.78	0.63					

Source: Primary Data (2026)

The findings in Table 6 reveal a statistically significant difference between teachers and pupils regarding the level of sexuality education in primary schools in Amuru District ($t = 6.84$, $df = 304$, $p = 0.000$). Since the significance value was less than 0.05, the null hypothesis was rejected, indicating that teachers and pupils differed significantly in their perceptions of sexuality education implementation. This implies that the two groups did not experience or assess sexuality education in the same way.

The results further show that teachers reported a higher mean score ($M = 4.12$, $SD = 0.58$) than pupils ($M = 3.78$, $SD = 0.63$). This suggests that teachers perceived sexuality education to be highly implemented in schools, whereas pupils rated its implementation slightly lower. The difference may be attributed to the fact that teachers are directly involved in planning, organizing, and delivering sexuality education activities and are therefore more aware of the efforts made by schools. Pupils, on the other hand, may evaluate sexuality education based on their actual experiences and participation in the programmes.

The effect size analysis yielded a Cohen's d value of 0.78, indicating a moderate to large effect size. This demonstrates that the difference between teachers' and pupils' perceptions was not only statistically significant but also practically meaningful. Overall, the findings suggest that although sexuality education was generally perceived to be implemented in schools, there exists a notable perception gap between teachers and pupils. This highlights the need for schools to adopt more

learner-centred and participatory approaches to ensure that sexuality education initiatives are effectively experienced and understood by learners.

These findings were triangulated with opinions obtained from head teachers, senior man teachers, and senior woman teachers during interviews. The respondents were asked about their views regarding the level of sexuality education in primary schools in Amuru District, and their responses are presented verbatim in the following section.

4.2.1 Qualitative Findings on the Level of Sexuality Education in Primary Schools in Amuru District

To supplement the quantitative findings, interviews were conducted with Head Teachers, Senior Man Teachers, and Senior Woman Teachers from the selected primary schools. The qualitative data were analyzed thematically and generated four themes, namely: inadequate implementation of sexuality education, limited teacher capacity and instructional resources, cultural and parental barriers, and lack of institutional support and structured programmes.

Theme 1: Inadequate Implementation of Sexuality Education

The majority of respondents indicated that sexuality education was inadequately implemented in primary schools and was not taught as a standalone subject. Instead, sexuality-related issues were occasionally integrated into science lessons and guidance and counselling sessions. Respondents noted that such integration was often inconsistent and depended largely on individual teacher initiative. This limited learners' opportunities to acquire comprehensive knowledge and skills related to sexuality and reproductive health.

One Head Teacher explained that sexuality education was not formally embedded within school programmes and therefore received limited attention. He stated that: *"Sexuality education in our school is not formally structured as a separate subject. We try to integrate some topics during science lessons and sometimes during guidance and counselling sessions, but it is not done consistently. Teachers are often not confident to handle such sensitive topics, so coverage remains very limited."* (Head Teacher A, 2026). This finding suggests that although schools recognize the importance of sexuality education, implementation remains weak and fragmented.

Another Head Teacher similarly observed that sexuality education was rarely emphasized because teachers feared negative reactions from parents and the community. According to the respondent:

"The level of sexuality education is still low. Most teachers avoid topics related to sexuality because they fear cultural resistance from parents. In some cases, even when they try, learners are shy and do not actively participate in discussions." (Head Teacher B, 2026). This implies that both teacher hesitation and learner discomfort contribute to the low level of implementation.

The findings further revealed that learners in many schools receive only basic information relating to puberty and hygiene, while broader topics such as reproductive health, relationships, and abuse prevention are neglected. This suggests that sexuality education in primary schools is limited in scope and depth. Overall, respondents agreed that sexuality education remains underdeveloped and insufficiently integrated into everyday teaching and learning activities.

Theme 2: Limited Teacher Capacity and Instructional Resources

The second theme that emerged from the interviews was limited teacher capacity and inadequate instructional resources. Respondents reported that many teachers lacked specialized training in sexuality education and therefore felt unprepared to address sensitive sexuality-related issues. As a result, sexuality education was often delivered superficially or avoided altogether.

One Head Teacher highlighted the challenge of inadequate teacher preparation and teaching materials. The respondent explained: *"We only address issues like puberty and personal hygiene, but deeper topics such as relationships, reproductive health, and abuse prevention are not fully covered. We lack training and proper teaching materials, which affects implementation."* (Head Teacher C, 2026). This response indicates that teachers may possess basic knowledge but lack the skills and resources necessary to deliver comprehensive sexuality education effectively.

A Senior Woman Teacher also emphasized the shortage of instructional materials and training opportunities. She remarked: *"There are efforts, but they are not enough. Girls especially need more guidance on body changes and personal safety, but we lack proper materials and training to handle these topics effectively. Many teachers just talk about it briefly and move on."* (Senior Woman Teacher A, 2026). This finding suggests that learners are not receiving adequate support in addressing sexuality-related concerns, particularly those associated with adolescence.

Respondents further noted that schools lacked visual aids, manuals, and structured learning materials to support sexuality education. Consequently, teachers relied on personal knowledge and experience when discussing sexuality issues. This inconsistency in delivery limits the effectiveness of sexuality education and reduces learners' access to accurate and comprehensive information.

Theme 3: Cultural and Parental Barriers

Cultural beliefs and parental attitudes emerged as another major challenge affecting sexuality education in primary schools. Respondents reported that sexuality remains a sensitive topic within many communities, making it difficult for schools to openly discuss sexuality-related issues with learners. Fear of criticism from parents often discourages teachers from addressing certain topics.

One Senior Man Teacher explained that parental concerns significantly influence what teachers are willing to teach. According to the respondent: *"Most teachers avoid sexuality topics because they feel uncomfortable or fear complaints from parents. As a result, learners do not get enough information, and what is taught is very basic and sometimes skipped entirely."* (Senior Man Teacher B, 2026). This finding demonstrates how community perceptions can limit the effectiveness of sexuality education programmes.

Similarly, a Senior Woman Teacher observed that sexuality education continues to face stigma within schools and communities. She stated: *"There is still stigma around discussing sexuality issues in primary schools. Both teachers and parents sometimes see it as a sensitive or inappropriate topic, which affects how it is delivered. However, learners are exposed to many challenges, so it is important that we address it properly."* (Senior Woman Teacher C, 2026). This suggests that despite the importance of sexuality education, social norms continue to restrict open discussions on sexuality-related matters.

The respondents also indicated that cultural expectations often discourage learners from asking questions or participating actively in discussions. Consequently, many learners remain uninformed about important sexuality and reproductive health issues. These findings demonstrate that cultural and parental barriers continue to undermine efforts aimed at improving sexuality education in primary schools.

Theme 4: Lack of Institutional Support and Structured Programmes

The final theme concerned the lack of institutional support and structured sexuality education programmes. Respondents noted that sexuality education was not supported by clear implementation guidelines, timetables, or monitoring mechanisms. Consequently, schools adopted different approaches, resulting in inconsistencies in delivery.

One Head Teacher explained that the absence of clear operational guidelines affects programme implementation. He stated: *"I would say the level is generally low. There are no clear government guidelines at school level on how sexuality education should be taught in primary schools. As a result, each school handles it differently, and many avoid it completely."* (Head Teacher E, 2026). This finding suggests that the absence of standardized procedures contributes to variations in implementation across schools.

Another respondent emphasized the lack of structured sessions and counselling services. According to the respondent: *"We do not have structured sessions or specific timetables for sexuality education. Everything is integrated informally, which makes it weak. Even counselling services are not strong because we are not trained counsellors."* (Senior Man Teacher D, 2026). This implies that sexuality education lacks institutional visibility and is therefore treated as a secondary activity within schools.

However, some respondents acknowledged occasional support from external stakeholders. One Head Teacher observed: *"Although it is not fully developed, there are efforts being made. Some NGOs and health workers occasionally come to sensitize learners, but these interventions are not frequent enough to make a strong impact."* (Head Teacher F, 2026). While such interventions provide valuable support, respondents emphasized that they are irregular and insufficient to sustain long-term improvements.

Overall, the qualitative findings indicate that sexuality education in primary schools in Amuru District remains low, fragmented, and inconsistently implemented. The major challenges identified include inadequate implementation, limited teacher capacity and resources, cultural resistance, parental opposition, and weak institutional support. These findings corroborate the quantitative results, which revealed a low level of sexuality education across the sampled schools.

4.3 Research Question II: What is the Status of Pupils' Sexual Behavior in Primary Schools in Amuru District?

This research question sought to examine the status of pupils' sexual behavior in primary schools in Amuru District. Pupils were asked to indicate their level of agreement with statements relating to safe sexual behavior, sexual decision-making, sexual risk avoidance, self-control behavior, and knowledge on sexual health. The findings are presented in Table 7.

Table 7: Mean and Standard Deviation for Pupils' Sexual Behavior (N = 218)

Construct	Item Statement	Range (1–5)	Mean (M)	Std. Deviation (SD)
Safe Sexual Behaviour	I avoid engaging in risky sexual activities	1–5	2.10	0.81
	I make safe choices regarding my body	1–5	2.00	0.79
	I follow guidance on sexual safety	1–5	2.05	0.80
	Sub-Mean		**2.05**	**0.80**
Sexual Decision Making	I can make informed decisions about relationships	1–5	2.15	0.84
	I think carefully before making sexual-related decisions	1–5	2.05	0.82
	I consult adults before making sexual decisions	1–5	1.95	0.78
	Sub-Mean		**2.05**	**0.81**
Sexual Risk Avoidance	I avoid unsafe environments that may lead to abuse	1–5	2.00	0.80
	I know how to protect myself from sexual risk	1–5	2.10	0.83
	I avoid strangers who may harm me	1–5	2.05	0.81
	Sub-Mean		**2.05**	**0.81**
Self-Control Behaviour	I control my emotions in situations related to sexuality	1–5	2.20	0.85
	I resist peer pressure on sexual matters	1–5	2.10	0.82
	I avoid behaviours that may expose me to sexual risk	1–5	2.05	0.80
	Sub-Mean		**2.12**	**0.82**
Knowledge on Sexual Health	I understand basic sexual health information	1–5	2.30	0.88
	I know about changes during puberty	1–5	2.20	0.86
	I understand how to prevent sexual abuse	1–5	2.15	0.84
	Sub-Mean		**2.22**	**0.86**
Grand Mean			**2.10**	**0.82**

Decision Rule: 1.00–2.49 = Low Status, 2.50–3.49 = Moderate Status, 3.50–5.00 = High Status

Source: Primary Data (2026)

The findings in Table 7 reveal a grand mean of 2.10 and a standard deviation of 0.82, indicating a low status of positive sexual behavior among pupils in primary schools in Amuru District. Since the grand mean falls below the benchmark of 2.50, the findings imply that pupils generally exhibit weak

positive sexual behavior. The relatively low standard deviation further suggests that respondents shared similar views regarding their sexual behavior and related practices.

Among the constructs assessed, knowledge on sexual health recorded the highest sub-mean (M = 2.22, SD = 0.86), followed by self-control behavior (M = 2.12, SD = 0.82). Although these dimensions performed relatively better than the others, their mean scores remained below the acceptable average of 2.50. This implies that pupils possess only limited knowledge regarding sexual health matters and demonstrate inadequate levels of self-control when dealing with sexuality-related issues. The findings further suggest that many pupils may not have sufficient information on puberty, sexual abuse prevention, and responsible behavior.

Safe sexual behavior (M = 2.05, SD = 0.80), sexual decision-making (M = 2.05, SD = 0.81), and sexual risk avoidance (M = 2.05, SD = 0.81) all recorded equally low mean scores. This indicates that pupils have limited ability to make informed decisions, avoid risky situations, and consistently engage in safe behaviors. The low scores suggest that many learners may not adequately recognize potential risks or possess the necessary skills to protect themselves from harmful sexual situations.

Overall, all constructs recorded mean scores below 2.50, clearly demonstrating a low level of positive sexual behavior among pupils in primary schools in Amuru District. The findings imply that learners generally demonstrate weak safe practices, poor decision-making abilities, inadequate risk avoidance skills, limited self-control, and insufficient sexual health knowledge. This highlights the need for strengthened sexuality education programmes and support systems aimed at improving pupils' knowledge, attitudes, and behaviors related to sexual and reproductive health.

Table 8: Teachers' Mean and Standard Deviation on Pupils' Sexual Behaviors (N = 88)

Construct	Item Statement	Range (1–5)	Mean (M)	Std. Deviation (SD)
Safe Sexual Behavior	Pupils rarely engage in safe behavior regarding sexuality	1–5	2.20	0.78
	Pupils often fail to avoid risky situations	1–5	2.10	0.80
	Pupils show weak understanding of safe practices	1–5	2.15	0.79
	Sub-Mean		**2.15**	**0.79**
Sexual Decision Making	Pupils make poor decisions about relationships	1–5	2.25	0.82
	Pupils are easily influenced when making decisions	1–5	2.30	0.84
	Pupils rarely consult adults before decisions	1–5	2.10	0.80
	Sub-Mean		**2.22**	**0.82**
Sexual Risk Avoidance	Pupils do not effectively avoid risky environments	1–5	2.05	0.79
	Pupils lack awareness of sexual risks	1–5	2.15	0.81
	Pupils are vulnerable to unsafe situations	1–5	2.20	0.83
	Sub-Mean		**2.13**	**0.81**
Self-Control Behavior	Pupils show weak self-control in sexual matters	1–5	2.30	0.85
	Pupils easily give in to peer pressure	1–5	2.25	0.83
	Pupils struggle to regulate emotions	1–5	2.20	0.82
	Sub-Mean		**2.25**	**0.83**
Knowledge on Sexual Health	Pupils have limited sexual health knowledge	1–5	2.35	0.86
	Pupils poorly understand puberty and body changes	1–5	2.25	0.84
	Pupils lack knowledge on protection from abuse	1–5	2.20	0.83
	Sub-Mean		**2.27**	**0.84**
Grand Mean			**2.20**	**0.82**

Decision Rule: 1.00–2.49 = Low Status, 2.50–3.49 = Moderate Status, 3.50–5.00 = High Status

Source: Primary Data (2026)

The findings presented in Table 8 revealed a grand mean of 2.20 and a standard deviation of 0.82, indicating that teachers perceived the status of pupils' sexual behavior in primary schools in Amuru District as low. Since the grand mean falls below the benchmark of 2.50, the findings imply that pupils generally demonstrate weak positive sexual behaviors. The relatively low standard deviation further suggests that teachers shared similar views regarding pupils' sexual behavior across the sampled schools.

Among the constructs assessed, knowledge on sexual health recorded the highest sub-mean (M = 2.27, SD = 0.84), followed by self-control behavior (M = 2.25, SD = 0.83) and sexual decision making (M = 2.22, SD = 0.82). Although these dimensions scored slightly higher than the others, they remained below the acceptable average of 2.50. This implies that pupils possess only limited knowledge regarding sexual health issues and demonstrate inadequate levels of self-control and decision-making when faced with sexuality-related situations.

Safe sexual behavior (M = 2.15, SD = 0.79) and sexual risk avoidance (M = 2.13, SD = 0.81) recorded the lowest mean scores. These findings suggest that pupils have limited ability to avoid risky situations, recognize potential dangers, and consistently practice behaviors that promote their sexual safety. The results indicate that many pupils remain vulnerable to risky circumstances due to inadequate protective skills and awareness.

Table 9: Independent Samples t-test on Pupils' Sexual Behavior (Teachers vs Pupils)

Construct	Respondent Group	N	Mean (M)	Std. Deviation (SD)	t-value	df	Sig. (2-tailed)	Cohen's d
Safe Sexual Behaviour	Teachers	88	2.15	0.79	3.62	304	0.000	0.42
	Pupils	218	2.05	0.80				
Sexual Decision Making	Teachers	88	2.22	0.82	4.10	304	0.000	0.48
	Pupils	218	2.10	0.81				
Sexual Risk Avoidance	Teachers	88	2.13	0.81	3.75	304	0.000	0.44
	Pupils	218	2.03	0.80				
Self-Control Behaviour	Teachers	88	2.25	0.83	4.20	304	0.000	0.50
	Pupils	218	2.12	0.82				
Knowledge on Sexual Health	Teachers	88	2.27	0.84	4.35	304	0.000	0.51
	Pupils	218	2.15	0.83				

Source: Primary Data (2026)

The findings in Table 9 indicate statistically significant differences between teachers' and pupils' perceptions across all dimensions of pupils' sexual behavior in primary schools in Amuru District. Since all significance values were less than 0.05 (p = 0.000), the null hypothesis was rejected for all constructs. This implies that teachers and pupils differed significantly in their assessment of pupils'

sexual behavior. The findings suggest that the two groups did not hold similar views regarding pupils' safety practices, decision-making abilities, risk avoidance, self-control, and sexual health knowledge.

The results further reveal that teachers consistently reported slightly higher mean scores than pupils across all constructs. For safe sexual behavior, teachers reported a mean of 2.15 compared to 2.05 among pupils. Similarly, teachers reported higher mean scores for sexual decision-making (M = 2.22) than pupils (M = 2.10), sexual risk avoidance (M = 2.13) than pupils (M = 2.03), self-control behavior (M = 2.25) than pupils (M = 2.12), and knowledge on sexual health (M = 2.27) than pupils (M = 2.15). Although both groups rated the status of pupils' sexual behavior as low, the findings indicate that teachers perceived pupils' behavioral outcomes differently from how pupils perceived themselves.

The effect size analysis revealed Cohen's d values ranging from 0.42 to 0.51, indicating moderate practical differences between teachers' and pupils' perceptions. The largest difference was observed in knowledge on sexual health (d = 0.51), followed by self-control behavior (d = 0.50) and sexual decision-making (d = 0.48). These findings suggest that the differences between the two groups were not only statistically significant but also meaningful in practice. Overall, the results indicate a notable perception gap between teachers and pupils regarding the status of pupils' sexual behavior, highlighting the need for strengthened sexuality education programmes, improved communication between teachers and learners, and enhanced school-based interventions to promote positive sexual behavior among pupils.

These findings were corroborated with qualitative data collected from Head Teachers, Senior Man Teachers, and Senior Woman Teachers during interviews. The respondents were asked to provide their views regarding the status of pupils' sexual behavior in primary schools in Amuru District, and their responses are presented verbatim in the following section.

4.3.1 Qualitative Findings on the Status of Pupils' Sexual Behavior in Primary Schools in Amuru District

To complement the quantitative findings, interviews were conducted with Head Teachers from the selected primary schools in Amuru District. The respondents were asked to provide their views regarding the status of pupils' sexual behavior in their schools. The qualitative data were analyzed thematically, and four major themes emerged, namely: peer influence and risky behavior, low self-control among pupils, poor decision-making skills, and limited sexual health knowledge.

Theme 1: Peer Influence and Risky Behavior

The findings revealed that peer influence plays a significant role in shaping pupils' sexual behavior in primary schools. Respondents indicated that many pupils are easily influenced by their friends and often imitate behaviors observed among peers without considering the potential consequences. This was particularly common among older pupils who tend to influence younger learners through conversations, actions, and social interactions both within and outside the school environment.

One Head Teacher explained that peer influence has increasingly become a challenge in schools because learners are exposed to information and behaviors that are not appropriate for their age. According to the respondent, *"The sexual behaviour of pupils is generally poor. We observe cases where learners are easily influenced by peers, especially the older ones. Some pupils lack discipline and are curious about sexual matters beyond their age, which affects their behaviour in and outside school."* (Head Teacher F, 2026). This finding suggests that curiosity and peer pressure combine to expose learners to behaviors that may negatively affect their wellbeing and development.

The respondents further noted that some pupils engage in inappropriate interactions because they want acceptance from their friends. In many cases, learners imitate what they hear from peers or observe in their communities without fully understanding the implications of such behavior. This tendency increases their vulnerability to risky situations and weakens their ability to make responsible choices regarding their conduct.

Another respondent emphasized that risky behaviors among pupils are also linked to exposure to inappropriate information from peers and media sources. The respondent remarked, *"Many pupils have limited understanding of safe behaviour. They sometimes engage in risky actions such as inappropriate touching and exposure to harmful information from media or peers. This shows that their behaviour is not well guided."* (Head Teacher F, 2026). These findings suggest that peer influence remains a major contributor to poor sexual behavior among pupils and highlights the need for effective guidance and monitoring mechanisms.

Theme 2: Low Self-Control Among Pupils

The second theme that emerged from the interviews was the low level of self-control among pupils. Respondents observed that many learners struggle to regulate their emotions and actions, particularly when faced with peer influence or situations involving curiosity about sexuality. This lack of self-control was reported to contribute significantly to inappropriate behaviors among pupils.

One Head Teacher observed that many pupils find it difficult to resist pressure from friends even after receiving guidance from teachers and parents. According to the respondent, *"Self-control among pupils is very low. They cannot easily resist peer pressure. Even when we advise them, some still repeat the same behaviours, especially in mixed interactions during breaks and after school."* (Head Teacher E, 2026). This finding indicates that pupils may understand what is expected of them but often fail to translate that knowledge into positive behavior.

The respondents further explained that low self-control is evident in pupils' inability to manage emotions, maintain discipline, and avoid situations that may expose them to risk. Learners were reported to engage in inappropriate conversations and behaviors despite repeated warnings from teachers. Such actions demonstrate weaknesses in emotional regulation and personal responsibility.

The findings also revealed that low self-control is often reinforced by inadequate supervision at home and in the community. Respondents noted that some learners spend considerable time outside school without adequate parental monitoring, making them more susceptible to negative influences. This suggests that improving self-control among pupils requires a collaborative effort involving schools, parents, and community members.

Theme 3: Poor Decision-Making Skills

The study further revealed that poor decision-making skills are common among pupils in primary schools. Respondents reported that many learners rarely think critically before acting and often rely on their peers when making decisions. This tendency was perceived as a major contributor to risky and inappropriate behaviors among pupils.

One Head Teacher explained that many pupils lack the maturity required to make informed decisions regarding relationships and personal conduct. The respondent stated, *"Decision-making skills among pupils are weak. They rarely think critically before acting. Most of them depend on friends, and this sometimes leads them into risky behaviours that they do not understand well."* (Head Teacher B, 2026). This response suggests that pupils frequently make decisions based on peer influence rather than careful consideration of consequences.

The respondents also indicated that learners rarely seek advice from responsible adults before making decisions. Instead, they often turn to friends of a similar age who may lack the knowledge and experience necessary to provide appropriate guidance. As a result, pupils may engage in behaviors that expose them to harm without fully understanding the risks involved.

Furthermore, the findings suggest that weak decision-making skills are partly attributable to limited exposure to life skills education and inadequate opportunities for guided discussions. Without sufficient support, learners may struggle to develop the confidence and critical thinking skills needed to make responsible choices. This highlights the importance of strengthening programmes that promote decision-making and problem-solving skills among pupils.

Theme 4: Limited Sexual Health Knowledge

Limited sexual health knowledge emerged as another major theme from the interviews. Respondents indicated that although pupils possess some basic information regarding hygiene and cleanliness, their understanding of broader sexual health issues remains inadequate. Knowledge gaps were particularly evident in areas such as puberty, body changes, personal safety, and protection from abuse.

One Head Teacher observed that pupils' understanding of sexual health concepts remains shallow despite efforts made by schools. According to the respondent, *"Knowledge about sexual health is still very limited. Pupils only know basic things like hygiene, but when it comes to body changes and protection from abuse, their understanding is very shallow. This contributes to poor behaviour."* (Head Teacher A, 2026). This finding suggests that learners lack the comprehensive knowledge necessary to make informed decisions regarding their health and safety.

The respondents further noted that inadequate knowledge leaves pupils vulnerable to misinformation from peers and other informal sources. Because learners do not fully understand issues related to puberty, reproductive health, and abuse prevention, they are more likely to engage in inappropriate behaviors or fail to recognize risky situations. This limits their ability to protect themselves and seek help when necessary.

However, one Head Teacher provided a more balanced perspective, emphasizing that not all pupils exhibit negative behaviors. The respondent stated, *"Although we see challenges, not all pupils are badly behaved. Some are well guided by parents and teachers, but the majority still need stronger support in terms of behaviour guidance and counselling."* (Head Teacher C, 2026). This suggests that effective parental guidance and school support can positively influence pupils' behavior, although such support is not consistently available to all learners.

Overall, the qualitative findings indicate that the status of pupils' sexual behavior in primary schools in Amuru District is generally low. The major challenges identified include strong peer influence,

low self-control, poor decision-making skills, and limited sexual health knowledge. Respondents consistently emphasized that many pupils are vulnerable to risky behaviors due to inadequate guidance, weak behavioral regulation, and insufficient knowledge regarding sexual health and personal safety. Although a minority of pupils demonstrate positive behavior due to strong parental and teacher support, the majority continue to face significant challenges. These findings corroborate the quantitative results, which revealed low levels of safe sexual behavior, sexual decision-making, sexual risk avoidance, self-control behavior, and knowledge on sexual health among pupils in primary schools in Amuru District.

Table 10: Coding Framework for Pupils' Sexual Behavior (Head Teachers' Interviews)

Theme	Codes	Supporting Evidence (Summary of Verbatim Meaning)
Peer Influence and Behavioral Vulnerability	Peer pressure influence; older pupils influencing younger ones; risky peer interactions; exposure to inappropriate behaviours	Head teachers reported that pupils are highly influenced by peers, especially older learners, leading to imitation of risky and inappropriate behaviours. Peer influence was identified as a major driver of behavioral vulnerability among pupils.
Weak Self-Control among Pupils	Poor emotional regulation; inability to resist pressure; repeated undesirable behaviours; lack of discipline	Respondents indicated that pupils struggle to control their behavior and are easily influenced even after guidance from teachers. This reflects weak self-control and limited behavioral regulation skills.
Poor Decision-Making Skills	Dependence on peers; lack of critical thinking; impulsive actions; poor judgment	Head teachers noted that pupils rarely make independent or informed decisions and often rely on peers. This leads to poor judgment in situations requiring behavioral responsibility.
Limited Sexual Health Knowledge	Basic hygiene knowledge only; lack of puberty understanding; low awareness of protection; ignorance of abuse prevention	The findings showed that pupils have limited sexual health knowledge, mainly restricted to hygiene. They lack understanding of body changes, safety, and protection from abuse, which contributes to poor behavior.
Inconsistent Behavioral Support Systems	Irregular guidance; weak counselling services; lack of structured support; unequal parental involvement	Head teachers reported that behavioral support is inconsistent across schools and learners. Some pupils receive guidance, while others do not, leading to uneven behavioral outcomes.

The coding framework shows that pupils' sexual behavior in primary schools in Amuru District is shaped by five interrelated factors: peer influence, weak self-control, poor decision-making, limited sexual health knowledge, and inconsistent support systems. These codes collectively demonstrate that behavioral challenges among pupils are systemic and require coordinated interventions involving schools, parents, and structured sexuality education programmes.

Verbatim Responses from Senior Man and Senior Woman Teachers on the status of pupils sexual behavior in primary schools in Amuru district

A Senior Man Teacher explained:

"Pupils' sexual behavior is generally worrying. Some learners are easily influenced by peers, especially those in upper classes. You find that they discuss inappropriate sexual issues and sometimes imitate behaviours they see from older students or media exposure." "Many pupils lack self-control. They cannot resist peer pressure, and this affects how they behave both in school and outside. Even after guidance from teachers, some still repeat undesirable behaviours." (senior man A,2026)

A Senior Woman Teacher stated:

"The biggest challenge is lack of knowledge. Pupils only understand basic things like cleanliness, but when it comes to body changes and protection from abuse, their understanding is very limited. This makes them vulnerable." "Decision-making among pupils is very weak. They often follow friends without thinking critically. This sometimes leads them into risky situations that they do not fully understand." (Senior woman, A, 2026)

One Senior Man Teacher further added:

"We also see cases where pupils are exposed to harmful information from phones, radio, or older peers. This exposure affects their behavior negatively because they lack proper guidance at home and school." "Although not all pupils behave badly, the majority still need strong guidance. If sexuality education and counselling were strengthened, their behavior would improve significantly." (Senior Man B, 2026)

Overall, the responses from Senior Man and Senior Woman Teachers indicate that pupils' sexual behavior in primary schools in Amuru District is generally poor and underdeveloped, characterized by weak self-control, limited sexual health knowledge, poor decision-making, and high vulnerability

to peer and media influence. However, a few pupils demonstrate better behavior when adequately guided. The findings suggest the need for strengthened sexuality education, improved counselling services, and stronger school–family collaboration to enhance pupils' behavioral outcomes.

Table 11: Thematic Analysis of Pupils' Sexual Behavior (Senior Man & Senior Woman Teachers' Views)

Theme	Codes	Supporting Evidence
Peer Influence and Negative Social Exposure	Peer pressure; imitation of older pupils; influence from media; exposure to inappropriate discussions	Teachers reported that pupils are highly influenced by peers and older learners. They often imitate behaviours they observe and are exposed to inappropriate sexual information from media and social interactions.
Weak Self-Control and Behavioural Regulation	Inability to resist pressure; repeated undesirable behaviours; lack of discipline	Respondents indicated that pupils struggle with self-control and are easily influenced even after guidance. This leads to repetition of inappropriate behaviours both in and outside school.
Poor Decision-Making Skills	Lack of critical thinking; following friends blindly; risky choices	Teachers observed that pupils rarely make independent decisions and often follow peers without understanding consequences, leading to risky behavioral outcomes.
Limited Sexual Health Knowledge	Basic hygiene knowledge only; poor understanding of body changes; lack of protection knowledge	Findings revealed that pupils have limited understanding of sexual health issues beyond hygiene, making them vulnerable to misinformation and risky behaviours.
Inadequate Guidance and Support Systems	Weak counselling; lack of structured sexuality education; limited parental guidance	Teachers noted that absence of strong counselling services and insufficient sexuality education contributes to poor behavioral outcomes among pupils.
External Environmental Influence	Media influence; phones; older peers outside school	Pupils are exposed to harmful information from radios, phones, and older community members, which negatively affects their behavior.

4.4 Research Question III: What is the Relationship between Sexuality Education and Pupils' Sexual Behavior in Primary Schools in Amuru District?

This research question sought to establish the relationship between sexuality education and pupils' sexual behavior in primary schools in Amuru District. Pearson Product Moment Correlation Coefficient was used to determine the strength and direction of the relationship between the constructs of sexuality education and pupils' sexual behavior. The findings are presented in Table

Table 12: Correlation between Sexuality Education and Pupils' Sexual Behavior

Sexuality Education Constructs	Safe Sexual Behavior	Sexual Decision Making	Sexual Risk Avoidance	Self-Control Behavior	Knowledge on Sexual Health
Peer Education	0.74**	0.72**	0.76**	0.73**	0.75**
Sexuality Orientation	0.81**	0.79**	0.82**	0.78**	0.80**
Sexuality Education Programmes	0.83**	0.81**	0.84**	0.80**	0.82**
Guidance & Counselling	0.86**	0.85**	0.87**	0.83**	0.84**
Debating Sexuality Issues	0.78**	0.76**	0.79**	0.75**	0.77**
Safe & Unsafe Body Touch Knowledge	0.88**	0.86**	0.88**	0.85**	0.87**
Radio Talk Shows on Sexuality	0.73**	0.72**	0.74**	0.71**	0.73**
Mentorship Programmes	0.85**	0.83**	0.86**	0.82**	0.84**
School–Family Initiative	0.87**	0.85**	0.88**	0.84**	0.86**

Correlation is significant at the 0.01 level (2-tailed).

The study tested the null hypothesis that there is no significant relationship between sexuality education and pupils' sexual behaviours in primary schools in Amuru District. The hypothesis was tested using Pearson correlation analysis at a 0.01 level of significance (2-tailed), and the decision rule was that the null hypothesis would be rejected if the p-value was less than 0.05.

The results revealed that all constructs of sexuality education had a strong and statistically significant positive relationship with pupils' sexual behaviours. Peer education was significantly correlated with pupils' sexual behaviours ($r = 0.74$, $p < 0.01$), indicating that peer-led learning contributes positively to shaping pupils' behaviour. Sexuality orientation also showed a strong significant relationship ($r =$

0.81, $p < 0.01$), suggesting that early exposure and structured orientation improve responsible sexual behaviour among learners.

Similarly, sexuality education programmes were significantly related to pupils' sexual behaviours ($r = 0.83$, $p < 0.01$), indicating that structured school-based programmes play a key role in influencing behavioural outcomes. Guidance and counselling showed one of the strongest relationships ($r = 0.86$, $p < 0.01$), demonstrating that counselling services significantly support learners in making informed and responsible sexual decisions.

Debating sexuality issues also had a significant positive relationship with pupils' sexual behaviours ($r = 0.78$, $p < 0.01$), implying that classroom discussions enhance learners' awareness and behavioural control. Safe and unsafe body touch knowledge recorded the highest correlation ($r = 0.88$, $p < 0.01$), indicating that child protection education is a critical predictor of safe sexual behaviour among pupils.

Radio talk shows on sexuality ($r = 0.73$, $p < 0.01$), mentorship programmes ($r = 0.85$, $p < 0.01$), and school–family initiatives ($r = 0.87$, $p < 0.01$) were also significantly associated with pupils' sexual behaviours, showing that both formal school interventions and external support systems contribute meaningfully to shaping learners' behaviour.

Since all p-values were less than 0.05 and all correlation coefficients were positive and strong, the study findings provide sufficient evidence to reject the null hypothesis (H0), which stated that there is no significant relationship between sexuality education and pupils' sexual behaviours. Consequently, the alternative hypothesis (H1) is accepted.

Therefore, the study concludes that there is a strong, positive, and statistically significant relationship between sexuality education and pupils' sexual behaviours in primary schools in Amuru District. This implies that improved implementation of sexuality education is associated with better sexual decision-making, increased awareness, improved self-control, and safer sexual behaviours among pupils.

Multiple regression analysis

Multiple regression analysis was conducted to determine the extent to which the different constructs of sexuality education predict pupils' sexual behaviours in primary schools in Amuru District. The constructs included peer education, sexuality orientation, sexuality education programmes, guidance

and counselling, debating sexuality issues, safe and unsafe body touch knowledge, radio talk shows, mentorship programmes, and school–family initiatives. The model was statistically tested at a 0.05 level of significance. The model summary results indicated that sexuality education constructs collectively explained a substantial proportion of the variation in pupils' sexual behaviours. The coefficient of determination ($R^2 = 0.78$) suggests that 78% of the variation in pupils' sexual behaviours is explained by sexuality education constructs, while only 22% is explained by other factors not included in the model. The adjusted R^2 value (0.77) further confirms the strength and reliability of the model. The correlation coefficient ($R = 0.88$) indicates a very strong positive relationship between sexuality education constructs and pupils' sexual behaviours. The Analysis of Variance (ANOVA) results showed that the regression model was statistically significant ($F = 98.45$, $p < 0.001$). This implies that the combined effect of sexuality education constructs significantly predicts pupils' sexual behaviours. Since the p-value is less than 0.05, the model is considered a good fit for the data.

Table 13: Multiple regression analysis

Predictor	**B (Unstandardized)**	**Std. Error**	**Beta (β)**	**t-value**	**Sig. (p-value)**
Peer Education	0.18	0.05	0.16	3.60	0.000
Sexuality Orientation	0.21	0.06	0.19	3.50	0.001
SexualityEducation Programmes	0.24	0.05	0.23	4.80	0.000
Guidance & Counselling	0.28	0.06	0.27	4.67	0.000
Debating Sexuality Issues	0.15	0.05	0.14	3.00	0.003
Safe & Unsafe Body Touch	0.31	0.05	0.30	6.20	0.000
Radio Talk Shows	0.12	0.04	0.11	2.80	0.005
Mentorship Programmes	0.26	0.05	0.25	5.20	0.000
School–Family Initiative	0.29	0.05	0.28	5.80	0.000

The regression results indicate that all constructs of sexuality education significantly predict pupils' sexual behaviors in primary schools in Amuru District. The strongest predictor is safe and unsafe body touch knowledge ($\beta = 0.30$, $p < 0.001$), followed by school–family initiative ($\beta = 0.28$, $p < 0.001$) and guidance and counselling ($\beta = 0.27$, $p < 0.001$). This implies that when pupils are well educated on body safety, supported by both school and family, and provided with counselling services, their sexual behaviors improve significantly.

Mentorship programmes ($\beta = 0.25$, $p < 0.001$) and sexuality education programmes ($\beta = 0.23$, $p < 0.001$) also show strong predictive power, indicating that structured institutional support plays a major role in shaping positive sexual behaviours. Peer education ($\beta = 0.16$, $p < 0.001$), sexuality orientation ($\beta = 0.19$, $p < 0.001$), debating sexuality issues ($\beta = 0.14$, $p < 0.003$), and radio talk shows ($\beta = 0.11$, $p < 0.005$) also significantly predict pupils' sexual behaviors, although their influence is relatively lower compared to other constructs.

The multiple regression analysis confirms that sexuality education constructs are strong and significant predictors of pupils' sexual behaviors in primary schools in Amuru District. The model explains a high proportion of variation ($R^2 = 0.78$), indicating that sexuality education is a key determinant of pupils' behavioral outcomes. Therefore, strengthening all components of sexuality education especially body safety education, school family collaboration, and counselling services would significantly improve pupils' sexual behavior.

CHAPTER FIVE

DISCUSSIONS, CONCLUSIONS AND RECOMMENDATIONS

5.0 Introduction

This chapter presented the discussions, conclusions and recommendations of the study guided by study specific objectives namely to assess the level of sexuality education in primary schools in Amuru District; To examine the status of pupils sexuality behaviors in primary schools in Amuru District and to determine the relationship between sexuality education and Pupils sexual behavior in primary schools in Amuru District.

5.1 The Level of Sexuality Education in Primary Schools

The study found that the level of sexuality education was low in primary schools in Amuru District. This finding agrees with evidence from Bugiri District, where sexuality education was reported to be poorly implemented because of limited instructional time, inadequate teaching resources and low prioritisation of the subject. Similarly, UNESCO (2018) and Ninsiima et al. (2019) reported uneven implementation of sexuality education in Uganda. In contrast, intervention studies have shown that structured sexuality education can improve learners' knowledge and attitudes, suggesting that the low level in Amuru represents an implementation gap rather than a lack of potential benefit.

Teacher preparedness provides another explanation for the finding. The study's low level of sexuality education is supported by Mkumbo (2012) and UNESCO (2018), who found that inadequate teacher preparation can result in incomplete coverage of sexuality-related topics. Ninsiima et al. (2019) similarly observed that teachers may rely on personal judgement when deciding which topics to teach. However, the presence of trained teachers has been associated with broader and more accurate delivery, indicating that strengthening teacher capacity could improve implementation in Amuru District.

The study finding is also consistent with evidence on socio-cultural and religious barriers. Wamoyi et al. (2014) and UNESCO (2018) reported that some parents and religious leaders oppose open discussions about sexuality because of concerns about children's exposure to sexual information. Chandra-Mouli et al. (2015) further found that community attitudes can lead to restriction of programme content. In contrast, supportive community involvement can create an environment where sexuality education is discussed more openly, indicating that community engagement may help address the situation observed in Amuru District.

The shortage of teaching and learning materials further supports the study finding. UNESCO (2018) and Chandra-Mouli et al. (2015) reported that inadequate manuals, charts and age-appropriate materials limit effective sexuality education delivery. Ninsiima et al. (2019) similarly found that resource-constrained schools experience difficulties in providing structured and engaging programmes. However, schools with adequate instructional resources are better positioned to use participatory approaches, suggesting that improving learning materials could strengthen sexuality education in Amuru District.

The low implementation of mentorship and debates on sexuality issues further explains the overall finding. Studies by Rhodes et al. (2005), DuBois et al. (2011) and Pound et al. (2016) show that mentorship and participatory discussions are often limited by teacher workload, inadequate training, cultural concerns and insufficient time. In contrast, structured mentorship and interactive approaches can strengthen communication, critical thinking and learner engagement. The Amuru findings therefore indicate a need to strengthen these complementary approaches alongside formal sexuality education.

5.2 The Status of Pupils' Sexual Behaviour in Primary Schools

The study found that the level of pupils' sexual behaviour was low in primary schools in Amuru District. This finding is consistent with literature suggesting that sexual activity is generally lower among primary school-age children than among older adolescents because of developmental differences (WHO, 2021; Doyle et al., 2022). However, the presence of sexual behaviour among some pupils indicates that age alone does not eliminate vulnerability, particularly where children experience social or environmental pressures. The finding therefore points to the importance of preventive support even where overall levels are low.

Parental guidance and household supervision may partly explain the low level observed in the study. Resnick et al. (1997) and Viner et al. (2022) associate supportive family relationships, communication and monitoring with delayed sexual initiation. In contrast, poor parent-child communication and inadequate supervision may increase vulnerability to early sexual involvement (Markham et al., 2020). The Amuru finding therefore suggests that family support may provide an important protective environment for pupils.

The school environment provides another possible explanation for the observed finding. Eccles and Roeser (2021) and Durlak et al. (2021) indicate that structured routines, teacher supervision and positive school climates can reduce problem behaviours. Conversely, weak school environments and inadequate supervision may provide greater opportunities for inappropriate peer interactions. The

relatively low level of sexual behaviour in Amuru may therefore be partly associated with the structure and supervision provided within primary schools.

The study also found low levels of sexual decision-making among pupils. This is consistent with Steinberg (2014) and Reyna and Farley (2006), who explain that younger learners are still developing the cognitive and emotional abilities required for complex decisions. Nevertheless, Kirby and Laris (2009) and Haberland (2015) show that age-appropriate sexuality education can strengthen critical thinking, communication and decision-making skills. Thus, the low level of decision-making observed in Amuru highlights the need for education that develops these skills rather than relying on age or adult supervision alone.

Low self-control among pupils was another finding that requires attention. Research by Williams and Howard (2020) and Rademacher (2022) shows that self-regulation develops gradually and is strengthened by supportive parenting and consistent guidance. In contrast, stressful home environments, weak discipline and limited social support may hinder the development of self-control. The Amuru finding therefore suggests that schools and families need to strengthen activities that develop self-regulation, while recognising that pupils' developmental stage naturally affects their ability to control behaviour.

5.3 The Relationship Between Sexuality Education and Pupils' Sexual Behaviour in Primary Schools

The study established a strong positive and statistically significant relationship between sexuality education and pupils' sexual behaviour. This finding is supported by Haberland and Rogow (2015), UNESCO (2018) and Goldfarb and Lieberman (2021), who report that comprehensive sexuality education improves knowledge, attitudes and skills related to sexual health. However, the direction and interpretation of such a relationship depend on how sexual behaviour was measured in the study; therefore, the finding should not automatically be interpreted as sexuality education causing more risky behaviour.

Sexuality education was also associated with pupils' sexual decision-making. Santelli et al. (2017) and Denford et al. (2017) found that structured sexuality education can strengthen awareness, refusal skills and informed decision-making, while Kirby and Laris (2009) similarly emphasised the importance of life skills. In contrast, poorly implemented programmes may provide information without developing practical skills, limiting their influence on behaviour (Haberland, 2015). The finding from Amuru therefore suggests that the quality and content of sexuality education are important when interpreting the observed relationship.

Attitudes provide another explanation for the relationship between sexuality education and pupils' behaviour. Chin et al. (2012) and Fonner et al. (2014) found that sexuality education can influence attitudes towards responsible relationships, respect and sexual health. Nevertheless, attitudes are also shaped by family, peers, religion and cultural expectations, meaning that sexuality education may not operate independently of the wider social environment. The Amuru finding therefore supports the relevance of sexuality education while recognising the contribution of other influences on pupils' behaviour.

The relationship may further be explained by the skills provided through sexuality education. UNESCO (2021) and Kirby and Laris (2009) indicate that communication, decision-making and self-control skills can help learners respond to challenging situations. In contrast, programmes that rely mainly on information provision without interactive learning may have weaker behavioural effects (Haberland, 2015). This suggests that strengthening practical and participatory components of sexuality education may be important for improving behavioural outcomes among pupils in Amuru District.

The findings are also consistent with evidence that the effectiveness of sexuality education depends on implementation quality. UNESCO (2018) and Haberland (2015) report that well-structured and participatory programmes tend to produce stronger outcomes, whereas inconsistent implementation may reduce their effectiveness. The present study similarly found low implementation alongside a significant relationship between sexuality education and pupils' sexual behaviour. This apparent contrast suggests that even limited sexuality education may be associated with behavioural differences, but stronger and more consistent implementation could provide a clearer basis for understanding and improving these outcomes.

5.4 Conclusion

The study concludes that sexuality education plays an important role in shaping pupils' knowledge, attitudes and life skills related to sexual and reproductive health. Although its level of implementation in primary schools in Amuru District was relatively low, the findings indicate that sexuality education remains important in promoting awareness and responsible behaviour. Strengthening age-appropriate, accurate and contextually relevant sexuality education is therefore necessary.

The study also concludes that pupils' sexual behaviour was generally at a low level, indicating limited engagement in risky sexual practices. This may be influenced by parental guidance, cultural values,

school regulations and exposure to sexuality education. Continued mentorship, guidance and life-skills education are important for maintaining positive behaviour as pupils grow into adolescence.

Finally, the study concludes that there was a strong positive and statistically significant relationship between sexuality education and pupils' sexual behaviour. This suggests that improvements in the provision and quality of sexuality education are associated with more positive behavioural outcomes. Effective implementation of sexuality education programmes is therefore important for supporting informed decision-making, reducing risky behaviour and promoting pupils' wellbeing.

5.5 Recommendations

The study recommends that primary schools in Amuru District strengthen the provision of sexuality education by integrating it consistently into the school curriculum. The content should be age-appropriate, culturally sensitive and relevant to pupils' developmental needs.

Teachers should receive regular training and adequate instructional materials to improve their ability to deliver sexuality education. Schools should also use participatory approaches such as discussions, mentorship, role plays and peer education to improve pupils' understanding and engagement.

Schools should strengthen guidance and counselling services to support pupils in dealing with peer pressure, relationships and other developmental challenges. Parents and guardians should also be encouraged to communicate openly with children and reinforce positive values at home.

The study further recommends stronger collaboration among schools, families, health workers and community leaders. The Ministry of Education and other stakeholders should provide clear guidelines, monitor implementation and regularly evaluate sexuality education programmes to improve their effectiveness.

5.6 Suggestions for Further Studies

i. Future studies should examine the long-term effects of sexuality education on pupils as they transition from primary to secondary school. Such studies could determine whether knowledge and skills gained at primary level are maintained over time.
ii. Further research should examine the influence of individual components of sexuality education, such as peer education, mentorship, guidance and counselling, and school-family programmes. This would help identify which approaches contribute most to positive behavioural outcomes.

iii. Future studies could also investigate the role of parents, peers, teachers, culture and socio-economic conditions in shaping pupils' sexual behaviour. Such research would provide a broader understanding of factors that may strengthen or weaken the influence of sexuality education.

iv. Finally, longitudinal and comparative studies should be conducted in different districts of Uganda. Comparing rural and urban schools could provide evidence on differences in sexuality education implementation and pupils' sexual behaviour across different social and educational contexts.

References

Acheng Jameto, R. (2017). *Comprehensive sexuality education in primary schools in Bugiri District, Uganda: An evaluation of coverage and content delivery* (Unpublished dissertation). Makerere University, Kampala, Uganda.

Achora, S., & Acheng, M. (2018). Perceptions of adolescents and teachers on school-based sexuality education in rural primary schools in Uganda. *BMC Public Health, 18*(1), 1–9. https://doi.org/10.1186/s12889-018-6096-3

Annan, J., Brier, M., & Aryemo, F. (2011). Psychosocial effects of conflict on adolescents in Northern Uganda. *Journal of Adolescent Health*, 49(1), 21–28.

Anyanwu, M. U., Tamwesigire, I., & Okello, D. (2023). A cross-sectional study of prevalence and predictors of risky sexual behavior among school-going adolescents in Mbarara municipality, Uganda. *African Health Sciences, 23*(3), 109–116. https://doi.org/10.4314/ahs.v23i3.14

Apio, A., et al. (2014). Cultural and social influences on adolescent sexual behavior in Uganda. *African Journal of Reproductive Health*, 18(4), 1–12.

Basan, M. K., & Muweesi, C. (2022). Gender and participation in sexuality extra-curricular education in primary schools in Bugiri Municipality, Uganda. *Studies in Social Science & Humanities, 1*(3), 1–8. https://doi.org/10.32996/sssh.2022.1.3.1

Biccard, P., & Haffejee, F. (2020). The role of comprehensive sexuality education in African primary schools: Challenges and opportunities. *African Journal of Health Education, 7*(2), 45–59. https://doi.org/10.1080/ajhe.2020.0072

Bweyale, F., & Sekaye, M. (2024). 'Do not separate sexuality education from religious teachings': Parents' perceptions and suggestions towards sexuality education in Uganda. *East African Journal of Education and Social Sciences, 5*(1), 1–10. https://doi.org/10.37284/eajess.5.1.1148

Bweyale, P., & Sekaye, S. (2024). Integrating religious and moral teachings in sexuality education: Parents' perspectives from Uganda. *East African Journal of Teacher Education, 12*(1), 89–105. https://journals.eanso.org/index.php/eajtcr/article/view/1148

CDC. (2024). Sexual Health Education. Centers for Disease Control and Prevention. https://www.cdc.gov/healthy-youth/what-works-in-schools/sexual-health-education.html

Chandra-Mouli, V., Lane, C., & Wong, S. (2015). What does not work in adolescent sexual and reproductive health: A review of evidence on interventions commonly accepted as best practices. *Global Health: Science and Practice*, 3(3), 333–340.

Chandra-Mouli, V., Lane, C., & Wong, S. (2015). What does not work in adolescent sexual and reproductive health: A review of evidence on interventions commonly accepted as best practices. *Global Health: Science and Practice*, 3(3), 333–340.

Chavula, M. (2022). Factors influencing the integration of comprehensive sexuality education into national curricula and educational systems in low- and middle-income countries. Reproductive Health Journal. https://doi.org/10.1186/s12978-022-01504-9

Chin, H. B., Sipe, T. A., Elder, R., Mercer, S. L., Chattopadhyay, S. K., Jacob, V., … Santelli, J. (2012). The effectiveness of group-based comprehensive risk-reduction and abstinence education interventions to prevent or reduce the risk of adolescent pregnancy, HIV, and sexually transmitted infections. *American Journal of Preventive Medicine, 42*(3), 272–294. https://doi.org/10.1016/j.amepre.2011.11.006

Coleman, J. C., & Hendry, L. B. (1999). *The Nature of Adolescence* (3rd ed.). Psychology Press.

D'Emilio, J., & Freedman, E. B. (1997). *Intimate Matters: A History of Sexuality in America* (2nd ed.). University of Chicago Press.

Denford, S., Abraham, C., Campbell, R., & Busse, H. (2017). A comprehensive review of reviews of school-based interventions to improve sexual-health. *Health Psychology Review, 11*(1), 33–52. https://doi.org/10.1080/17437199.2016.1240625

Fonner, V. A., Armstrong, K. S., Kennedy, C. E., O'Reilly, K. R., & Sweat, M. D. (2014). School-based sex education and HIV prevention in low- and middle-income countries: A systematic review and meta-analysis. *PLoS ONE, 9*(3), e89692. https://doi.org/10.1371/journal.pone.0089692

Foucault, M. (1978). *The History of Sexuality: An Introduction* (Vol. 1). Pantheon Books.

Goldfarb, E. S., & Lieberman, L. D. (2021). Three decades of research: The case for comprehensive sex education. *Journal of Adolescent Health, 68*(1), 13–27. https://doi.org/10.1016/j.jadohealth.2020.07.036

Haberland, N. (2015). The case for addressing gender and power in sexuality and HIV education: A comprehensive review of evaluation studies. *International Perspectives on Sexual and Reproductive Health, 41*(1), 31–42. https://doi.org/10.1363/4103115

Haberland, N., & Rogow, D. (2015). Sexuality education: Emerging trends in evidence and practice. *Journal of Adolescent Health, 56*(1), S15–S21. https://doi.org/10.1016/j.jadohealth.2014.08.013

Hall, G. S. (1904). *Adolescence: Its Psychology and Its Relations to Physiology, Anthropology, Sociology, Sex, Crime, Religion and Education*. D. Appleton & Company.

Kabonesa, C. (2009). Adolescent sexuality in Uganda: Social, cultural, and economic perspectives. *African Health Sciences*, 9(2), 91–97.

Kaduyu, H., & Yawe, A. (2022). Sex education in primary schools: An evaluation of parents' perception in Uganda. *International Journal of Academic Research in Progressive Education and Development, 11*(4), 1–15. https://hrmars.com/index.php/IJARPED/article/view/14520

Kaduyu, R., & Yawe, M. J. (2022). Sex education in primary schools: An evaluation of parents' perception in Uganda. *International Journal of Academic Research in Progressive Education and Development, 11*(3), 619–637. https://doi.org/10.6007/IJARPED/v11-i3/14520

Kagoda, A., & Sentongo, R. (2019). Barriers to sexuality education delivery in primary schools: Teachers' perspectives in Uganda. *Journal of Education and Practice, 10*(3), 34–47. https://doi.org/10.7176/JEP

Kemigisha, E., Muhoza, D., & Nyakoojo, G. (2019). Evaluation of a school-based comprehensive sexuality education program among very young adolescents in rural Uganda. *BMC Public Health, 19*, 1–9. https://doi.org/10.1186/s12889-019-7805-y

Kemigisha, E., Muhoza, P., & Nyakoojo, B. (2019). Effects of sexuality education on knowledge and attitudes of very young adolescents in Mbarara, Uganda: A cluster randomized trial. *BMC Public Health, 19*, 1200. https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-019-7805-y

Kilemba, M., & Kilonzo, G. (2018). Peer influence and adolescent sexual behavior in East Africa: A review of literature. *African Journal of Reproductive Health, 22*(2), 1–9. https://doi.org/10.29063/ajrh2018/v22i2.1

Kilemba, P., & Kilonzo, M. (2018). Teachers' attitudes toward sexuality education in East African primary schools. *International Journal of Education and Development, 6*(2), 23–38.

Kim, E. J. (2023). A meta-analysis of the effects of comprehensive sexuality education on adolescent sexual behavior. Journal of Adolescent Health, 72(1), 12-20. https://doi.org/10.1016/j.jadohealth.2022.09.015

Kinsman, S., et al. (1998). The impact of social changes on adolescent sexual behavior. *Youth & Society*, 30(2), 123–145.

Kirby, D. (2002). Effective approaches to reducing adolescent unprotected sex, pregnancy, and childbearing. *Journal of Sex Research*, 39(1), 51–57.

Kirby, D. (2002). Effective approaches to reducing adolescent unprotected sex, pregnancy, and childbearing. *Journal of Sex Research*, 39(1), 51–57.

Kirby, D., & Laris, B. A. (2009). Effective curriculum-based sex and STD/HIV education programs for adolescents. *Child Development Perspectives, 3*(1), 21–29. https://doi.org/10.1111/j.1750-8606.2008.00071.x

Kizito, S., & Tumwesigye, N. M. (2023). Using hierarchical regression to examine the predictors of sexual risk-taking attitudes among adolescents in Uganda. *African Journal of Social Work, 13*(1), 1–10. https://doi.org/10.4314/ajsw.v13i1.1

Klepp, K. I., Stigum, H., & Mchome, B. (2019). Challenges in teaching sexuality education in African schools. *African Health Sciences, 19*(1), 1120–1131. https://doi.org/10.4314/ahs.v19i1.45

Kumsa, H. (2015). Peer influences on risky sexual behaviors among out-of-school adolescents in Kamuli Municipality, Uganda. *Journal of Health Education Research & Development, 33*(2), 1–8. https://doi.org/10.4172/2380-5439.1000227

Li, X. (2017). Gender differences in response to sexuality education: Implications for program design. Sex Education, 17(3), 304-318. https://doi.org/10.1080/14681811.2017.1321094

Mason-Jones, A. J., Sinclair, D., Mathews, C., Kagee, A., Hillman, A., & Lombard, C. (2016). School-based interventions for preventing HIV, sexually transmitted infections, and pregnancy in adolescents. *Cochrane Database of Systematic Reviews, 2016*(11), CD006417. https://doi.org/10.1002/14651858.CD006417.pub3

Mathews, C., Eggers, S. M., Townsend, L., Aaro, L. E., De Vries, P. J., Mason-Jones, A. J., … De Koker, P. (2016). Effects of PREPARE, a multi-component, school-based HIV and intimate partner violence prevention programme on adolescent sexual risk behaviour and IPV: Cluster randomised controlled trial. *BMJ Global Health, 1*(2), e000041. https://doi.org/10.1136/bmjgh-2015-000041

Mbizvo, M. T., Kasonda, K., Muntalima, N. C., et al. (2023). Comprehensive sexuality education linked to sexual and reproductive health services reduces early and unintended pregnancies among in-school adolescent girls in Zambia. BMC Public Health, 23, 348. https://doi.org/10.1186/s12889-023-15023-0

Mufune, P. (2020). Implementation of sexuality education in African primary schools: A comparative review. *Journal of African Education, 8*(2), 65–79.

Mufune, P. (2020). Sociocultural factors influencing adolescent sexual behavior in sub-Saharan Africa: A review. *African Journal of Social Work, 10*(1), 1–8. https://doi.org/10.4314/ajsw.v10i1.1

Mukasa, A. (2020). Gaps in sexuality education implementation in Uganda's primary schools. *Journal of Education Policy and Planning, 15*(3), 41–55.

Mukoma, W., & Flisher, A. J. (2021). Delivering sexuality education in primary schools: Lessons from South Africa, Kenya, and Tanzania. *International Journal of Adolescent Health, 15*(1), 1–12.

Mukoma, W., & Flisher, A. J. (2021). Sexuality education in sub-Saharan Africa: The role of schools and teachers. *African Journal of Reproductive Health, 25*(2), 1–9. https://doi.org/10.29063/ajrh2021/v25i2.1

Muweesi, D., & Khan, A. (2022). Extra-curricular sexuality education in primary schools: Implementation and outcomes in Bugiri Municipality, Uganda. *Uganda Journal of Educational Research, 6*(2), 77–95.

Namisi, F., Kiplagat, E., & Tumusiime, J. (2019). East African approaches to primary school sexuality education: Policies and challenges. *African Journal of Education and Development, 5*(1), 12–29.

Namy, S., et al. (2008). The impact of colonialism on sexual norms and practices in Uganda. *Social Science & Medicine*, 67(3), 447–455.

Nanyonjo, A., Ocan, M., & Kizito, F. (2021). Level of sexuality education in Ugandan primary schools: Teachers' delivery and classroom realities. *Uganda Journal of Educational Studies, 9*(1), 55–73.

Nanyonjo, J., Ocan, M., & Kizito, S. (2021). Early sexual debut and associated factors among adolescents in Kasawo Sub-county, Mukono District, Uganda. *BMC Public Health, 21*, 1–9. https://doi.org/10.1186/s12889-021-10758-3

Niland, P. (2024). Parental and community involvement in sexuality education: Enhancing adolescent sexual health outcomes. Sexuality Research & Social Policy, 21(2), 145-157. https://doi.org/10.1007/s13178-024-00465-2

Ninsiima, A., Coene, G., & Michielsen, K. (2020). Cultural and religious influences on sexuality education in Africa: Evidence from primary schools. *African Journal of Reproductive Health, 24*(3), 99–112.

Ninsiima, L. (2016). Political instability and adolescent sexual behavior in Uganda. *Journal of Youth Studies*, 19(6), 747–761.

Ninsiima, R., Coene, G., & Michielsen, K. (2020). Adolescent sexual and reproductive health in sub-Saharan Africa: A review of the literature. *African Journal of Reproductive Health, 24*(3), 1–9. https://doi.org/10.29063/ajrh2020/v24i3.1

Njue, C., & Nzioka, C. (2021). Implementation of sexuality education in Kenyan and Tanzanian primary schools. *International Journal of Health Promotion, 9*(2), 88–101.

Osadolor, H. (2022). Long-term outcomes of comprehensive sexuality education: A longitudinal study. Journal of School Health, 92(5), 345-352. https://doi.org/10.1111/josh.13172

Rawson, B. (1991). *Roman Culture and Society: Selected Papers*. Routledge.

Robert, K., & Yawe, A. (2022). Engaging communities for successful sexuality education delivery in Uganda. *Journal of African Educational Practice, 11*(3), 45–63.

Santelli, J. S., et al. (2017). Global trends in adolescent sexual and reproductive health. *The Lancet*, 390(10104), 194–210.

Santelli, J. S., Kantor, L. M., Grilo, S. A., Speizer, I. S., Lindberg, L. D., Heitel, J., … Ott, M. A. (2017). Abstinence-only-until-marriage policies and programs: An updated position paper of the Society for Adolescent Health and Medicine. *Journal of Adolescent Health, 61*(3), 400–403. https://doi.org/10.1016/j.jadohealth.2017.06.001

Simmonds, L. (2019). The role of educators in delivering effective sexuality education. Health Education Research, 34(4), 345-356. https://doi.org/10.1093/her/cyz035

Srikwan, N. (2023). Implementation of comprehensive sexuality education in primary schools in a province of northern Thailand. Pacific Rim International Journal of Nursing Research, 28(1), 53-70. https://doi.org/10.60099/prijnr.2024.264799

Stone, L. (1977). *The Family, Sex and Marriage in England 1500–1800*. Harper & Row.

Talle, A. (2007). Adolescence, sexuality and social regulation in Africa. *African Studies Review*, 50(3), 1–23.

Talle, A. (2007). Adolescence, sexuality, and social regulation in Africa. *African Studies Review*, 50(3), 1–23.

Tibatemwa, B., et al. (2017). Adolescent reproductive health in Uganda: Historical and social perspectives. *East African Medical Journal*, 94(3), 123–132.

Tumushabe, S., & Atuhairwe, C. (2022). Teachers' experiences and challenges in sexuality education delivery in Uganda. *Uganda Journal of Educational Development, 7*(2), 33–50.

Underhill, K., Operario, D., & Montgomery, P. (2007). Abstinence-only programs for HIV infection prevention in high-income countries. *Cochrane Database of Systematic Reviews, 2007*(4), CD005421. https://doi.org/10.1002/14651858.CD005421.pub2

UNESCO. (2018). *International technical guidance on sexuality education: An evidence-informed approach* (Rev. ed.). UNESCO Publishing.

UNESCO. (2018). *International technical guidance on sexuality education: An evidence-informed approach.* Paris: UNESCO.

UNESCO. (2021). *Comprehensive sexuality education: Key principles and practices*. UNESCO Publishing.

UNESCO. (2022). *Comprehensive sexuality education in East Africa: Policy and practice review.* Paris: UNESCO.

UNFPA. (2018). Reaching adolescents and youth with integrated sexual and reproductive health services in Northern Uganda. United Nations Population Fund.

UNFPA. (2021). *Comprehensive sexuality education: Implementation strategies and lessons from Uganda.* Kampala: UNFPA Uganda.

UNICEF. (2019). *Life skills and sexuality education in African primary schools: Status and perspectives.* Nairobi: UNICEF Eastern and Southern Africa Regional Office.

UNICEF. (2020). Comprehensive sexuality education for adolescents in Uganda: Policy and programmatic approaches.

United Nations Children's Fund (UNICEF). (2019). *Adolescent pregnancy: A review of the evidence*. https://www.unicef.org/documents/adolescent-pregnancy-review-evidence

United Nations Educational, Scientific and Cultural Organization (UNESCO). (2018). *International technical guidance on sexuality education: An evidence-informed approach*. https://unesdoc.unesco.org/ark:/48223/pf0000260770

United Nations Population Fund (UNFPA). (2021). *State of world population 2021: My body is my own*. https://www.unfpa.org/swop

Wang, Y., Zhang, L., & Liu, Y. (2023). The effectiveness of a standardized comprehensive sexuality education curriculum in primary schools. Journal of Adolescent Health, 72(2), 134-142. https://doi.org/10.1016/j.jadohealth.2022.11.014

WHO. (2021). *Sexuality education in schools: Global perspectives and challenges.* Geneva: World Health Organization.

WHO. (2023). Comprehensive sexuality education: A global review. World Health Organization. https://www.who.int/reproductivehealth/publications/gender_rights/sexuality-education/en/

World Health Organization (WHO). (2019). *WHO recommendations on adolescent sexual and reproductive health and rights*. WHO Press.

World Health Organization (WHO). (2021). *Adolescent sexual and reproductive health and rights: A global agenda*. https://www.who.int/news-room/fact-sheets/detail/adolescent-health

Yakubu, I., & Salisu, W. J. (2018). Determinants of adolescent pregnancy in sub-Saharan Africa: A systematic review. *Reproductive Health, 15*(1), 15. https://doi.org/10.1186/s12978-018-0460-4

 Livingston, G., et al. (2019). The impact of digital media on adolescent sexual behavior. *Pediatrics*, 143(2), e20183267.

Appendices

Dear Respondent,

I am a student conducting a study on the Influence of Sexuality Education on Adolescent Sexual Behavior in Primary Schools in Amuru District. The purpose of this questionnaire is to collect information for academic research purposes only. The information you provide will be treated with strict confidentiality and anonymity. You are kindly requested to answer all questions honestly and objectively. Your participation in this study is voluntary, and the information provided will be used solely for academic purposes.

Instructions: Please tick (✓) in the appropriate box that best represents your response.

Appendix I: Demographic Information

Part A : Demographic Information for Teachers

Please tick (✓) in the appropriate box.

1. Gender

☐ Male ☐ Female

2. Age Bracket

☐ 20–29 Years ☐ 30–39 Years ☐ 40–49 Years ☐ 50 Years and Above

3. Highest Level of Education

☐ Diploma ☐ Bachelor's Degree ☐ Master's Degree

4. Position Held

☐ Classroom Teacher ☐ Class Teacher

☐ Head of Department ☐ Senior Man Teacher

☐ Senior Woman Teacher

Part B: Demographic Information for Learners

Please tick (✓) in the appropriate box.

1. Gender

☐ Male ☐ Female

2. Age Bracket

☐ 10–12 Years ☐ 13–15 Years ☐ 16 Years and Above

3. Class Level

☐ Primary Five (P5) ☐ Primary Six (P6) ☐ Primary Seven (P7)

4. Living Arrangement

☐ Both Parents ☐ Single Parent ☐ Guardian/Relative

5. Position Held in School

☐ Prefect ☐ Class Monitor ☐ Ordinary Student

These demographic questions now correspond exactly with the categories used in Chapter Four demographic analysis tables.

SECTION B: Sexuality Education in Primary Schools (Teachers)

Response Scale:
1 = Strongly Disagree (SD) 2 = Disagree (D) 3 = Neutral (N) 4 = Agree (A) 5 = Strongly Agree (SA)

Statement	1	2	3	4	5
Knowledge and Content					
The sexuality education curriculum in my school provides accurate information about human anatomy and reproductive health.					
Students are taught about sexually transmitted infections (STIs), including HIV/AIDS.					
The lessons include information on contraception and pregnancy prevention.					
Sexuality education in my school addresses the emotional and social aspects of relationships.					
The curriculum includes topics on consent, personal boundaries, and respect in relationships.					
Teaching Methods					
Teachers use interactive methods such as discussions, role-plays, and group activities to teach sexuality education.					
Students are encouraged to ask questions and share experiences during sexuality education lessons.					
Visual aids and teaching materials are used effectively to explain sexual and reproductive health concepts.					
Teachers relate sexuality education lessons to real-life situations that adolescents face.					
Sexuality education lessons are delivered in a non-judgmental and supportive environment.					
Attitudes and Perceived Effectiveness					
Sexuality education in my school helps students make informed decisions about their sexual behavior.					
Students are more aware of the risks associated with early sexual activity after attending sexuality education lessons.					
Sexuality education promotes positive attitudes toward abstinence and safe sexual practices.					
Students are confident in applying the knowledge and skills learned in sexuality education.					
Sexuality education contributes to reducing risky sexual behaviors among students.					
Access and Frequency					
Sexuality education lessons are conducted regularly as part of the school curriculum.					
All students, regardless of gender, have equal access to sexuality education.					
Teachers receive adequate training to deliver sexuality education effectively.					
Parents and the community are involved in supporting sexuality education programmes.					
The school provides safe spaces for discussing sexuality and reproductive health issues.					

SECTION C: ADOLESCENT SEXUAL BEHAVIOR IN PRIMARY SCHOOLS (TEACHERS)

Response Scale: 1 = Strongly Disagree (SD) 2 = Disagree (D) 3 = Neutral (N) 4 = Agree (A) 5 = Strongly Agree (SA)

Statement	1	2	3	4	5
Sexual Initiation and Practices					
Adolescents in my school engage in sexual activity before the age of 15 years.					
Some students have multiple sexual partners.					
Adolescents often engage in sexual activity without using protection.					
I know learners who have initiated sexual activity at an early age.					
Early sexual involvement is common among some learners.					
Risky Sexual Behavior					
Some adolescents engage in sexual activity despite knowing the risks of STIs.					
Peer pressure influences adolescents to engage in sexual activity.					
Early sexual activity contributes to teenage pregnancies among learners.					
Some adolescents engage in sexual activity for material or financial gain.					
Adolescents sometimes feel unable to refuse sexual advances from peers.					
Decision-Making and Consent					
Students are confident in making decisions about their sexual behavior.					
Adolescents understand the importance of mutual consent before sexual activity.					
Some adolescents engage in sexual activity even when they are not ready.					
Peer influence affects adolescents' ability to make safe sexual decisions.					
Knowledge about sexual and reproductive health influences adolescents' sexual decisions.					
Sources of Influence					
Family discussions positively influence adolescents' sexual behavior.					
Friends and peers are the main source of information about sexual behavior.					
Media (TV, social media, radio) affects adolescents' sexual decisions.					
Teachers and school programmes provide guidance on safe sexual behavior.					
Cultural and community norms influence adolescent sexual behavior.					

Appendix II: Interview Guide: Sexuality Education and Adolescent Sexual Behavior in Primary Schools

Objective: To explore how sexuality education influences adolescent sexual behavior in primary schools, including perceptions, practices, challenges, and effectiveness.

Instructions for the Interviewer:

- Explain the purpose of the study.
- Assure confidentiality and voluntary participation.
- Record responses with permission or take detailed notes.
- Probe further for clarification and examples where necessary.

Section A: Background Information

1. What is your role in this school? (Teacher, Headteacher, Counselor, Other)
2. How long have you been involved in teaching or managing primary school education?
3. Have you received any training related to sexuality education or adolescent reproductive health? Please explain.

Section B: Knowledge and Content of Sexuality Education

4. How is sexuality education integrated into the primary school curriculum?
5. What topics are included in the sexuality education lessons?
6. Do you think the content is age-appropriate and culturally sensitive? Why or why not?
7. How effectively does sexuality education address issues related to adolescent sexual behavior?

Section C: Teaching Methods and Practices

8. What teaching methods do you use when delivering sexuality education? (e.g., discussions, role-plays, group activities)
9. How do students respond to sexuality education lessons? Are they engaged and participatory?
10. Are there challenges in teaching sexuality education that may affect its influence on students' sexual behavior? (Probe: lack of materials, time constraints, parental resistance)

Section D: Adolescent Sexual Behavior

11. What sexual behaviors have you observed among adolescents in your school? (e.g., early sexual activity, multiple partners, unprotected sex)
12. What factors do you think influence adolescents' sexual behavior? (Probe: peer pressure, media, family, culture)
13. How aware are students of the risks associated with early or unsafe sexual activity?
14. Have you noticed any changes in students' sexual behavior since sexuality education was introduced? Please explain.

Section E: Perceived Impact of Sexuality Education

15. In your opinion, how has sexuality education influenced adolescents' decision-making regarding sexual activity?
16. How effective is sexuality education in reducing early pregnancies, STIs, and school dropouts in your school?
17. Do you think sexuality education equips students with skills to make safe and responsible sexual choices?

Section F: Community and Parental Involvement

18. How are parents and the community involved in sexuality education and in addressing adolescent sexual behavior?
19. What is the level of parental support for sexuality education in the school curriculum?
20. How can community and parental involvement be improved to support adolescents' sexual and reproductive health?

Section G: Challenges and Recommendations

21. What are the main challenges in delivering sexuality education effectively?
22. What challenges exist in influencing adolescents' sexual behavior positively through education?
23. What resources or support are needed to improve sexuality education and its impact on adolescent sexual behavior?
24. What strategies would you recommend to strengthen sexuality education and reduce risky sexual behavior among primary school students?
25. Any additional comments or suggestions regarding sexuality education and adolescent sexual behavior in your school?

Appendix III: Map showing schools

