



Experiences of Sexuality Education Educators in Secondary Schools of Mbarara Municipality, Uganda

Judith Atuhaire, Viola N. Nyakato & Neema Clemencia Murembe

Mbarara University of Science and Technology, Uganda

Article History

Received: 2024.02.05

Revised: 2024.04.02

Accepted: 2024.05.09

Published: 2024.05.10

Keywords

Adolescents

Education

Educators

Sexuality

How to cite:

Atuhaire, J., Nyakato, V. N. & Murembe, N. C. (2024). Experiences of Sexuality Education Educators in Secondary Schools of Mbarara Municipality, Uganda. *Eastern African Journal of Humanities and Social Sciences*, 3(1), 66-79.

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Abstract

While schools in Uganda have sexuality education implementation programs in place, adolescents enrolled in school continue to have considerable concerns about sexuality. This indicates that there is still a gap in the teaching of sexuality education. Understanding, that the pursuit of excellent educational outcomes cannot understate the significance of educators. The objectives of the study were to understand how teachers have influenced the implementation of sexuality education in schools and to understand their influence. We explored their sexuality education teaching experiences. For this study, we purposively sampled 12 teachers from six secondary schools in Mbarara Municipality. These were classroom teachers teaching Biology, Christian Religious education and Literature, subjects in which topics about sexuality are included. Others were male and female senior teachers in charge of guidance and counselling; and teacher patrons to sexuality learning-related activities outside the classroom. Data was transcribed and analyzed through thematic coding of opinions, feelings, and practices of teachers. Results indicated that majority of teachers experience discomfort when teaching this subject. To most teachers, this discomfort was attributed to 1. Lack of proper training. 2. Others had strong cultural values and beliefs that made them uncomfortable teaching about sexuality in open places like the classroom. 3. Another minority, were not consulted before being appointed into counselling positions, therefore did not feel obliged to take on the assignment. 5. Lack of instruction materials. 6. Findings also revealed that students are not comfortable learning from their teachers, whom they consider as “second parents” and hence they join and learn more from peers and other adults. 7. While all students, learn about sexuality, only a few teachers are assigned this duty, this has created a teaching burden due to the low teacher-student ratio especially for duties like guidance and counselling and patronising of sexuality education programs. Thus, we deduced that SE was being jeopardised by teachers' inefficacy, attitude, and low teacher-student ratio, and interaction of informal peer educators. We concluded that sexuality education educators, are most effective when they are equipped with skills, their consent to participate is



sought, the education does not interfere with their values and when they do not carry an overload of assignments. From the findings, it was also evident that teachers are not the best choice schools should use to guide and counsel students about sexuality. Peers and medical personnel are preferred to teachers. Hence, when the identified gaps are attended to sexuality education will be more efficient to protect and keep skills with adolescents undergoing this education. To improve teacher performance, we recommend that schools assist their teachers in pursuing SE training, seek teachers consent before appointing them into SE educating or counselling positions, support them and offer teaching materials. The low teacher-to-student ratio be resolved by assigning more teacher educators SE roles. Our findings indicate that students feel more at ease studying with their peers than with teachers; hence, we recommended increasing the amount of supervised peer-to-peer SE learning in schools. We also discovered that students value media education, thus we recommend that schools offer more adult-guided media literacy instruction.

Introduction

In Uganda, the idea of sex education is not new, but unlike now, when teachers teach it in schools, young people in Uganda were previously educated about sexuality by their families at home (Neema, 2015). The HIV epidemic in the early 2000s was the reason for this innovation (WHO, 2010). This education aims to guide schools, teachers, and health educators in developing comprehensive sex education programs (UNESCO, 2009; Bruce, 2018). In schools, this education teaches teenagers to respect and comprehend human reproduction, love, and sexuality. They are also taught to refrain from sexual activity until they are emotionally, psychologically, and physically prepared for adult partnerships (WHO, 2018). This education teaches teenagers to establish limits for reacting to social media and peer pressure. Hence, today, sex education is no longer a prerequisite of the home but has turned into a public matter. Along the way, other strategies such as the 1993 Straight Talk Clubs, the 2002 Presidential Initiative on AIDS Strategy for Communication to Youth (PIASCY) and the ABC strategy were introduced in the education sector, and the latest one in Uganda is the 2018 national sexuality education framework. This framework currently serves as the foundation for sex education instruction in Uganda. Within the framework, sexuality-related issues have been included in the written curriculum for Biology, Religious Education, and Literature courses. Teachers teaching these topics are now automatically educators in sex education. More so, we understand that the pursuit of excellent educational outcomes cannot understate the significance of educators. This paper aims to evaluate educators of sex education and understand how they have influenced the implementation of sex education in secondary schools.

Methodology

A qualitative study was conducted at secondary schools in the Mbarara Municipality to assess the teachers' experiences. We chose (N=6) out of (N=34) guided by the varied nature of Mbarara schools. The variations we considered for this study were the schools' religious background, the background of students enrolled in the school if they were from rural or urban settings, students' gender, and the



status of the school if it was day or boarding. We believed these variations would give varied perspectives and experiences of teachers teaching at these schools.

Therefore, we selected n=4 single-gender schools, 2 for boys and 2 for girls and n=2 mixed-gender. To cater for schools' boarding and day status, we selected n=2 full-boarding, n=2 half-boarding n=1 and n=2 complete-day schools. Considering Uganda's strong religious values and beliefs, each religious affiliation was presented in the study. We selected n=1 Catholic, n=1 Protestant n=1, Muslim, n=1 Pentecostals, and n=1 secular school for the study.

Participants

The study subjects and other participants were also purposively selected because they had direct experience with sex education in schools. There were 164 participants in total – 144 students, 12 teachers, six head teachers, and two municipal education officers. Our student sample was selected from S1-S4 classes of students ranging from 10 to 17 years. Students who didn't belong to this class or age group were excluded from the study. This sample comprised N=72 males and N=72 females, whereby 24 were sampled from each school. We used systematic random or stratified sampling depending on the nature of the population. Our sample of students was drawn from S1–S4 courses, which included pupils ages 10–17. Students outside these age groups or classes could not participate in the study. There were 72 males and 72 females in this sample, 24 of whom came from each school. Depending on the demographic makeup of the population, we employed stratified or systematic random sampling.

Selection of Participants

Using basic random sampling, we selected six students from each class at the single-gender schools where the population was uniform. Even yet, stratified sampling at the mixed schools produced the six participants. We utilised stratified random sampling and purposive sampling to select two teachers from each school because the teacher population is varied. These were either supporting members of the SE clubs and societies, in charge of guiding and counselling, or instructors of a topic that included elements of SE. Excluded from the study were any educators who did not participate in any of the activities as mentioned earlier. Six subject teachers were chosen for our study, two for each subject – literature, biology, and Christian religious education.

The remaining six were chosen from club patrons and school counsellors, and three people were chosen from each sector. The six head teachers of the participating schools were specifically chosen to be study participants because they oversee, design, and assess every SE program implemented in their schools. A purposeful sample was also taken of municipal education officers who oversee and assess how SE programs are implemented in secondary schools. To get in-depth information about teachers' experiences, we utilised Focus Group Discussions (FGDs) as our main data collection method, with one-on-one, in-depth interviews as a supplement.

Data collection

To facilitate the administration of focus group discussions (FGDs), we divided the student participants into two groups: Early-Stage Adolescents (ESAs) aged 10–14 and Middle-Stage Adolescents (MSAs) aged 15–17. We then conducted one FGD with each group independently over a time ranging from one to one and a half hours. Separate, in-depth, one-on-one interviews lasting anywhere from forty minutes to an hour were conducted at each school with the head teacher and every teacher. We conducted in-depth, one-hour interviews with every Municipal Education officer after school.



Data Analysis

Following the data-gathering process, we conducted a thematic analysis to produce transcripts of the raw data, which we carefully examined and classified by themes based on teachers' opinions, thoughts, and practice before presenting and interpreting the results. In addition to the FGDs and interviews, we also studied other pertinent literature that assisted us in gathering information about the implementation of sex education. For guidance and understanding of teachers' expected roles in implementing sexuality education in schools, we also reviewed various sexuality curricula that guide the instruction of sexuality education. These were the Eastern and Southern Africa (ESA) 2013 curriculum, the UNESCO 2009 International Sexuality Education standards and The Uganda Ministry of Education and Sports 2018 sexuality education framework.

Literature Review

The education Sustainable Development Goal, whose purpose is to see all girls and boys complete free primary and secondary schooling by 2030, has made the school a place where most adolescents can be reached. More so, they can be reached in big numbers and spend a greater part of their lives at school (Tushabomwe, 2014). Hence, UNESCO 2006, saw schools as a suitable place for sex education because in school, adolescents are easily accessed and engaged for ample time. The UNESCO 2009 sexuality education guidelines then established that schools shall conduct sexuality education and teach students about sexuality using age-appropriate messages. This made teachers the most appropriate people to handle this education because they are constant in students' lives (Hussain, 2013).

When sexuality education was introduced in schools, it was initially taught during extra-curricular activities in student clubs and societies. Teachers to patron these clubs were appointed by the school administration, and in activities like debate, drama, skits and music, they educated students about sexuality (Atuhaire et al., 2023). Alongside the club patrons were senior women and men appointed by the schools' administration, and among the duties assigned to them was to guide and counsel students about sexuality (Muhwezi et al., 2015).

In 2019, topics about sexuality were integrated into classroom subjects like Biology, Religious Education and Literature. This new strategy brought sexuality education into the classroom, and all teachers who teach these subjects automatically became sexuality education educators; hence, more students had the privilege of being educated about sexuality. WHO 2023, cherishes this incorporation, and argues incorporating sexuality education into school curricula provides students with accurate information about sexual health and relationships.

However, though teachers have been assigned sexuality education duties, believing they are best positioned to handle the subject (Francis, 2012; Tushabomwe & Nashon, 2016), studies show that teachers feel uncomfortable about taking on these roles. According to de Haas et al., 2020, teachers are likely to feel that the assigned roles are not part of their teaching responsibilities or may feel that they lack the training to counsel students. They also observed that teachers are sometimes overwhelmed by the class size. Upon realising that teachers are the primary educators of sex education in schools, one of our objectives was to assess teachers' experiences to understand how these experiences have influenced the implementation of sex education.

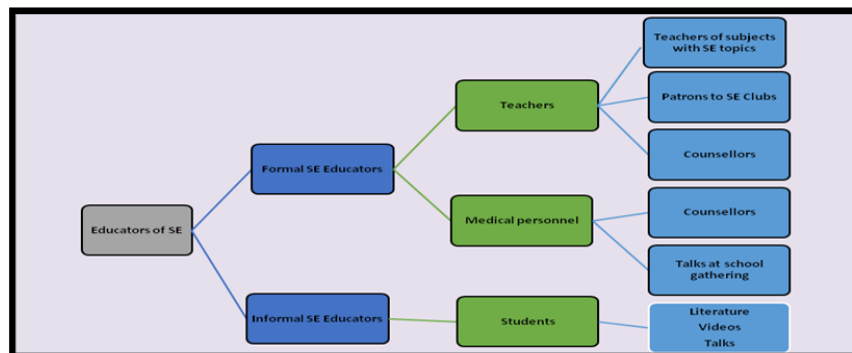
Findings

This section presents findings about teachers' experiences with sex education. However, as specified in the diagram below, data indicated that in addition to the formal educators assigned by schools,



there are also self-assigned educators who influence teachers' input. In addition to teachers, data showed that schools have assigned medical personnel counselling duties. Therefore, the findings presented in this section are about teachers, medical personnel, and student educators. For better clarification, these educators have been summarised in the figure below.

Figure 1: Educators of Sexuality Education



Source: Author (2024)

Figure 2: Findings about Formal Educators of Sexuality Education

<p>Classroom teachers (Biology, Literature, CRE) In the classroom they teach SE because SE topics are incorporated in their subjects. Findings - Teachers face cultural and societal challenges - Teachers lack training/skill - the home setting is best for sexuality education</p>	<p>Teacher Counselors Senior men and women who are assigned this duty by the school They carry out Individual counselling and group counselling sessions Findings - a minority of students come to teachers for counseling - teachers lack proper guidance materials - They are overwhelmed by huge school enrollments - Teachers lack training - Schools do not consult teachers before they assigned the duty - Majority of teachers do not feel comfortable counselling students about sexuality</p>
<p>Club Patrons These too are teachers appointed by the school and they counsel and counsel students about sexuality in club activities like drama, debate, skits and music Findings - Only a minority of teachers are attached to these activities - teachers lack proper guidance materials - The number of teachers is not proportional to school enrollments - Teachers lack training - Schools do not consult teachers before they assigned the duty</p>	<p>Medical personnel These are doctors and nurses who at the invitation of the school, visit the school seasonally to counsel and educate students about sexuality. They carry out one-one and open-school counselling sessions. - Students prefer them to teacher counselors - they are invited on very few occasions - They are always overwhelmed by huge school enrollments</p>

Source: Author (2024)



Classroom Teachers

The findings presented here are about teachers who teach a subject in which sexuality education topics have been incorporated. These subjects are literature, biology, and Christian religious education. These teachers teach about sexuality during formal classroom hours.

Teachers are suitable educators of Sexuality Education

Our findings indeed confirmed that schools next to the home are places where students' social and academic needs are met, hence qualifying teachers as suitable educators of sex education. As one head teacher said, *schools are like our homes, and students are like our own children; we always wish the best for them and teach them to the best of our ability.*

Influence of cultural beliefs and values

Though teachers are considered appropriate educators for sexuality education, findings indicated that teachers are not confident enough to discuss openly about sexuality. Most teachers still hold on to their strong cultural beliefs and values. They still believe sexuality should be a private matter of the home. One teacher who teaches biology said *it is not easy to discuss issues about birth control, such as condoms and contraceptive use, with her students...I find it quite embarrassing when I teach this topic.* One teacher also related to me that a parent had accused her of educating his son about sex when they had met. In contrast, other SE teachers reported that they were having heated debates with other teachers regarding the necessity of sex education in schools. During interviews, all teachers agreed that learning about sexuality is important for adolescents. However, most teachers said that teaching teenagers about their sexuality should be left to the home setting. Below are some quotations from different interviews,

Schools enrol students from different cultures, and they do not understand the cultures around their sexuality. In this school, we enrol students from all around the country. It's not easy to tailor education that suits all their cultures about sexuality. Educating students from vast backgrounds with the same curriculum is not very effective; I have realised much is left out, and I think parents are a better alternative for this education.

Lack of SE teaching skills

In the FDGs, most students pointed out that their teachers are not skilled enough to teach about sexuality. Students said they find their teachers very uncomfortable when teaching the subject. For instance, a big majority of students pointed out that their teachers don't answer their questions about sexuality in the classrooms. Below are some quotations from different FDGs.

Our teacher tells us to wait for the next lesson but unfortunately when the next lesson comes we still don't get the answers to our questions. ... Our teacher would rather skip an SE topic or push it to the end of the syllabus...We often leave the lesson with questions that our teacher has not answered...Our teacher did not teach us well contraceptives. She asked to research it and make notes.

Teachers also confirmed their lack of skill in the interviews. Findings show that teachers do not find teaching about sexuality easy. More so, they do not like it when schools appoint them to positions without their consent. One teacher said sex education is a unique subject. Teachers who expect to handle it must be effectively trained and equipped with skills *to handle the subject effectively.*



Club Patrons and Counselling Teachers

The data presented here is about teachers who teach sex education outside the classroom. These are club patrons and school guidance and counselling teachers. In the clubs usually held in the evening after class, for day schools and on Saturday for boarding schools, teachers educate students about sexuality through drama, music, or debate. On the other hand, counsellors carry out one-on-one or group counselling sessions.

Lack of SE clear guidelines for Sexuality Education

Data also indicated that while teaching SE in the classroom gives teachers clear guidelines and resources for SE learning, it's not the same with counselling, clubs, and society; educators are not provided with sufficient teaching resources or guidelines to support their work. Therefore, teachers appointed to these positions feel demoralised when carrying out their duties. One teacher said that *sex education is not an easy subject to handle... to be sincere, sometimes I find trouble preparing for counselling sessions.*

Lack of motivation and encouragement from the school administration

Data also revealed that teachers assigned the duties of handling SE programs in the school lack motivation and encouragement from the school administration. For instance, teachers are given the responsibility as patrons of clubs to work outside hours of the school curriculum but lack motivation and encouragement from the school administration. One teacher said, *It's high time schools thought of supporting patrons of SE clubs by giving proper direction on what to teach and how to teach students during S.E sessions...we are never consulted about the challenges we face while handling our duties as S.E club patrons sessions.*

Though data from teachers anonymously showed that school administrators do not support their efforts, data from head teachers was contrary. Below are quotations from different head teacher interviews,

School administration will support any program that aims at helping to improve the discipline of our students...The health of my students is a priority in the school program. I am willing to make any possible adjustments to support SE learning so that my students can be groomed into citizens who care about their health. Whenever teachers approach my office, I am ready to support them in their SE duties.



Data also revealed that the number of teachers selected as counsellors and club patrons is very limited compared to the school enrollment. For instance, though all the schools had huge enrolments of 800 to 1500, none of the six schools had more than two counsellors. More so, while four schools had two teachers to patronise SE clubs, the other two had only assigned one teacher. One student in the FGDs also said *it is difficult to access a counsellor... when I come out of class, I always find long lines of students at the counsellor's office.*

During interviews with teachers, they said that they are overwhelmed by numbers. The few assigned this duty found it quite hectic to do guidance, counselling, or club activities alongside their other school academic activities. They desired other teachers to be included on the team to reduce this burden. In one boy's school, a teacher said that 1400 students need more than just three of us to carry out SE programs effectively.

Medical personnel Educators

In addition to teachers, this study established that medical personnel also visit schools occasionally on a termly basis. These are medical doctors and nurses whom schools invite to educate and counsel their students about sexuality. Hence, the findings about these educators are below.

Preference of medical personnel Educators over teachers

Findings from all participants showed positivity about medical educators. Data from students showed that they prefer learning from medical personnel to learning from their teachers. Students believe professional health educators teach from an informed position because they know more about health than their teachers. Students also said that medical personnel freely and openly explain to students, unlike teachers who shy away when asked some questions. In addition, findings showed that students look to teachers as their "second parents" and sometimes feel uncomfortable discussing sensitive topics about sexuality with them.

Below are some of the quotations from different student FGDs,

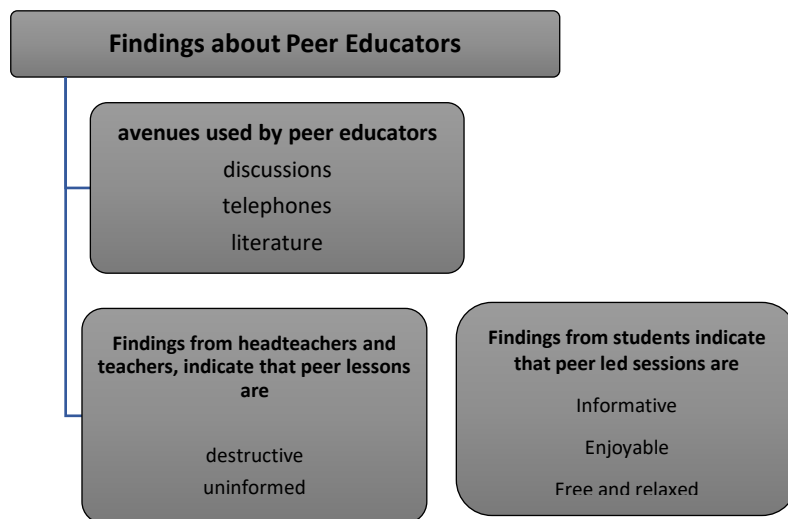
Students are scared that when one contributes a lot about sexuality issues, teachers may judge them wrongly and think he or she is immoral... That is why students prefer to talk in the absence of teachers. Our teachers are sometimes shy to answer our queries about sexual health, while the visiting doctors always explain our queries without fear or shyness. Doctor-led sessions are also much appreciated because when we learn from professionals, we acquire more and better information about sexuality.

High expenses of inviting medical personnel

However, though most participants regard visitor educators as appropriate for SE, participating head teachers expressed concern about the huge expenses schools incur when inviting them to their schools. One head teacher at a boys' school said, *I would like our school doctor to talk to my boys more often, but that means more money, which we cannot afford...that is why he comes only once a term.* Another head teacher said *we resorted to services from a nurse because our school budget could not meet the expenses of a doctor.*



Figure 3. Findings about Informal Peers Educators



Source: Author (2024)

In addition to formal educators whom schools appoint the duty of educating students about sexuality, we also found that there are self-appointed student peer educators. These student educators use books, films, and conversations to educate their peers about sexuality when there are no adults around. The results indicate that these peer-taught sessions are practised by students in all schools. In the day schools, peer education is done on the way as students travel back home. One student from the day school said that on our way home, students usually hold discussions with their friends and tell them about videos they watch at the (bibanda) local video halls. In the boarding schools, data showed that this education is carried out in the dormitories after school, in the evening or at night. However, these classes are typically not prepared for or given to any specific student to instruct others. Any student will lead a conversation about any sexuality topic that students come across in videos or literature, or any topic that prompts them to talk about sexuality. One student in a boarding school said discussions about sexuality usually start when someone shows us a video.

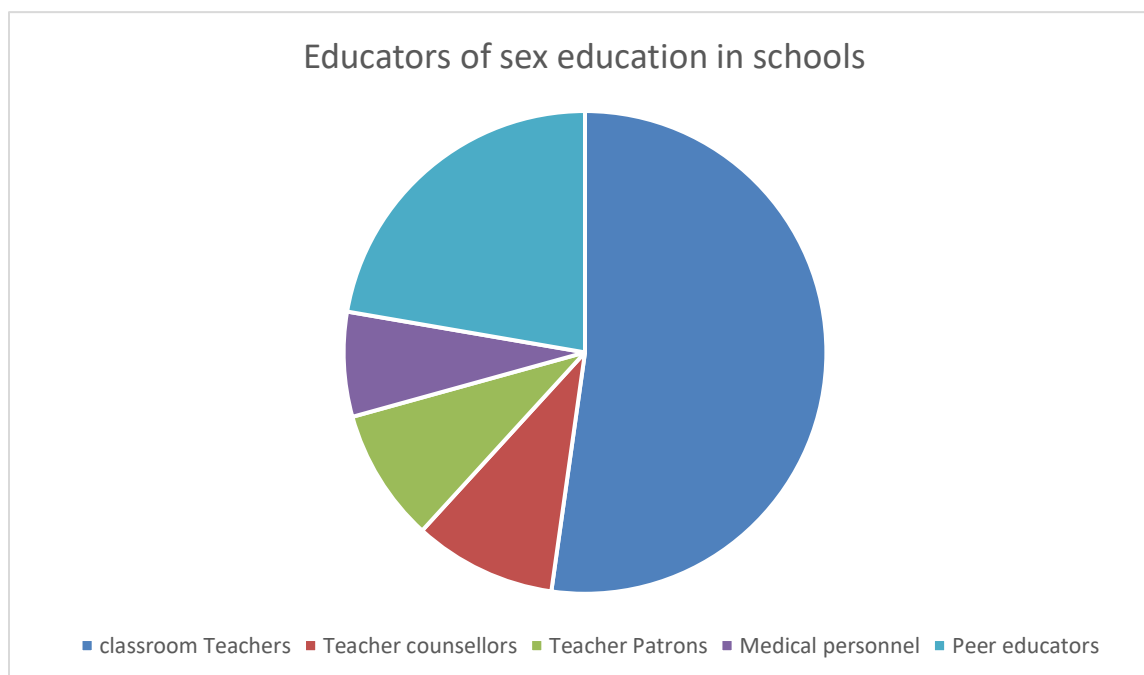
The other avenue often used by students of boarding schools is the sneaked telephones. However, this was found to be majorly practised in male schools. Findings showed that from a telephone, students watch videos about sexuality. This is done at night during bedtime or at weekends; they do this at late night hours when no adult is expected. One teacher said that despite the serious checking done at the gates before students enter school, some students still manage to sneak telephones in.... from these telephones, *students watch pornography*.

When we asked participants for their opinion on self-appointed SE educators, findings showed diverse responses. All participating adults (teachers, head teachers and education officers) believed these peer educators were uninformed and feared their education was destructive and unhealthy for their peers. One head teacher said: *these are young people who are poorly informed and likely to mislead other students*.



However, most students found these educators “*informative and enjoyable*”. In their FGDs, students argued that the nature of peer-led lessons provides long enough time for them to learn substantial material from peers. They said the atmosphere is free and not tense as is in the classroom, making learning more convenient. One student from a boy’s school said *peer discussions give us freedom to ask and understand sexuality in the absence of adults.... the talks are not time-bound, which gives us plenty of time to discuss our sexual health concerns.*

Figure 4. Findings about Educators of Sexuality Education



Source: Author (2024)

As presented in the diagram above, findings showed that teachers offer the highest percentage of learning to students, followed by peer educators. In contrast, medical personnel, counsellors, and patrons offer the least education.

Influence of cultural beliefs and values

Though teaching the subject in class, teachers still believe that sexuality is such a sensitive topic that should be handled privately within the home setting; to them, open discussion about sexuality that takes place in the schools is improper. This belief further confirms (Okello,2012; Chu et al., 2015; Muhwezi et al., 2015) literature about Uganda's strong cultural values and beliefs, which hold talking about sexuality in the classroom is against African morality. This probably explains why teachers find it very difficult to have candid discussions with their pupils about birth control-related topics such as condom use and contraceptive use. We also established that teachers who oversee sex education initiatives are routinely criticised by their peers in school. This concurs with (Kemigisha et al., 2018), who say that sex education has continued to be a divisive topic for Uganda's religious, political, and



cultural leaders. Perhaps this clarifies why Ugandan teachers avoid discussing these subjects, even though sex education guidelines and curricula promote comprehensive instruction.

This prevents students from accessing all the knowledge they need, which has likely impacted the effectiveness of sex education.

Lack of SE teaching skills

Teachers have been identified as the most appropriate educators of sex education (Hussain, 2013). However, our results unequivocally demonstrate that teachers lack the necessary tools to address this issue effectively. This is because they have not undergone any training to equip them with skills that will help them comfortably and confidently teach about sexuality. Policymakers must recognise that sex education is a sensitive topic that needs to be taught by qualified educators (Iyer & Aggleton, 2013; Atuhaire et al., 2023). This study supports Hutter's (2021) findings, which state that teachers' insufficient knowledge of reproductive health issues and health education, as well as their inadequate SE teaching techniques, are the primary barriers to their capacity to instruct SE effectively.

Teachers are overloaded

Furthermore, given that substantially fewer teachers oversee SE than there are pupils enrolled in the school, we found that teachers handling sexuality are overworked. This is because not all staff teachers teach subjects that include sexuality education, even though all pupils in the school are mandated to learn about sexuality. Furthermore, there aren't enough teachers assigned to lead the extracurricular activities. This massive assignment proved too difficult for the three or four teachers assigned SE responsibilities.

Lack of SE clear guidelines for Sexuality Education

While classroom teachers have clear guidelines to follow when teaching in class, teachers instructing students in clubs have no clear guidelines to guide the activities.

Peers and medical educators influence

Our results are consistent with those of (Bantebya, 2014; Hussain, 2018), who consider peer learning an effective instruction method. This was evident in our study because though students picked up knowledge from peers in the classroom and teachers, they felt more comfortable learning with peers than with teachers.

Conclusions

When teachers are trained, they become more effective in sex education. We thus recommend that all aspiring teachers complete sexuality education courses and that those already in service undergo in-service training to improve their knowledge and capacity to teach sexuality education whenever they are given the responsibility.

Further, parents and community leaders have not been included in the planning and implementation of sex education, so they are not conversant with what transpires in this education. Hence, we recommend that the government of Uganda, together with the Ministry of Education and Sports, carry out more community awareness-raising campaigns about sex education.

The strong cultural and religious values are a hindrance to comprehensive sex education. Hence, we recommend schools use more inclusive approaches whereby more community members and parents can participate in outside class activities like talk shows, guidance and counselling. Also, some teachers' efforts are frustrated because they lack supplies and administrative help. As a result, they



are incapable of teaching SE effectively and lack the necessary resources. We recommend more school support and recitation of the education inspectorate on club activities. In addition to teachers, we suggest that schools use more medical professionals because most student and teacher participants believe that medical personnel provide a judgment-free learning environment and are more knowledgeable about health than teachers.

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