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# KNOWLEDGE, ATTITUDE, AND PRACTICES TOWARDS COMPREHENSIVE SEXUAL EDUCATION AMONG STUDENTS IN MERIKIT SECONDARY SCHOOL, TORORO DISTRICT. A CROSS-SECTIONAL STUDY.

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## Abstract

### Background

Comprehensive Sexuality Education (CSE) includes age-appropriate, medically accurate information on a broad set of topics related to sexuality, including human development, relationships, decision-making, abstinence, and contraception. The study aims to assess the Knowledge, attitudes, and practices towards comprehensive sexual education among students of Merikit Secondary School.

### Methodology

A descriptive cross-sectional study employed simple random sampling to select 50 respondents. The data collected was analyzed manually using a scientific calculator and presented in frequency and percentages using the Microsoft Excel computer program to generate figures and tables for easier interpretation.

### Results

(44%) were aged between 15-17 years of age, (62%) were females. (92%) had ever heard about comprehensive sexual education, (67%) obtained their first knowledge about comprehensive sexual education from school, (62%) knew HIV/AIDS as the component of comprehensive sexual education, (74%) alleged that comprehensive sexual education is very important to students, (52%) granted that teachers should openly discuss CSE at school, (34%) were in favor of their parents to inform them about physical /menstruation changes, (68%) reported that they were not sexually active, (47%) of the respondents had ever used condoms, (56%) of the respondents noted that teachers at school always discuss sexual education at school, (40%) of the respondents reported that they last utilized HIV/AIDS counseling at school for 1-2 years,(38%) were not ready to test for HIV.

### Conclusion

Participants possessed fairly satisfactory knowledge and attitude, but practices were quite debatable to a certain extent, as a result of the fact that the implementation of comprehensive sexual education would be equitably achieved if a significant number of participants had regular sessions with CSE.

### Recommendation

Merikit Secondary School administration should set up committees of teachers with whom the students are more comfortable.

***Keywords:*** *Knowledge, Attitude, and practices, Comprehensive sexual Education, Students of Merikit Secondary School.*
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## Background

Comprehensive Sexuality Education (CSE) includes age-appropriate, medically accurate information on a broad set of topics related to sexuality, including human development, relationships, decision-making, abstinence, and contraception. Globally, 85% of the 155 countries surveyed have policies or laws relating to sexual education, with considerably more countries reporting policies to mandate delivery at the secondary education level than the primary level. However, the existence of policy and legal frameworks does not equate to comprehensive content or strong implementation (WHO, 2021). It is estimated that only 37% of young people in sub-Saharan Africa can demonstrate comprehensive knowledge about HIV prevention and transmission, and two out of three girls in many countries lack the knowledge they need as they enter puberty and begin menstruating. Early marriage and early and unintended pregnancy are global concerns for girls'

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**Original Article**

health and education; in East and Southern Africa, pregnancy rates range from 15-25%, some of the highest in the world. Generally, schools can be the critical venue for reaching adolescents with the information and skills they need to avoid such public concerns (UNICEF, 2023). Among Secondary School Students, 300 (78.5%) students were aware of the period cycle. Merely half of the students were aware of the concept of HIV and AIDS diseases (58.6%), the function and usage of a condom (58.6%), the concept of a wet dream (56.3%), the similarities and differences between birth control (56%) and contraceptive pills (57.6%), respectively. However, 214 (56%) students were not aware of the concept of abortion services, especially in Malaysia (Abdul et al., 2023)

Concerning comprehensive sexuality education among adolescent males and influential factors, many of the adolescent males welcomed further details relating to sexuality and sexual education, A good number were afraid of the potential physical and mental changes that occur during puberty with more than half making clear that all males should know about sexuality and reproductive health and the information and services should be available for all including adolescent boys and girls (Helal et al., 2022). In Colombian schools, a study on knowledge and attitudes regarding contraceptive methods and sex education in students and parents of eight Colombian schools, of the total respondents, 266 (32.1%) had initiated sexual activity, of which 52.2% were female and 47.7% were male. Of these, 148 (55.5%) had had two or more sexual partners, and 76 (28.5%) had sex with multiple partners (friends or acquaintances). 77.4% and 74% reported using some method of contraception during the first and the last intercourse, respectively. In turn, 167 (62.7%) had had at least one sexual intercourse without any contraceptive method, more than half of the students had talked to their parents about sex education, and more than a third reported receiving sex education; the primary sources of information, in equal proportion, were parents and teachers (Carlos et al., 2024). The study aims to assess the Knowledge, attitudes, and practices towards comprehensive sexual education among students of Merikit Secondary School, Tororo district.

## Methodology

### Study design

A descriptive cross-sectional study design was employed to examine the relationship between the study variables in this study. The rationale for choosing this design is due to its convenience, time saving, and data can be collected from different kinds of study populations in a relatively short period.

### Study area

The study was conducted at Merikit Secondary School located in Merikit Town council, Eastern Uganda with approximately 179 km from Kampala district. The school provides circular education based on the Uganda Ministry of Education and sports at the ordinary level and Advanced level. The school has got 1000 population of both females and Males.

### Study population

The study population involved students, both males and females, of Merikit secondary present during the period of data collection.

### Sample size determination

The sample size was determined using the formula below;
QR/O (Burton, 1965)
Where;
Q= total number of days spent in data collection, R= Maximum time taken by the interviewer per day.
O= Maximum time taken by the interviewer.
Therefore,
R= 5 Respondents
Q=5 days O=1/2 Hours
QR/O= 5X5/1/2
25x2= 50 Respondents
Therefore, the sample size the researcher used was 50 respondents

### Study variables

### Independent variables

Independent variables were knowledge, attitude, and practices toward comprehensive sex education.

### Dependent variable

Comprehensive sexual education was the dependent variable.

### Inclusion criteria

The inclusion criteria was composed of students of Merikit secondary School ready to consent and those who were minor but after obtaining the consent from their teachers and able to give informed consent during the time of data collection.

### Sampling technique

Simple random sampling was used to select the sample of the study population. The reason why the researcher preferred this sampling technique it's because the technique provides ease of use and accuracy of representation of study findings; since each member of the target population

**Journal of World Health Research**
**Vol. 2 No. 11 (2025): November 2025**
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**Original Article**

theoretically had an equal and independent chance of being included.

## Sampling procedure
The researcher systematically focused on students who were ready to consent, and after the sampling procedure began with the provision of numbers written in ascending order on papers, respondents were required to pick only one paper; the respondent who picked number 5 (five) was interviewed first.

## Data collection tools
This study used semi-structured questionnaire, interview, and teacher's responses where necessary as data collection tools to improve on the validity of the data that was collected.

## Data collection method
Data was collected using a pre-tested semi-structured questionnaire with open and closed-ended questions**.** The questionnaires were designed in English and, where necessary researcher translated them into the local language (Lutoro) for some respondents who were not able to comprehend the English language. Questions were formulated according to the specific objectives. The researcher considered a questionnaire as the most convenient way of collecting data from respondents because it is one of the easiest research instruments to test for reliability and validity.

## Data collection procedure
A letter of introduction was obtained from the Kampala School of Health Sciences and taken to the head teacher of Merikit Secondary School, who then granted the researcher permission to carry out the study or research. When permission was granted, the researcher trained two assistants who helped in the data collection process. The researcher and his fellow assistants introduced themselves to the respondents and explained the purpose of the study. Data collection was done in a way that numbers were written in ascending order on papers, and the respondents were required to pick only one paper; respondents who picked number 5 (five) were interviewed first.
The same procedure was repeated until the required sample size was attained.

## Quality control
After collecting data, the questionnaires were checked for completeness and accuracy; those that were inaccurately and incompletely filled were completed before the respondents move away. Therefore quality control was done to ensure accuracy and validity of the data collected by the researcher.

To ensure the reliability of the research instruments, the researcher used straightforward questions to avoid ambiguity, and also the questionnaire were pre-tested among 10 respondents with similar characteristics at Old Kampala Senior Secondary School. The pre-test instruments produced consistent scores from the same group of individuals, and necessary modifications were made before the study. The results from the pre-test were not used in the main study.
Consent for minors (13-17 years) was obtained from their respective class teacher in order to get authentic responses.

## Data analysis and presentation
The data collected was analyzed manually using a scientific calculator and presented in frequency and percentages using the Microsoft Excel computer program to generate figures and tables for easier interpretation.

## Ethical considerations
Before data collection, a letter of introduction was obtained from the Principal of Kampala School of Health Sciences to gain permission from the Merikit Secondary School head teacher. When permission was granted, the researcher and the assistants introduced themselves to the respondents and explained the purpose of the study, and all respondents were briefed on the purpose of the study and assured of the utmost confidentiality of the information they provided. A written consent was also obtained from the respondents before the conduct of the study. Confidentiality of the respondents was maintained at all times by ensuring that participants were not linked to the questionnaires. Participation was voluntary, and respondents were informed of their right to withdraw at any time from the study if they wished to without any penalty.

## Ethical approval
Before data collection, a letter of introduction was obtained from the Principal of Kampala School of Health Sciences to gain permission from the Merikit Secondary School head teacher. When permission was granted.

## Informed consent
The purpose of the study and all respondents were briefed of the purpose of the study and assured of utmost confidentiality of the information they provided. A written consent was also obtained from the respondents before the conduct of the study.

## Results
### Social demographic data

**Journal of World Health Research**
**Vol. 2 No. 11 (2025): November 2025**
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**Original Article**

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

| Response | Frequency(f) | Percentage (%) |
|---|---|---|
| **Age** | | |
| 13-14 years | 08 | 16 |
| 15-17 years | 22 | 44 |
| 18-19 years | 13 | 26 |
| **Total** | **50** | **100** |
| **Sex** | | |
| Female | 31 | 62 |
| Male | 19 | 38 |
| **Total** | **50** | **100** |
| **Education level** | | |
| O' level | 22 | 44 |
| A' level | 28 | 56 |
| **Total** | **50** | **100** |
| **Marital status** | | |
| Single | 27 | 54 |
| Cohabiting/ in a relationship | 20 | 40 |
| Separated | 03 | 6 |
| **Total** | **50** | **100** |
| **Religion** | | |
| Catholic | 20 | 40 |
| Muslim | 04 | 8 |
| Protestant | 08 | 16 |
| Others | 18 | 36 |
| **Total** | **50** | **100** |

Table 1, most of the respondents (44%) were aged between 15-17 years of age whereas the least (16%) were aged within the age bracket of 13-14 years. In reputes of sex, the majority of respondents (62%) were females, whereas the minority (38%) of the respondents were males. The study further revealed that the study revealed that most of the respondents (56%) were from O-level students, whereas the least (44%) were A-level students. According to study findings obtained from 50 respondents, more than half of the respondents (54%) were in relationships, whereas the least (6%) had separated. The study revealed that most of the respondents (40%) were Catholics by religion, whereas the least (8%).

## KNOWLEDGE OF COMPREHENSIVE SEXUAL EDUCATION AMONG STUDENTS

**Journal of World Health Research**
**Vol. 2 No. 11 (2025): November 2025**
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**Original Article**

**Figure 1: Shows the distribution of respondents according to whether they had ever heard about comprehensive sexual education**

**(N=50)**

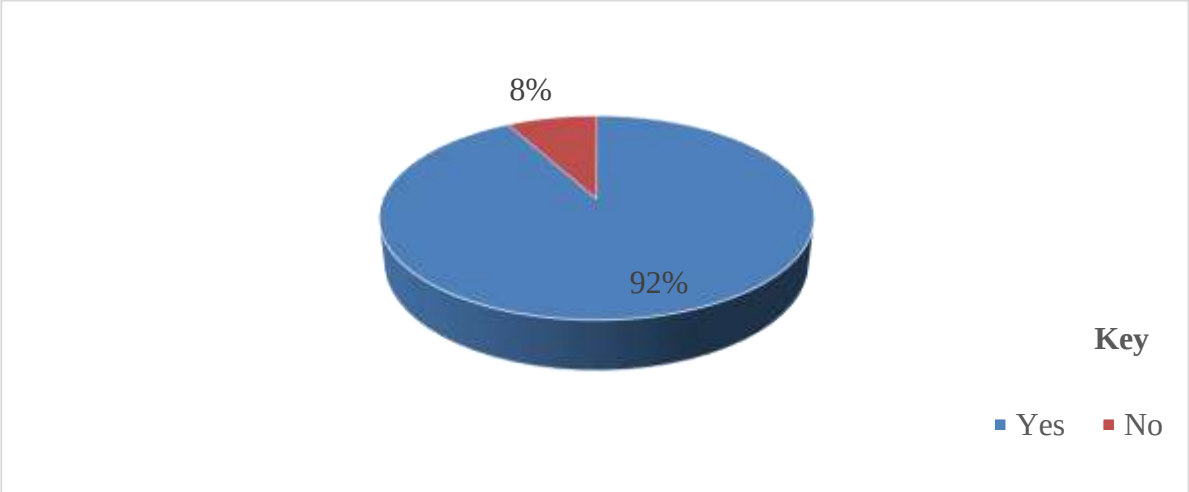


Figure 1, the majority of the respondents (92%) had ever heard about comprehensive sexual education whereas the minority (8%) had never heard about comprehensive sexual education.

**Table 2: Shows the distribution of respondents according to where they obtained the first knowledge about comprehensive sexual education (N=46)**

| **Response** | **Frequency (f)** | **Percentage (%)** |
|---|---|---|
| School | 32 | 67 |
| Media | 04 | 8 |
| Relatives | 02 | 4 |
| Others | 10 | 21 |
| **Total** | **46** | **100** |

Table 2, more than half of the respondents (67%) obtained their first knowledge about comprehensive sexual education from school, whereas the least (4%) obtained their first knowledge about comprehensive sexual education from relatives.

**Journal of World Health Research**
**Vol. 2 No. 11 (2025): November 2025**
**https://doi.org/10.71020/jwhr.v2i11.61**
**Original Article**

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

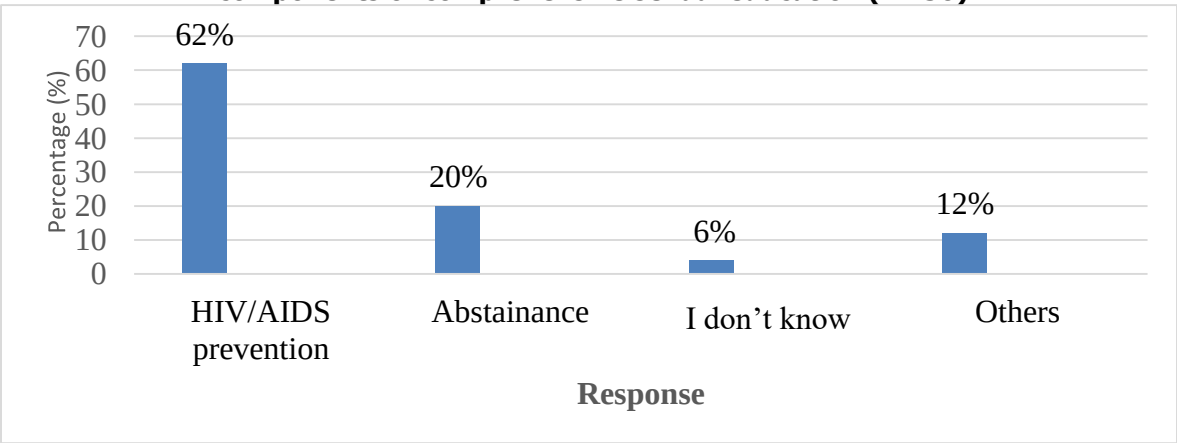


Figure 2, the majority of the respondents (62%) knew HIV/AIDS as a component of comprehensive sexual education, whereas the minority (6%) didn't know the components of comprehensive sexual education.

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

| **Response** | **Frequency (f)** | **Percentage (%)** |
|---|---|---|
| To know about HIV testing | 18 | 36 |
| To know the challenges related to relationships and sexuality | 20 | 40 |
| To know the benefits of HIV testing | 05 | 10 |
| I don't know | 01 | 02 |
| Others | 05 | 10 |
| **Total** | **50** | **100** |

Table 3, most of the respondents (40%) noted knowing the challenges related to relationships and sexuality as the purpose of having comprehensive sexual education, whereas the least (2%) didn't know the purpose of having comprehensive sexual education.

**Table 4: Shows the distribution of respondents according to their knowledge about the ways through which HIV/AIDS can be transmitted (N=50)**

| **Response** | **Frequency (f)** | **Percentage (%)** |
|---|---|---|
| Through unprotected sex | 45 | 90 |
| Hand shakes | 01 | 2 |
| Mosquito bites | 00 | 00 |
| Others | 04 | 8 |
| I don't know | 00 | 00 |
| **Total** | **50** | **100** |

Table 4, almost all respondents (90%) noted that HIV/AIDS is transmitted through unprotected sexual intercourse, whereas the least (2%) reported that HIV/AIDS is transmitted through a Handshake.

**Journal of World Health Research**
**Vol. 2 No. 11 (2025): November 2025**
**https://doi.org/10.71020/jwhr.v2i11.61**
**Original Article**

**Figure 3: Shows the distribution of respondents according to their knowledge about methods of contraceptives**

**(N=50)**

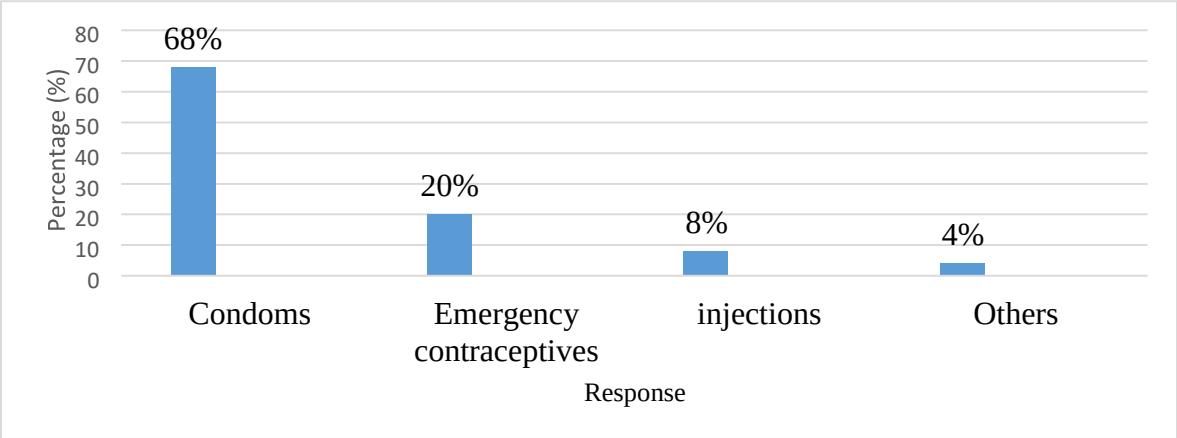


Figure 3, more than half of the respondents (68%) knew condoms as the contraceptive method, whereas a minority (4%) knew other contraceptive methods, such as monthly pills and intrauterine devices.

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

| **Response** | **Frequency (f)** | **Percentage (%)** |
|---|---|---|
| Growth of public and armpit hair | 11 | 22 |
| Skin changes | 03 | 6 |
| Breast development in girls | 27 | 54 |
| Deepening of voices in boys | 04 | 8 |
| Others | 05 | 10 |
| **Total** | **50** | **100** |

Table 5, most of the respondents (54%) knew breast development in girls as the physical changes during onset of adolescence whereas the least (6%) knew skin changes as the physical changes during adolescence.

## ATTITUDE TOWARDS COMPREHENSIVE SEXUAL EDUCATION AMONG STUDENTS

**Journal of World Health Research**
**Vol. 2 No. 11 (2025): November 2025**
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**Original Article**

**Figure 4: Shows distribution of respondents according to how they perceived the importance of comprehensive sexual education to students (N=50)**

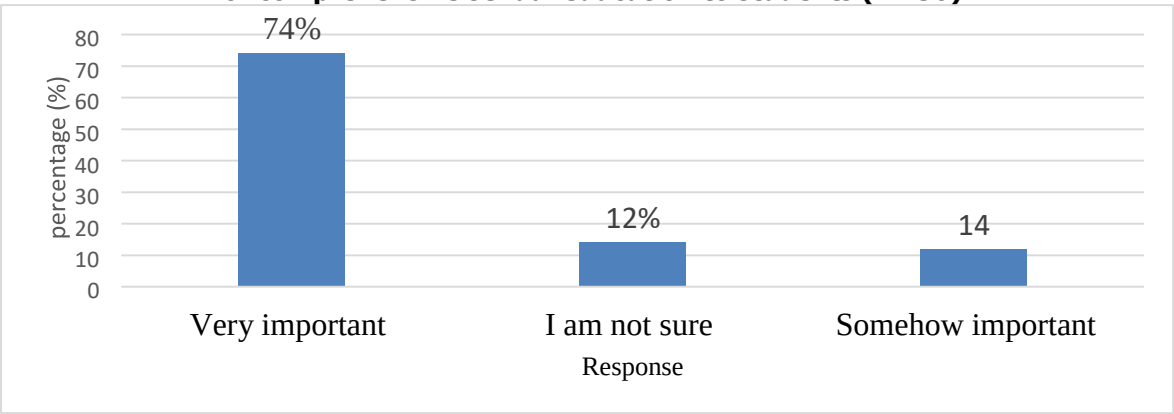



Figure 4, the majority of the respondents (74%) alleged that comprehensive sexual education is very important to students, whereas the minority (12%) were not sure of whether comprehensive sexual education is important to students.

**Figure 5: Shows the distribution of respondents according to whether teachers should openly discuss CSE at school**

**(N=50)**

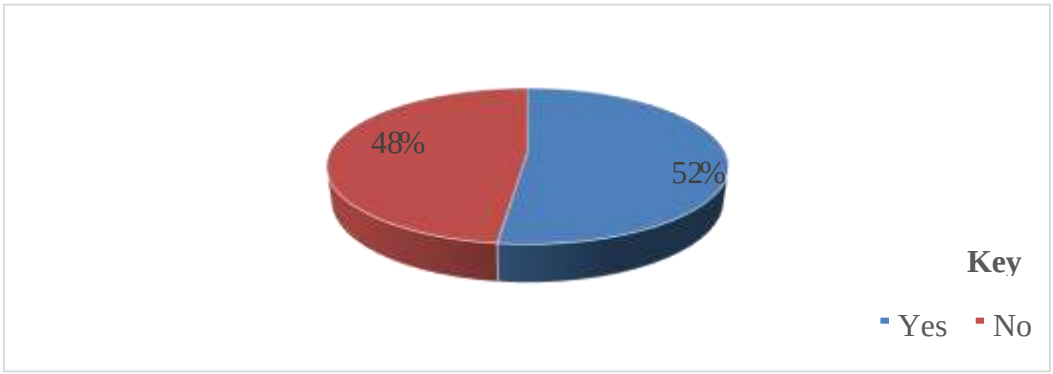



Figure 5, most of the respondents (52%) granted that teachers should openly discuss CSE at school whereas the least (48%) disagreed about teachers discussing CSE at school.

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

| **Response** | **Frequency (%)** | **Percentage (%)** |
|---|---|---|
| Teachers | 13 | 26 |
| Parents | 17 | 34 |
| Friends | 09 | 18 |
| Others | 11 | 22 |
| **Total** | **50** | **100** |

Table 6, most of the respondents (34%) were in favor of their parents to inform them about physical /menstruation changes whereas least (18%) preferred their friends to inform them about physical/ menstruation changes.

**Journal of World Health Research**
**Vol. 2 No. 11 (2025): November 2025**
**https://doi.org/10.71020/jwhr.v2i11.61**
**Original Article**

**Figure 6: Shows the distribution of respondents according to whether it is necessary to have comprehensive sexual education at school**

**(N=50)**

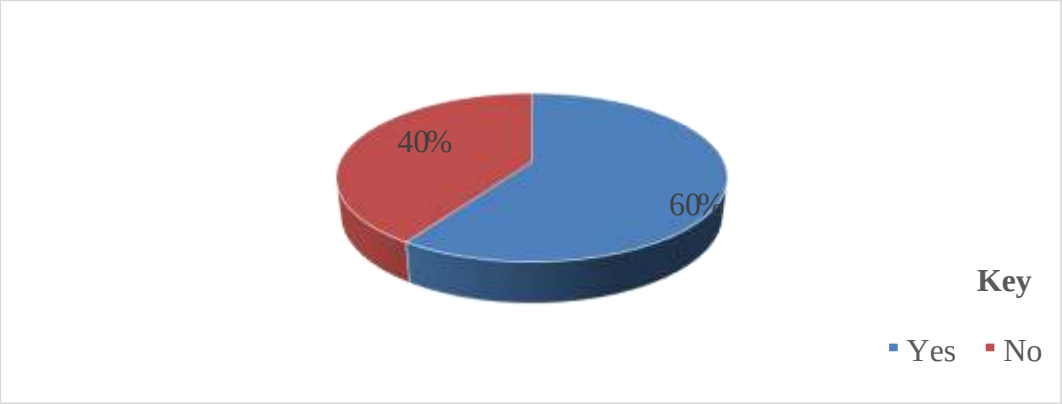



Figure 6, more than half of the respondents (60%) agreed that it is necessary to have comprehensive sexual education at school whereas the least (40%) disagreed about having comprehensive sexual education at school.

**Table 7: Shows the distribution of respondents according to their views about the right age at school for students to receive comprehensive sexual education (N=50)**

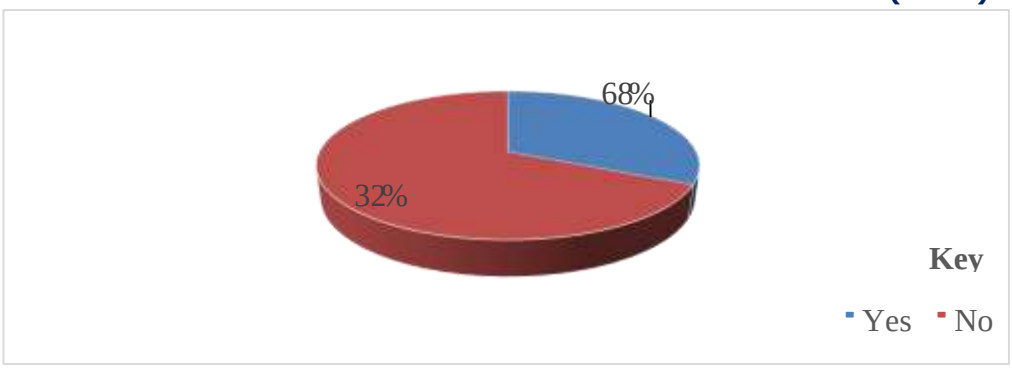
| Response | Frequency(f) | Percentage (%) |
|---|---|---|
| 10-12 years | 25 | 50 |
| 13-14 years | 15 | 3014 |
| 15-16 years | 07 | 14 |
| 17-19 years | 03 | 6 |
| **Total** | **50** | **100** |

Table 7, half of the respondents (50%) were of the view that the right age at school for students to receive CSE was 10-12 years whereas the least (6%) reported 17-19 years.

## PRACTICES TOWARDS COMPREHENSIVE SEXUAL EDUCATION AMONG STUDENTS

**Figure 7: Shows the distribution of respondents according to whether they were sexually active**

**(N=50)**



**Journal of World Health Research**
**Vol. 2 No. 11 (2025): November 2025**
**https://doi.org/10.71020/jwhr.v2i11.61**
**Original Article**

Figure 4, more than half of the respondents (68%) reported that they were not sexually active, whereas the least (32%) reported that they were sexually active.

**Table 8: Shows distribution of respondents who were sexually active according to the family planning method they had ever used (N=32)**

| Response | Frequency (%) | Percentage (%) |
|---|---|---|
| Condom | 15 | 47 |
| None | 1 | 3 |
| Emergency contraceptive | 9 | 28 |
| Others | 07 | 22 |
| **Total** | **32** | **100** |

Table 8, most of the respondents (47%) had ever used condoms, whereas the least (3%) had never used any contraceptive method.

**Figure 8: Shows the distribution of respondents according to how often teachers discuss comprehensive sexual education at school**

**(N=50)**

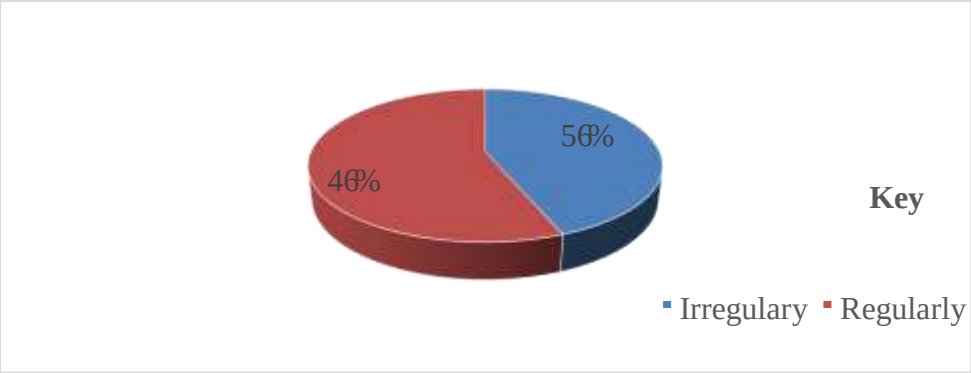



Figure 8, more than half of the respondents (56%) of the respondents noted that teachers at school always discuss sexual education at school, whereas the least (46%) noted that teachers irregularly always discuss sexual education at school.

**Table 9: Shows the distribution of respondents about when they last utilized HIV/AIDS counseling at school (N=50)**

| Response | Frequency(f) | Percentage (%) |
|---|---|---|
| I have never | 08 | 16 |
| Months back | 12 | 24 |
| 1-2 years | 20 | 40 |
| Others | 10 | 20 |
| **Total** | **50** | **100** |

Table 9, most of the respondents (40%) reported that they last utilized HIV/AIDS counseling at school for 1-2 years, whereas the least (16%) had never utilized HIV/AIDS counseling at school.

**Journal of World Health Research**
**Vol. 2 No. 11 (2025): November 2025**
**https://doi.org/10.71020/jwhr.v2i11.61**
**Original Article**

**Table 10: Shows the distribution of respondents according to the reasons why they had never utilized HIV/AIDS counseling voluntarily at school (N=8)**

| Response | Frequency(f) | Percentage (%) |
|---|---|---|
| The school administration rarely organizes such programs | 02 | 25 |
| Feared positive results | 02 | 25 |
| Not ready to test for HIV | 03 | 38 |
| Others | 01 | 12 |
| **Total** | **08** | **100** |

Table 10, most of the respondents (38%) were not ready to test for HIV, whereas the least (12%) reported other options, such as they were absent during that period of HIV/AIDS counseling and testing.

## DISCUSSION

### Knowledge of comprehensive sexual education among students

About findings that were obtained from the study setting, the majority of the respondents (92%) had never heard about comprehensive sexual education. This signifies that an outstanding number of study participants were aware of the study background. The study also revealed that more than half of the respondents (67%) obtained their first knowledge about comprehensive sexual education from school. This could be a result of the fact that schools have circular curricula to follow, and comprehensive education is inclusive, hence making it an exceptional source of information. The current findings differ from Helal et al (2022), where around 43% of participants reported that their primary source of sexual and reproductive health knowledge was from their mothers.

The study discovered that the majority of the respondents (62%) knew HIV/AIDS as a component of comprehensive sexual education. Therefore, such a response signifies that study participants were familiar with the components of CSE. The study results were in line with Abdul et al (2023), where half of the students were aware of the concept of HIV and AIDS diseases (58.6%). The study established that most of the respondents (40%) noted the challenges related to relationships and sexuality as the purpose of having comprehensive sexual education. This could be a result of the fact that study participants had ever been oriented from different sources of information, and therefore, they were most likely to have some knowledge about the purpose of CSE.

To add on, almost all respondents (90%) reported that HIV/AIDS is transmitted through unprotected sexual intercourse. This embodies equitable knowledge of HIV/AIDS transmission among the study participants. The study results conflict with Ajibade et al. (2016), where the majority of the respondents (50%) said they were aware that it is early sex led to contracting HIV/AIDs. Regarding knowledge about contraceptives, more than half of the respondents (68%) knew condoms as a contraceptive method. Such a significant response could probably be attributed to sensitization programs from different stakeholders. The study results were in disagreement with findings in Muleba District by Elias (2020), where (58%) of the students reported that they didn't know about contraceptives. Study results also showed that most of the respondents (54%) knew breast development in girls as the physical changes during the onset of adolescence. This response was mostly observed from girls, and therefore, the response could have been based on personal ideology. The study results were in agreement with Supriya et al (2021), where results regarding physiological changes 40% knew physiological changes in the body.

### Attitudes towards comprehensive sexual education among students

The study results exhibited that the majority of the respondents (74%) alleged that comprehensive sexual education is very important to students. This could be as a result of the fact that most of the students had ever used the knowledge they obtained from CSE as a preventive measure of

HIV/AIDS, school dropouts, and other related changes they would have faced. Study results were in line with Elias (2020), where (63.9%) of all respondents strongly agreed with the statement that sex education is an important aspect of life among adolescents.

Also, most of the respondents (52%) agreed that teachers should openly discuss CSE at school. This could be attributed to the fact that they perceived CSE as important to students and hence they would wish teachers to openly discuss detailed information about CSE. The study results were inconsistent with San et al (2020), where respondents strongly agreed and agreed that sexual education for adolescents would increase social problems, accounting for 32.4 percent.

However, most of the respondents (34%) were in favor of their parents informing them about physical /menstruation changes. This could be a result of the fact that they were afraid of some teachers whom they would have thought to be judgmental. The study results were contrary to

**Journal of World Health Research**
**Vol. 2 No. 11 (2025): November 2025**
**https://doi.org/10.71020/jwhr.v2i11.61**
**Original Article**

Dieudonnéet al (2020), where 40 (86%) of the study participants preferred their aunties to discuss sexual and reproductive health issues. The majority of the respondents, 30(60%), expressed that it is good to be carrying condoms.
Furthermore, more than half of the respondents (60%) agreed that it is necessary to have comprehensive sexual education at school. Such a response signifies that respondents that participants perceived the vital role of having curricula in regards to CSE. The study results were consistent with Ademuyiwa et al (2023), where results showed that 277 (73.7%) strongly agreed that sex education should be taught in every school.
Nevertheless, half of the respondents (50%) were of the view that the right age at school for students to receive CSE was 10-12 years. This could be the result of the fact that they thought that at this age, many adolescents start experiencing physical body changes. The study results were in disagreement with Jecolia et al (2023), where results revealed that participants were of the view that the right age for sexual education was 13-14 years, 86.4%.

## Practices towards comprehensive sexual education among students

From the study findings, more than half of the respondents (68%) reported that they were not sexually active. This implies that most of the study participants had not started to expose themselves to sexual behaviors. The study results were divergent from Jecolia et al (2023), where 351 (90.7%) of them had experienced sexual intercourse.
However, among the notable few participants who were sexually active (47%), some had ever used condoms. Therefore, this denotes that they were adhering to preventive measures for HIV/AIDS and unwanted pregnancies. The study results were not in line with Moreira et al (2023), where 59% had never used contraceptives.
A greater percentage (56%) of the respondents noted that teachers at school always discuss about sexual education at school. Such an average response implies that teachers in some classes discuss with students comprehensive sexual education. The study results differ with Helal et al (2022), where 61% of adolescent males made clear that their teachers were not interested in teaching sexuality education in the classroom.
However, most (40%) of the respondents reported that they last utilized HIV/AIDS counseling at school for 1-2 years. This implies that few of the participants had ever utilized it. HIV/AIDS voluntarily. This was not in line with San et al (2020), where most of the students (78%) had never gone for voluntary counseling for HIV testing at school.
Interestingly, most of the respondents who had never used VCT for HIV/AIDS (38%) were not ready to test for HIV This implies that a few of the study participants were not willing to go for HIV/AIDS testing. This is inconsistent with Siva et al (2021), where respondents were asked for the reasons that prevented them from doing so; the majority (45.4%) felt that they were sure they didn't have HIV.

## Conclusion

Study participants possessed justifiably knowledge since (92%) had ever heard about comprehensive sexual education, (67%) obtained their first knowledge about comprehensive sexual education from school, (62%) knew HIV/AIDS as the component of comprehensive sexual education, (and 40%) noted to know the challenges related to relationships and sexuality as the purpose of having comprehensive sexual education, (90%) reported that HIV/AIDS is transmitted through unprotected sexual intercourse, (68%) knew condom as the contraceptive method and (54%) knew breast development in girls as the physical changes during onset of adolescence.
The attitudes of participants were agreeable since the majority of the respondents (74%) alleged that comprehensive sexual education is very important to students, (52%) granted that teachers should openly discuss CSE at school, (34%) were in favor of their parents informing them about physical /menstruation changes and (60%) agreed that it is necessary to have comprehensive sexual education at school. The practices were somehow debatable due to inadequate access to VCT for HIV/AIDS at school since most (40%) of the respondents reported that they last utilized HIV/AIDS counseling at school for 1-2 years and students possessed stumpy intentions to VCT for HIV/AIDS as (38%) were not ready to test for HIV.
The study generally discovered that participants possessed fairly satisfactory knowledge and attitude but practices were quite debatable to a certain extent as a result of the fact that implementation of comprehensive sexual education would be equitably achieved if a significant number of participants had regular sessions with CSE from teachers in different classes and timely access to VCT services for HIV/AIDS at school.

## Recommendations

The ministry of health and ministry of education and sports, should intensively monitors all schools and initiatives should be taken in schools where comprehensive education is not fully implemented.
Community health workers, parents, non-government agencies and religious leaders should also organize programmes on sex education from time to time. This will also bridge the research gaps in regards to knowledge, attitude and practices that were noticed from a notable few participants.
Since students had pre-existing socio-cultural norms, Merikit Secondary School administration should set committees of teachers, whom the students are more comfortable with. Capacity building given to the teachers who in turn can regularly pass on the information to the

students can bring about a significant change to improve student's practices towards CSE.
Future researchers may seek further studies on the long-term effects of comprehensive sex education on the knowledge and attitudes of the students. They may also include other demographic profiles. This may support one of the findings of this study, which reveals that knowledge and attitude are essential when they are linked and work together. It will also help students to be more conscious of their demographic profiles, which are crucial variables in their knowledge and attitudes about sexuality.

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## LIST OF ABBREVIATIONS
AIDS: Acquired Immune Deficiency Syndrome
CSE: Comprehensive Sexual Education
HIV: Human Immunodeficiency Virus
UNICEF: United Nations International Children's Emergency Fund
WHO: World Health Organization

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## Data availability
Data is available upon request.

## Author contribution
Munyole O Jerome collected data and drafted the manuscript of the study
Sharifah Nabukenya supervised the study

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Munyole O Jerome is a student with a diploma at Kampala School of Health Sciences.
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