

# Perceptions and Suggestions Towards Adolescent Sexuality Education Among Secondary School Teachers in Region 1, The Gambia

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## Abstract

Comprehensive Sexuality Education (CSE) is a school-based intervention aimed at correcting misinformation surrounding sexual education among youth, often influenced by social media, peer groups and misleading online content. In The Gambia, the Ministry of Basic and Secondary Education has developed and introduced a national framework to integrate CSE from Grade 4 (primary school level) to Grade 12 (senior secondary school level).

This study explores the perceptions and recommendations of 50 secondary school teachers from 43 public and private schools in Region 1 on the implementation of CSE in schools. While some teachers expressed concerns that CSE might promote perverted and lewd early sexual behavior, others saw it as essential for increased awareness and youth well-being. Cultural, religious, and societal norms pose significant implementation barriers towards the implementation of CSE in schools. Teachers' insights are vital for successful CSE delivery and educational strategy improvements.

## Introduction

In The Gambia, discussions around sex and sexuality remain culturally sensitive and are often avoided among young people, and especially more so between young people and adults. The issue of Sexuality Education (SE) in Gambian communities is met with subtle attitudes founded on cultural and religious beliefs.

Parents are of the belief that their children aged 15 years and below, are innocent, and thus sexuality education may introduce them to the "evils" of sexual debauchery. However, evidence suggests that early sexual activity and misinformation are prevalent among Gambian youth, necessitating structured SE interventions. Approximately 19.4% of young women aged 20-24 years in The Gambia have given birth before the age of 18, with rural areas having a higher prevalence (27.8%) compared to urban areas (13.7%). This is further corroborated by research in other homogenous African countries which show that young adolescents from the ages of 12 to 14 are becoming sexually aware and are sometimes exposed to and indulge in early and unprotected sexual activities.

In view of the above and in order to address critical challenges, the Government

of The Gambia (GoTG) through its Ministry of Basic and Secondary Education (MoBSE), introduced series of targeted interventions to provide young people with the right and reliable information to guide them make the right decisions and choices concerning their sexuality. The Gambia introduced Population and Family Life Education (POP/FLE) in schools, which addressed population dynamics, fertility, morality, and environmental stewardship. This evolved into Comprehensive Sexuality Education (CSE), aligned with international standards.

CSE is considered vital and equips young people with relevant knowledge, life skills, and values to foster healthy attitudes toward sexuality, emotional development, and interpersonal relationships. Despite its benefits, CSE faces resistance due to cultural and religious beliefs. Many Gambians view sexuality traditionally as a taboo topic and a private matter, unsuitable for public discourse or young audiences. Critics further argue that Sexuality Education may introduce obscenity or encourage immorality. The study employs Bronfenbrenner's ecological systems theory to examine how environmental factors such as religion and norms shape teachers' perceptions of SE.

## Literature Review

### *Targeted Government Interventions*

With rising concerns over early pregnancies, sexual abuse, and misinformation from peers and social media, school-based sexuality education helps promote awareness, prevent risky behaviors, and protect young people from exploitation and sexually transmitted infections. Sexual education equips adolescents with accurate, age-appropriate information to make informed decisions about their sexual and reproductive health in a situational context where open discussions about sexuality are often culturally taboo.

Population and Family Life Education (POP/FLE) was first introduced into the Gambian school system (at the basic and secondary education levels) in the early 1990s, and focused on promoting responsible decision-making, particularly among young people, regarding reproductive health, family planning, and overall well-being. The Population Family Life Education (POP/FLE) framework included four areas: (i) Demographic and population growth; (ii) Population, sexual and reproductive health; (iii) Population and family; and (iv) Population and the environment.

In 2017, the Ministry of Basic and Secondary Education (MoBSE) in The Gambia officially introduced a Comprehensive Sexuality Education (CSE) and in The Gambia Education curriculum referred to it as Comprehensive Health Education (CHE) due to the cultural norms of the country about the word sexuality. The framework in schools aims to better align existing POP/FLE programs with global standards for a holistic and age-appropriate Comprehensive health and sexuality education. This marked the beginning of a structured initiative to integrate CHE into the school curriculum, reflecting international guidance and addressing gaps in adolescent sexual and reproductive health education.

Comprehensive Sexuality Education (CSE) is a rights-based, age-appropriate, and scientifically viable approach to teach about human development, sexuality, relationships, and reproductive health. According to UNESCO (2018), CSE helps promote healthy behaviors, delay sexual debut, reduce unintended pregnancies and STIs, and foster mutual respect and gender equity among learners. CSE aims to equip young people with the knowledge, life skills, attitudes, and values necessary to make informed, respectful, and responsible decisions about their sexual and social well-being. CSE goes beyond biological aspects to include gender equality, consent, communication, and decision-making,

and is delivered through an interactive, learner-centered methodology.

### Methods

The study utilized a qualitative approach, which explored teachers' perceptions and suggestions toward Sexuality Education in primary as well as secondary schools in The Gambia. A qualitative data collection approach was adopted. The study involved 50 teachers, both males and females, from public and private secondary schools in the Kanifing area (Region 1). Data was collected through six focus group discussions (FGDs), each with 8 to 10 participants. FGD guides were developed using Bronfenbrenner's ecological systems theory as framework, looking at how proximal factors such as religion, cultural norms, values, and beliefs can influence teachers' perceptions of sexuality education and its teaching in early school grades. The study investigated critical issues that included: (i) teachers' perception of sexuality education; (ii) whether there is need for sexuality education in schools in The Gambia; (iii) the preferred content of sexuality education for their secondary school children, and (iv) the age appropriate for sexuality education in schools.

#### *Study Setting*

The study was conducted in the Kanifing area of region 1. Region 1 is one of the 6 school education regions, the latter which are administrative divisions established by the Ministry of Basic and Secondary Education (MoBSE) to decentralize educational governance and improve education service delivery across in The Gambia. These education regions often overlap geographically with the Local Government Areas (LGAs) which are 8 in total. For example, Region 1 broadly corresponds to the Greater Banjul Area (i.e., Banjul and the Kanifing LGAs). This region was targeted for the study because it is densely populated and has a wide distribution of both private and public schools.

#### *Participant Selection*

The study participants included fifty (50) teachers from 43 schools (public and private, at upper basic, secondary and senior secondary school levels). Schools identified were already teaching CSE as part of their curriculum, and school administrators recommended teachers to participate in the study. Purposive and convenience sampling was used to target teachers.

Even though participants in the study taught various subjects like English language, science, home science, physical health education and religious education, they shared a common interest either by being directly or indirectly involved in CSE curriculum development and delivery. There were also deliberate attempts to ensure acceptable gender balance in the participation of teachers in the study.

#### *FGDs*

Six (6) FGDs were conducted with a total of 50 teachers as participants. FGDs were conducted using structured interview guides which were designed to align with the study objectives. The guides included leading and probing questions, divided into two sections to thoroughly explore key themes. Questions solicited views on whether the introduction and teaching of CSE in schools will help reduce teenage pregnancies and improve students' awareness about their bodies; as well as request for explanations of personal experiences and or observations on how cultural or religious factors are influencing how sexuality education is perceived and received in schools. Identified teachers engaged with the researcher and her team at the school grounds. The principal investigator facilitated the discussions, while two research assistants recorded and later on transcribed the sessions. Each session lasted one hour.

### *Ethical Approval and ethics consideration*

Ethical approval was provided by the *Gambia Government Joint MRC Ethics Committee* (reference number 21433) for the conduct of the study. Official permission was also obtained to conduct FGDs at schools. School managements approved and supported researchers to organize groups and conduct discussions. In addition to this, teachers were also formally invited to participate, and the study objectives and guidelines were clearly explained. Both verbal and written informed consents were obtained from all participants before administering the FGDs. Ethical considerations were duly emphasized, thereby ensuring voluntary participation, confidentiality, and anonymity of responses.

### *Data Analysis*

Data analysis workflow included transcription, coding, and thematic analysis using *ATLAS.ti (Version 22.0.6.0) for Windows*. Recorded audio files from the FGDs were transcribed into text. This was followed by identifying key ideas and patterns and then grouping them into codes. Codes were further sub-grouped into themes and sub-themes to reflect, summarize, interpret and present clearly the main issues and perspectives which were discussed during the FGDs.

## **Results and Discussion**

### ***Demographics Characteristics***

Fifty (50) teachers from forty – three (43) schools participated in the FGDs. All participants in the FGDs were classroom teachers, with more than 5 years teaching experience in their current schools and with over ten years of general teaching experience. Six (6) FGDs were conducted, with four (4) of the FGDs having eight (8) participants, while the other two (2) FGDs had 9 participants, accounting for a total of 50 participants. Gender representation was 50:50 ratio for males and females (i.e., 25 males and 25 female teachers, with all having tertiary education qualifications).

### ***Teaching Sexuality Education in The Gambia - Teachers' Perspectives***

[6] reported that many teachers and community members in Uganda, perceived school-based CSE initiatives for very young adolescents (VYAs) as not aligning with local cultural norms, particularly when it addressed topics like contraception, same-sex relationships, or premarital sex. Even though the focus of this research was not on areas of contraception or same-sex relationships, findings showed that Gambian teachers have a general positive attitude towards sexuality education in secondary schools.

Gambian teachers do not believe that sexuality education is an imposition from western cultures, and that such an education would instigate immorality among young people. Faced with the question; “*Do you think there is a need for sexuality education in our schools?*”, all 50 teacher-participants unanimously agreed that sexuality education in secondary schools is necessary to equip students with accurate, age-appropriate knowledge and life skills to make informed and responsible decisions that will protect their health and dignity, thereby complementing rather than contradicting religious and cultural values that emphasize morality, respect, and personal accountability.

# of Upper Basic Sch	# of Senior Secondary Sch	# of Teachers
27 schools	16 schools	Male (25)
13 public, 14 private	10 public, 6 private	Female (25)
3 FGDs	3 FGDs	
8 participants per FGD	8 participants per FGD	

Teachers expressed concern that young adolescents do not understand their bodies, especially when experiencing changes during puberty. Body changes are linked to their health and spiritual well-being. Body changes in adolescent girls make them feel confused and awkward, sometimes they become shy and uncomfortable, not knowing how to respond to these changes especially in cultures where such topics are rarely discussed openly. The same goes for boys during puberty, who experience rapid physical changes driven by hormonal shifts. They undergo rapid growth spurts, deepening of the voice, development of facial and body hair, increased sweat and oil production resulting in acne, and enlargement of the testes and penis, all of which can cause physical and emotional discomfort both (i.e., low self-esteem and social anxiety)

*“Body changes confuse adolescent boys and girls; regarding the reproductive organs, when a girl’s breasts develop, a boy develops beards; some girls do not want their breasts to be visible, because they still enjoy the comfort of being young. Sometimes they get scared and be emotional, especially when they have no one to guide them; sexuality education teachers can manage all these challenges” (female teacher)*

### **Increased Awareness**

Given the high rates of sexual abuse, particularly defilement, most teachers emphasized that teaching sexuality education in secondary schools is important to raise the levels of awareness among young adolescent students to become alert and protect themselves against sexual abuse. According to teachers, ignorance would only make young people become more vulnerable to sexual abuse by sex predators.

*“I agree that sexuality education should be taken in schools to help pupils understand the dangers of sex when it is carried out early. Therefore, continuous lessons on this are necessary since everything is changing in our environment and the world globally”*

*(male teacher)*

*“When a child is informed about sexuality early enough, he/she becomes aware of the repercussions and will be able to avoid it. Lack of awareness and knowledge are confusing our children, and it gives abusers a good chance” (female teacher)*

The need for awareness through sexuality education is corroborated by [7], that sexuality education provides young people with the information they need to protect themselves from being abused and to make informed decisions concerning their sexuality. [9] underlined that lack of knowledge and awareness can make children vulnerable to sexual abuse, unwanted pregnancies and Sexually Transmitted Infections (STIs).

### **Parents vs Teachers**

During the study, some teachers discussed that sexuality education is the primary responsibility of parents and not teachers. Parents should be the first-line educators and teachers the second line educators, and this is in line with the views of Larocque M, et al (2011), who hold that parents understand their children better than teachers and can detect their children’s weaknesses and strengths.

*“It is the mother or auntie who teaches a girl child how to use a pad and what to do during menstruation, the mother or auntie grooms the girl, and the father or uncle grooms the boy, teachers should go ahead to teach their normal subjects” (male teacher)*

While some teachers believed that CSE is the responsibility of parents, others acknowledged the need for collaboration, as students spend more time in school.

*“Our students spend more time in school with us teachers than at home. Some of their parents work in the private sector and it is difficult to get meaningful time to attend to their children. I believe that we should take the responsibility to teach our students about sexuality education” (female teacher)*

[13] highlighted that parents have no skills and competencies to teach their children issues of sexuality. He further posited there are possibilities that parents may misinform children about sexualities. [14] maintain that parents are inadequate sex educators, and therefore, in many contexts, sex education is gradually becoming part of the school systems. Teachers admitted that there should be more training on CSE.

### ***Age for CSE***

Teachers who participated in the FGDs had mixed views regarding the age at which students should be taught SE. Some teachers suggested starting SE in Grade 6 and above, while others advocated for its earlier introduction. Advocates for the early introduction of SE in schools justified that this is necessary due to early puberty and the high prevalence of teenage pregnancy and sexual abuse. Teenage pregnancies outside of marriage among adolescent girls in particular, are a significant cause for concern in The Gambia, where 18% of adolescent girls, age 15 to 19 are already mothers or pregnant with their first child.

*“The age at which this topic is introduced is extremely critical. Sexuality education should not be given to very young people, i.e., children in Grade 1, to Grade 4. At least it should be taught to the children of grades 6 to grade 12 such that children in the upper classes, they can pick what is being taught. Sexuality education is important in our society but for more advanced pupils probably from grade 6 and above” (Male public school teacher)*

*“We need sexuality education to be well packaged, depending on the age of the children. Sexuality education should be introduced early as some of our children start experiencing body changes in an early age. The body changes and their implications should be explained to our children before they are misinformed” (female teacher).*

### ***Content of CSE***

While teachers agree that SE is important, concerns were raised vis-à-vis the approaches to SE and how much should be taught. Some teachers strongly suggested moderating the content of SE according to the age of students. SE should avoid graphic content for younger students. Children should be taught small bits of necessary information.

*‘...It is important for young children to know a small bit of sexuality, not to disclose each and everything but to talk about what is important thing followed by norms. If the teacher is not well organized, things can go wrong. Teach what is necessary for the students’, (male teacher).*

The above emphasizes the instruction of SE for young children in a controlled and age-appropriate school environment. It suggests that children should receive foundational knowledge about sexuality, without overwhelming them with excessive details.

### ***A religious and culturally based Sexuality Education***

Few teachers were of the opinion that SE should be grounded on religious teachings. Religious teachings emphasize the values of chastity, virginity, and an individual’s purity. They argued that sexuality and spirituality overlap because they are equally illuminated by God’s command to love and treat each other with dignity and respect. These teachers advised that pupils should develop religious

attitudes, values, and beliefs about sexuality issues.

*“Sexuality education should be based on religious teaching and discourage children from indulging in sex until marriage. Even marriage should only be for opposite sexes, and not relative” (female teacher)*

*“When conducting sex education, we need to derive it from religious views/values. Ideally, sexuality education should be taught by religious education teachers, these teachers are mostly respected by the pupils because of the morality they inculcate in students” (female teacher)*

*“Make it part of religious education. Sexuality education can be a topic of divinity or religious education. Try to quote verses in the scriptures and show children that even God does not love sex before marriage. Once the sexuality values are taught early enough and based on religion, these things will stick in their heads” (male teacher)*

Even though it is intricately linked to religion, many teachers emphasized that SE should focus on sexual abstinence until marriage, since virginity is a cherished value and virtue in Gambian culture and communities.

*“The need to revise the value of virginity; our children do not care about keeping their virginity, both boys and girls. Nevertheless, also our culture is wrong. It tells girls to be virgins but encourages boys to move around with different girls. Now it confuses; even boys need to be told to be virgins until they are mature enough to marry” (female teacher)*

*“Sexuality education should ensure our children abstain from sex till marriage, controlling lust is very important, children are not mature enough, even all religious teachings emphasize the value of virginity” (male teacher)*

### Conclusion

With The Gambia known to be a religious, moral, and culturally sensitive country, this study has shown that there is increasing tolerance and acceptance of CSE as a subject taught in both private and public schools in region 1 of this country. Teachers in Region 1 generally support SE in secondary schools, recognizing its role in addressing critical adolescent health issues. Abstinence and virginity were emphasized, especially for girls. Some teachers advocated for the integration of CSE into religious education, aligning content with religious teachings in order to promote morality and respect for the body.

It is important to note that The Gambia has made significant efforts to introduce sexuality education in schools. The transitional shift from POP/FLE to CSE and CHE shows the importance allocated towards addressing evolving sexual and reproductive health needs and challenges faced by adolescents through a more holistic, rights-based, and scientifically grounded approach. Sexuality education in secondary schools is now perceived as helping to increase awareness levels, instill abstinence values, demystify sexual myths and combat sexuality misinformation among young adolescents.

### Study Implication

The study was not without limitations. The study was a qualitative study that focused only on exploring teachers' perceptions and suggestions toward Sexuality Education. Coverage was limited only to region 1, which may not reflect similar findings in the other education regions in the country. Therefore, the results and findings of this study cannot be generalized.

Analysis of findings revealed that school teachers and parents in region 1 may not be fully equipped with the requisite knowledge, skills and techniques with which to deliver CSE in schools. Teachers feel unprepared to teach SE, and they are also of the opinion that parents not only lack the time to spend with their children due to work, but they are also ill-equipped to properly teach their children on SE matters. If the teacher is not well-trained and organized, the delivery of SE could become confusing or ineffective.

There is uncertainty and ambiguity regarding the age SE should be introduced to students, and at what levels. The appropriate age is not specified, and teachers are conflicted about the period to start sexuality education. There is the need to consider sexual minorities among adolescents in schools. This situation is further complicated by the fact that students' age groups are not uniform and do not correspond with grades. For example, in urban settings, the approximate age for the grade 4 class is between 7 to 9 years and in rural settings grade 4 age group can range from twelve (12) to fourteen (14) years.

There is a lack of clarity about what to include (and not include) as part of appropriate content for CSE delivery. The debate (both internationally and locally), about whether to include SE as part of religious education still continues. [15] maintain that religious teachings exclude safer sex options such as use of condoms and contraception. Whereas [12], emphasizes that sexuality education must be linked to spirituality, religious, and moral values.

### Recommendations

1. There is a need to conduct further studies of this nature in the other educational regions of this country, which should include assessing the knowledge, approaches and attitudes of teachers in the development and delivery of CSE in secondary schools. Quantitative data collection across the country (in schools where CSE is taught), which will interview secondary school students, in order to capture their views and perceptions since they are at the receiving end of CSE, will not only complement and supplement existing qualitative research results, but will also support informed decision-making processes.
2. Parent-Teacher Associations (PTAs), community and religious leaders should be involved in the development and moderation of content for CSE delivery. This should go hand in hand with the development of age-appropriate and culturally sensitive teaching and learning materials.
3. Enabling resources should be provided for targeted teacher training programs in CSE delivery. Clear, structured, and responsible teaching methods are essential to ensure children receive correct, understandable, and useful information. Parents and community health workers should also be sensitized on SE.
4. A program should be designed which will in essence develop SE content that is moderated and aligned to Religious Education, and this will be implemented in identified and selected secondary schools as part of a pilot project in order to observe trends and document results.

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## References

1. United Nation Fund Population (UNFPA). *Comprehensive sexuality education: Advancing human rights, gender equality and improved sexual and reproductive health*, 2010.
2. United Nations Educational, Scientific and Cultural Organization (UNESCO), 2024. *Comprehensive sexuality education: For healthy, informed and empowered learners*
3. Bankole A, Biddlecom A, Singh S, Guiella G and Zulu E. *Sexual behavior, knowledge and information sources of very young adolescents in four sub-Saharan African countries*. African journal of reproductive health 2007; 11(3): 28-43
4. Braeken D and Cardinal M. *Comprehensive sexuality education as a means of promoting sexual health*. International Journal of Sexual Health 2008; 20(1-2): pp. 50–62.
5. Irvine JM. Talk about sex. *The battles over sex education in the United States*. Univ of California Press 2004.
6. Kemigisha E, Bruce K, Ivanova O, Leye E, Coene G, Ruzaaza GN and Michielsen K. *Evaluation of a school-based comprehensive sexuality education program among very young adolescents in rural Uganda*. BMC Public Health 2019; 19(1): 111.
7. Kantor LM, and Lindberg L. *Pleasure and sex education. The need for broadening both content and measurement*. American Journal of Public Health 2020; 110(2): 145-148.
8. Ferguson RM, Vanwesenbeeck I, and Knijn T. *A matter of fact and more. An exploratory analysis of the content of sexuality education in The Netherlands*. Sex Education 2008; 8(1): 93-106.
9. Basile KC, DeGue S, Jones K, Freire K, Dills J, Smith SG, and Raiford JL. *A technical package to prevent sexual violence*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention 2016.
10. The Gambia Multiple Indicator Cluster Survey Report (MICS) 2015Cohen J, and Tate T. The less they know, the better. abstinence-only HIV/AIDS programs in Uganda. *Reproductive Health Matters* 2006; 14(28): 174–178
11. Byers ES, Henderson J, and Hobson KM. *University students' definitions of sexual abstinence and having sex*. *Archives of Sexual Behavior* 2009; 38(5): 665–674.
12. Haffner DW. *Dearly beloved: Sexuality education in faith communities*. American Journal of Sexuality Education 2011; 6(1): 1-6.
13. Ganji J, Emamian MH, Maasoumi R, Keramat A, and Khoei EM. *The existing approaches to sexuality education targeting children. A review article*. *Iranian journal of public health* 2017; 46 (7): 890.
14. Reppucci ND, and Herman J. Chapter 4: Sexuality education and child sexual abuse prevention programs in the schools. *Review of research in education* 1991; 17(1): 127-166.
15. Josephine B, and Nanfuka AN. *'Do Not Separate Sexuality Education from Religious Teachings': Parents' Perceptions and Suggestions towards Sexuality Education in Uganda*. *East African Journal of Traditions, Culture and Religion* 2023; 6(1) :16-39.
16. Goodson P, Suther S, Pruitt BE, and Wilson K. *Defining abstinence: views of directors, instructors, and participants in abstinence-only-until-marriage programs in Texas*. *Journal of School Health*. 2003; 73:91–96.