Saint Mary's University Senior High School Grade 12 Students' Level of Sexual Knowledge and Extent of Sexual Practices

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ABSTRACT

This study aimed to determine the level of sexual knowledge and the extent of sexual practices of Grade 12 senior high school students. Using a mixed-method design, this study used random stratified sampling and an adapted and modified questionnaire to collect data. The findings indicate that the respondents, primarily male and female students from the STEM strand with middle-class backgrounds, rely on social media for sexual education. They possess average knowledge, leaning more towards general information than contraception. Further, they exhibit an improved awareness of sexual health but have gaps in specific topics. Despite their knowledge, they are unlikely to engage in sexual activities, suggesting comfort in discussing sex with peers, parents, and teachers. Gender significantly influences their sexual knowledge, while demographics like strand, socioeconomic status, relationship status, and information sources have no significant impact. Moreover, there is a low correlation between sexual knowledge and practice, emphasizing the need for a more comprehensive sex education. In conclusion, organizing workshops, seminars, and symposiums by the school and local health departments is essential to cultivate a comprehensive understanding of sex, sexuality, and related topics among teachers and parents, thereby facilitating the dissemination of credible information.

Keyword: Adolescence; Sex Education; Sexual Knowledge; Sexual Practices; Risky Sexual Practices

INTRODUCTION

In the context of technologically advanced society, assessing students' knowledge levels in critical areas of life is imperative, explicitly focusing on sexual education in this study. It opens doors to opportunities and broadens the youth's perspective of the world. Adolescence, a phase marked by significant physical, emotional, cognitive, and sexual development, sets the stage for behaviors and experiences that persist into adulthood. The rapid societal changes have had a considerable influence on adolescents' sexual and reproductive health outcomes, warranting an in-depth exploration, as concluded by Lyu et al., (2020). As highlighted by Lindberg et al., (2021), a significant 54% of adolescents aged 15-19 have experienced some form of sexual exploration, indicating its prevalence during adolescence. About half (54%) of adolescents aged 15-19 have had some type of sexual experience. Among teen women aged 15-17, only 31% receive contraceptive services (Frost & Lindberg, 2018). Research suggests that a substantial number of adolescents engage in sexual activities without a comprehensive understanding of sex, its boundaries, or the potential consequences of unsafe sexual practices. The rising incidences of sexual abuse, teenage pregnancies, and sexually transmitted diseases (STDs) potentially signal a widespread lack of understanding among young people about sex and its related topics.

The issues arising from the mentioned statistics are also particularly grave among adolescents, whose

understanding of sexuality and related topics often remains inadequate. According to Dulay (2021), imparting knowledge about safe sex practices and sexual health to teenagers could significantly reduce the incidence of teenage pregnancies, emphasizing the need for early education. "Emphasizing sex education as early as junior high school is important not only to lower the risk of teenage pregnancy but for every individual to really know everything they need to know about sex and all the related aspects that are connected to it." In addition, Kantor et al., (2021) concluded that it is essential to expand the scope of Comprehensive Sexuality Education beyond a focus on pregnancy and STD prevention to include advancing respect for people of all sexual orientations and gender identities, the ability to navigate sexual consent successfully, and the empowerment of children and adolescents to address sexual abuse. Educating adolescents about their bodies and sexuality at a young age is fundamental for their development and transition into adulthood. It fosters self-awareness and creates a safer, more informed social environment for themselves and their peers.

Sexual Education

As defined by the Planned Parenthood Federation of America, Inc. (2023), sexual education entails high-quality teaching and learning encompassing a broad range of topics related to sex and sexuality. It explores values and beliefs about those topics and helps people gain the skills that are needed to navigate relationships with self, partners, and community and manage one's own sexual health. Sexual education may take place in schools, at home, in community settings, or online. Rutgers (2021) notes that sexual education significantly differs across countries and programs. While it is generally well-supported globally, delivery can be poor and patchy. In most countries, sexual education is delivered at school as part of broader subjects. It can be viewed narrowly or strongly focused on sexual health, biology, anatomy, reproduction, birth control, and disease prevention. Gender norms, sexual diversity, sexual coercion, and sexual pleasure are covered much less. Some delicate subjects are eliminated, disregarded, or under emphasized in more constrained settings. Young people do not receive adequate assistance in finding their own gender and sex identities or in forming their own opinions in a secure learning environment. In recent years, due to the vehement resistance from religious organizations, political parties, and parent organizations, the landscape of governmental regulations on sexual education has shifted toward a more conservative approach in various nations.

Contrastingly, Comprehensive Sexuality Education (CSE) encompasses a broader range of definitions. Generally, these programs offer medically accurate, evidence-based information about abstinence, contraception, and the use of condoms to prevent STI transmission. In general, these programs include medically accurate, evidence-based information about both contraception and abstinence, as well as condoms to prevent STI transmission. Some programs, known as "abstinence-plus," stress abstinence as the best way to prevent pregnancy and STIs but also include information on contraception and condoms. Other programs emphasize safe sex practices and often include information about healthy relationships and lifestyles.

According to Melgar et al., (2018), sexual education in the Philippines is suboptimal. It offers compulsory knowledge, most often only about anatomy. This method of teaching does a disservice to all other elements of sexuality. It dims the potential of preadolescents on the subject of sexual reproductive health and sexuality in general. The primary reason sex education remains stagnant and unexplored in the Philippine context is the prevailing conservative ideology that the nation possesses. In a conservative country like the Philippines, issues about one's body are often left unsaid or avoided. Thus, the unawareness and ill-education of Filipinos are present with topics circulating about proper sex, reproduction, and even some topics about adolescence.

It is essential to note that CSE extends beyond the study of sexual intercourse, covering a vast array of related topics. According to Abdullah et al., (2020), human sexuality is introduced in sex education

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programs. Sexual orientation includes the anatomy of human genitals, sexual orientation, gender identity, reproduction, reproductive freedom and accountability, personal sexual relationships, sexually transmitted infections (STIs), and sexual behaviors. Sexuality, while forming a part of an individual's identity, significantly influences their thoughts, feelings, actions, and overall health. CSE not only offers age-appropriate and phased education to children and young people on human rights, gender equality, relationships, reproduction, sexual behavior risks, and the prevention of ill health, but it also allows presenting sexuality in a positive light by highlighting values like respect, inclusion, non-discrimination, equality, empathy, responsibility, and reciprocity.

As mentioned in the study of Vanwesenbeeck et al., (2020), the main goal of conventional CSE is the prevention of sexual risks and negative outcomes such as sexually transmitted infections (STIs), HIV infections, and unplanned (teenage) pregnancies. In conventional CSE, the focus is on delivering knowledge and strategies that reduce sexual risk behaviors, including the use of contraception, STI prevention, and the significance of consent. This usually involves educating students about various sexual practices, such as homosexuality and abstinence, along with the issues of high-risk behaviors. It is anticipated that by educating students on these topics, they can grow more aware of the possible implications of their actions and be more capable of making educated choices about their sexuality. Furthermore, according to the American Academy of Pediatrics (2022), comprehensive sex education programs have demonstrated success in reducing rates of sexual activity, sexual risk behaviors, STIs, adolescent pregnancy, and delaying sexual activity. Many systematic reviews of the literature have indicated that comprehensive sex education promotes healthy sexual behaviors such as reduced sexual activity, reduced number of sexual partners, reduced frequency of unprotected sex, increased condom use, and increased contraceptive use.

Sexual Knowledge

According to Salim and Fatehizade (2018), sexual knowledge encompasses information and individual awareness about sex and sexuality, including physiological aspects, reproduction, performance, and individual sexual behavior. Moreover, Dorji et al., (2022) suggest that the primary sources of sexual knowledge for Chinese college students are digital and traditional media, with little coming from educational institutions and parents. This gap in sexual education results in students' low comprehension of sexual issues, insufficiency in self-protection awareness, and difficulties in handling gender relations. Furthermore, Gallao et al. (2019) observe that because of the world's cultural diversity, knowledge of sexual and reproductive health varies from low to average to high.

Based on the study of Min et al., (2019), in order to acquire the appropriate sexual knowledge and to maintain desirable gender role attitudes and values, comprehensive sex education should be provided that also includes respect for others, changes encountered during sexual development, and methods to cope with various sexual problems.

According to Cold Spring Harbor Laboratory (2022), the topics of concern include a lack of knowledge regarding reproductive anatomy, safer sex, the concept of consensual sex, pregnancy, abortion, and many others. Engaging in risky sexual behavior is linked with a lack of knowledge and attitudes toward sexual health. In this study, we propose that sexual and reproductive health knowledge is an important factor associated with young people's practice of protective sexual behaviors, including sexual fidelity and condom use.

The most common source of information on the subject was teachers; thus, school plays an important role in providing adolescents with knowledge of the same. Due to a lack of knowledge and awareness about sexual health, the students are often ill-prepared to avoid adverse health outcomes (Belcastro & Ramsaroop-Hansen, 2018). The higher rates of unplanned pregnancy, abortion, violence, and sexual discrimination call

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for sexual health interventions for these students.

Sexual Practice

According to APA Dictionary of Psychology (2023), sexual practices are the actions that lead to the reproduction and stimulation of sexual organs for satisfaction without conception, courting, sex positions, and genital reflexes. It can also maintain social relationships and to make bonds for life in animal populations. Most research demonstrates, like many other social behaviors, that sexual practice is 'controlled' by norms and values in a particular society. Rules and regulations dictate sexual partners, especially concerning gender, race, and age, the social context in which one is 'allowed' to engage in sexual relations, and even the time of day one 'should' have sex.

According to Einstein (2018), sexual behavior and sexual practices affect the risk of acquiring and transmitting HIV infection. This study tries to identify sexual practices (oral, anal, and vagina sex). It is, therefore, important to identify effective mechanisms to mitigate the risk of HIV infection and other STIs among adolescents. One of such efforts would include increasing awareness about condoms, their use, their benefits, and where to access condoms for adolescents. The low level of awareness about condoms and the low knowledge of where to buy a condom could have contributed to the low use of condoms during sex by study participants.

Moreover, Zenebe et al. (2023) stated that Risky Sexual Practice (RSP) can have harmful sexual and reproductive health consequences, like unwanted pregnancy, unsafe abortion, acquired immunodeficiency syndrome (AIDS) or human immunodeficiency virus (HIV), sexually transmitted diseases (STDs), and being in a sexual relationship before being mature enough to know what constitutes a healthy relationship. People may engage in risky practices because they may not understand the concerns about HIV/AIDS and STDs, like signs and symptoms, mode of transmission, and preventive measures.

Based on the study of Gallao et al., (2019), the extent of Cumulative Sexual Education information gained by the selected public senior high school students of Vigan City is generally "low." The same study shows that there is no significant relationship between Sexual Knowledge and Sexual Behavior. It also states no significant relationship exists between Sexual Knowledge and those with Sexual Experience. The results show that there is no significant difference in the sexual behaviors of senior high school students if age, relationship status, and place of residency are considered. However, the study of Rahma (2019) concludes that there is a positive relationship between knowledge of sexuality and adolescent sexual behavior, establishing a presumption that the level of sexual knowledge and sexual practice are related. Moreover, this study aims to determine the level of sexual knowledge and practice of senior high school students when grouped according to sex, strand, socioeconomic status, relationship status, and source of information on sex education in Saint Mary's University Senior High School.

Despite a large number of research studies and literature on CSE in the Philippines, few studies have examined the relationship between Grade 12 students' sexual knowledge and their extent of sexual practice. Although Dorango et al., (2020) analyzed the perceptions of Grade 12 students regarding the implementation of CSE in the K-12 Curriculum, few studies have examined the sexual practices of Grade 12 students. In addition, past studies have only utilized students from public and international schools as their research participants. In this study, the researchers evaluated the level of sexual knowledge and the extent of their sexual practice of students in a Catholic school, particularly Saint Mary's University Senior High School, and use it as a baseline for a more comprehensive information dissemination on sexual education through the production of infographics to be distributed in Saint Mary's University senior high school students.

In the Philippines, previous research indicates that the youth have limited and varying knowledge of sex and its related concepts because many believe that discussing sex education encourages and promotes sexual activity. The Department of Education (DepEd) has issued several policies and guidelines on sexual education to address the lack of understanding and awareness of students regarding sexual health. However, there is still a need to assess the level of sexual knowledge and practice of Grade 12 students. This information is essential in designing effective interventions that can help improve the awareness of adolescents on the sexual and reproductive health outcomes of young people.

This study aims to determine the level of sexual knowledge of Saint Mary's University Grade 12 students and its relationship to their sexual practices. This study investigates the relationship between sexual knowledge and sexual practice and the effect of comprehensive sex education (CSE) on the two presented subtopics. Through this research, ensuring that students receive complete and accurate information about sexual health and safety can promote positive behavior and attitudes in this area. The results may significantly impact student well-being and overall quality of life. Senior high school students in grade 12 may benefit from interventions and policies that promote healthy and informed sexual practice; therefore, this study is anticipated to contribute to the current body of knowledge in the field of CSE.

Furthermore, this study aims to provide suggestions to enhance sex education, offer recommendations to promote and reinforce sexual knowledge among youth, and underscore the importance of understanding sexuality and its related topics. The significance of sex education alters and improves the youth's perception of sex, creating a more positive and healthier environment for all.

Conceptual and Analytical Framework

Figure 1. Research Paradigm

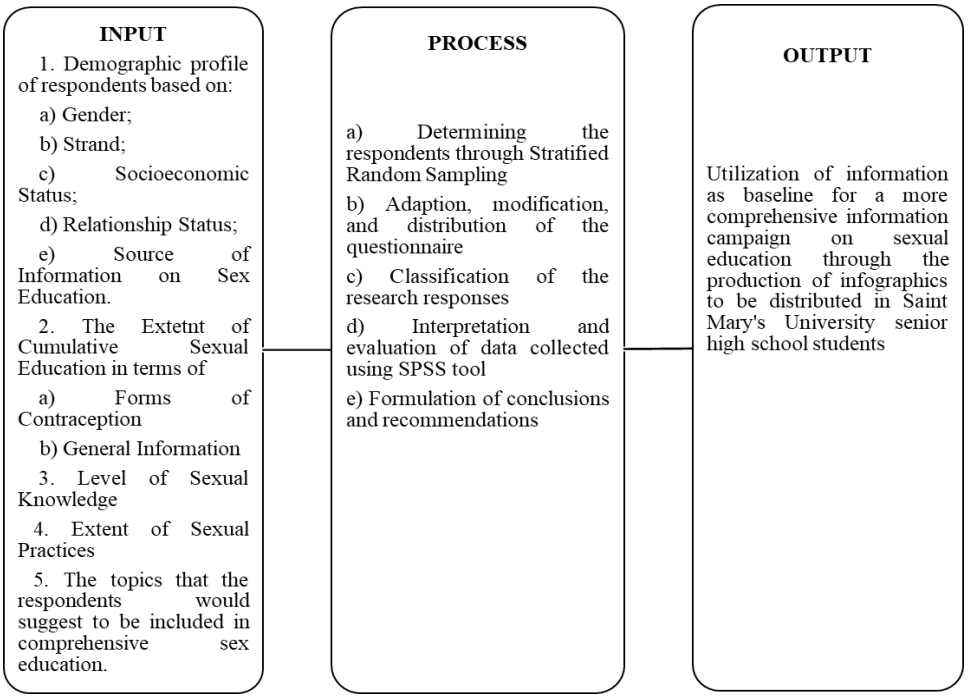

Figure 1 illustrates the study's paradigm, presenting the input, process, and output. The demographic profile of the respondents, characterized by gender, strand, socioeconomic status, relationship status, and source of information about sex education, constitutes the input. The Statistical Package for the Social Sciences

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(SPSS), a widely-used software program for the quantitative analysis of complex data, was employed to tabulate the data. Ultimately, the results and conclusions drawn served as a foundational base for utilizing information as a baseline for a more comprehensive information campaign on sexual education through the production of infographics to be distributed to Saint Mary's University senior high school students.

This research, centered on the students' level of sexual knowledge and the extent of sexual practice, cites a study by Rodriguez et al., (2022), which presents a significant gender-based difference in the level of sexual practice. Males tend to be more sexually active and engage in risky sexual practices than female respondents. The same study also stated that knowledge fully mediates the relationship between sociocultural (school) environment and sexual practice. Moreover, the study found that lower socioeconomic conditions within family and community contexts were inversely related to responsible sexual practice. The study's result suggests a significant negative relationship between socioeconomic environments such as family and community towards students' sexual practices. Moreover, according to Srinivasan et al., (2019), relationship status also contributes significantly to sexual activity (and frequency) with a partner, resulting in an increase in sexual practice. Consequently, this study aims to investigate the extent to which variables such as sex, socioeconomic status, relationship status, and source of information about sex education influence the respondents' level of sexual knowledge and their extent of sexual practice.

Statement of the Problem

This research aimed to determine the level of knowledge on sexual education and the extent of the sexual practice of Grade 12 students of Saint Mary's University Senior High School for the first semester of the academic year 2023-2024.

Specifically, this seeks to answer the following research questions:

- What is the extent of cumulative sexual education earned by the respondents in terms of:

1. Forms of contraception; and
2. General information?

- What is the level of knowledge about sexual education of the respondents?
- What is the extent of the sexual practice of the respondents?
- Is there a significant difference between the respondents' level of knowledge about sexual education when classified according to:

1. Gender;
2. Strand;
3. Socioeconomic status;
4. Relationship status; and
5. Source of Information about Sexual Education?

- Is there a significant difference between the respondents' extent of the sexual practice when classified according to:

1. Gender;
2. Strand;
3. Socioeconomic status;
4. Relationship status; and
5. Source of Information about Sexual Education?

- Is there a significant relationship between the respondents' level of sexual knowledge and extent of

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their sexual practice?
- What are the topics that the respondents would suggest to be included in a comprehensive sex education?

Statement of Null Hypotheses

- There is no significant difference between the respondents' level of sexual knowledge when classified according to:

1. Gender;
2. Strand;
3. Socioeconomic status;
4. Relationship status; and
5. Source of Information about Sexual Education

- There is no significant difference between the respondents' extent of sexual practice when classified according to:

1. Gender;
2. Strand;
3. Socioeconomic status;
4. Relationship status; and
5. Source of Information about Sexual Education?

- There is no significant relationship between the respondents' level of sexual knowledge and their extent of sexual practice.

METHODOLOGY

Research Design

This study utilized a combination of mixed-method research designs. Moreover, this study first collected and analyzed the quantitative data, followed by qualitative data collection and analysis.

The study utilized a quantitative research design because the study deals with statistics and variables. More specifically, the researchers used the descriptive-correlational research design to correlate the respondents' level of sexual knowledge with the extent of their sexual practice, considering their profile (gender, strand, socioeconomic status, relationship status, and source of information about sex education). A descriptive-comparative method was utilized to distinguish the difference between the respondents' level of sexual knowledge and the extent of their sexual practices when grouped according to sex, strand, socioeconomic status, relationship status, and source of information about sex education.

In the open-ended question, the qualitative method was utilized to know the respondents' perspectives on the topics that should be included in comprehensive sex education through thematic analysis. Moreover, the research design explained, described, and established relationships between sexual knowledge and the extent of sexual practices among Saint Mary's University's senior high school students.

Research Locale

This study was conducted within the school campus of Saint Mary's University Senior High School in Bayombong, Nueva Vizcaya. Four (4) considerations of why the research locale was unanimously chosen

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by the researchers: (1) Geographic Proximity: The researchers chose the locale since it is geographically within the institution or research site for practical, health, and safety reasons. It allows for easier access, reduced travel costs, and logistical convenience regarding data collection and participant engagement; (2) Demographic representation: The chosen locale has a specific demographic composition that aligns with the target population of the research study; (3) Accessibility and availability: The researchers selected the locale because the potential respondents — students from a Catholic school — are readily available and accessible and because the population of interest is concentrated in that locale; (4) Feasibility Resources: The researchers considered the feasibility of conducting research in the said locale, taking into account available resources, infrastructure, and support services that may aid in the conduct of the study.

Research Respondents

The research respondents were Grade 12 students for the academic year 2023-2024 from all strands of Saint Mary's University Senior High School. Based on the University Registrar's office records, the total number of Grade 12 students for the academic year 2023-2024 is 553.

The study utilized the Slovin's Formula to determine the sample size. Further, participants was identified using the simple random sampling method.

Moreover, the researchers utilized frequency and percentage distribution of the variables to analyze the respondent's demographic profile, including their sex, strand, socioeconomic status, and relationship status.

Table 1. Frequency and Percentage Counts of the Demographic Profile of the Respondents.

Profile	Variable	Frequency	Percentage
Gender	Male	97	42.50
	Female	99	43.40
	Bisexual Male	3	1.30
	Bisexual Female	20	8.80
	Gay	6	2.60
	Lesbian	3	1.30
Total		**228**	**100**
Strand	ABM	19	8.34
	AD	4	1.75
	HUMSS	34	14.91
	STEM	158	69.30
	TVL – HE	7	3.07
	TVL – ICT	6	2.63
Total		**228**	**100**
Socioeconomic Status	Poor	45	19.70
	Low Income	15	6.60
	Lower Middle	58	25.40
	Middle	60	26.30
	Upper Middle	24	10.50
	High Income	10	4.40
	Rich	16	7.00
Total		**228**	**100**

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Relationship Status	Single	171	75.00
	In a Relationship	52	22.80
	In an Open Relationship	5	2.20
Total		**228**	**100**
Source of Information on Sexual Education	Family/Relatives	18	7.9
	Books	13	5.7
	Social Media	114	50.0
	Family/Relatives and Books	3	1.3
	Family/ Relatives and Social Media	17	7.5
	Books and Social Media	36	15.8
	Family/Relatives, Books, and Social Media (All)	27	11.8
Total		**228**	**100.0**

Table 1 presents the frequency and percentage counts of the demographic profile of the respondents. In summary, 228 grade 12 students from Saint Mary's University Senior High School answered the questionnaire. In terms of gender, female (n=99) and male (n=97) respondents were the dominant groups, which represented 43.40% and 42.50% of the respondents, respectively. They were followed by the bisexual female respondents (n=20, 8.80%) and the gay respondents (n=6, 2.60%). Bisexual males and lesbians (n=3) were the least minor proportion, representing 1.30% of the respondents. Moreover, the STEM strand (n=158) was the majority group, representing 69.30% of the respondents, followed by the HUMSS (n=34, 14.91%), ABM (n=19, 8.34%), TVL-HE (n=3.07%), TVL-ICT (n=6, 2.63%). The AD strand (n=4) has the most minor percentage, representing 1.75% of the respondents. Interestingly, in terms of relationship status, 75% of the respondents are single (n=171), comprising the majority. Subsequently, 22.80% of the respondents are in a relationship (n=52), followed by those in an open relationship (n=5), representing 2.20% of the respondents. In addition, the majority of respondents in terms of socioeconomic status fall in middle-class economic status (n=60) and lower-class economic status (n=58), representing 26.30% and 25.40% of the overall respondents each. They were followed by the respondents with poor economic status (n=45, 19.70%), upper-middle-class status (n=24, 10.54%), and lower-income status (n=15, 6.60%). While the least represented categories consist of respondents who belong to rich economic status (n=16) and high-income economic status (n=10), making up 7% and 4.40% of the total respondents, respectively. To put it briefly, the table indicates that most respondents come from middle-class and lower-class economic backgrounds, while there are smaller percentages from higher economic status, particularly the rich and high economic status.

Furthermore, most respondents primarily relied on social media (n=114), which accounted for 50% of the total responses, as their primary source of sexual education information. Books and social media (n=36, 15.80%) were the second most common sources. Some respondents mentioned all of the sources, family/relatives, books, and social media (n=27 11.80%), while others cited their family/relatives (n=18, 7.90%) and a combination of family/relatives and social media (n=17, 7.80%). Only 13 respondents mentioned books alone, While the least used source of sexual education information, with only 1.3% of the total responses, was the combination of family/relatives and books (n=3).

Overall, 194 respondents turned to social media for sexual education, and 79 respondents indicated books. Lastly, 65 respondents mentioned their family/relatives as their source of information. This suggests that among the research populace, social media is the most frequently utilized source, while family and relatives are the most rarely used sources of information regarding sexual education.

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Research Instrument

This study adapted and modified the questionnaire from the study of Gallao et al., (2019) entitled *"Sex Education: Level of Knowledge and Its Effects on the Sexual Behavior and Opinions Among the Government Senior High School Students of Vigan City SY 2018-2019"*, with few and simplified modifications. Specifically, the researchers removed questions with a negative value of less than 0.19 according to Cronbach's alpha provided by IBM SPSS Statistics. In addition, the variables taken from the study of Gallao et al., (2019) questionnaire tool are all about the level of knowledge and its effects on sexual behavior and opinions among students.

The researchers utilized a three-part survey questionnaire. In the first section, respondents were required to fill in their demographic profile. The profiles needed from the respondents are name, which is marked as optional, gender, strand, socioeconomic status, relationship status, and source of information about sex education. For the second section, the respondents were evaluated through closed-ended questions that rely primarily on multiple-choice responses, and the final section consists of an open-ended question in which respondents were asked to provide their insight on the provided question.

The research instrument underwent validation from Saint Mary's University Senior High School Research Department and went through reliability testing using the IBM SPSS Statistics 2022. This software is commonly used in statistical analysis and can assess the reliability of data collected through different research instruments.

Table 2. Cronbach's Alpha Results

Reliability Statistics		
Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.930	.931	32

Table 2 shows the results of reliability statistics. Based on the table, Cronbach's Alpha Result equals 0.930, which means that its internal consistency and reliability are equivalent to excellent ($1.0 > a \geq 0.9$). Thus, the questionnaire is reliable. Validation and reliability testing are essential steps in the research process, and they help to ensure that the data considered and under study is accurate and reliable. By undergoing validation and reliability testing, the researchers can improve the quality of their study and enhance the credibility of their findings.

Data Gathering Procedure

The researchers utilized an adapted and modified questionnaire from Gallao et al. (2020) to collect information from respondents.

The research questionnaire was validated by the Saint Mary's University Senior High School Research Department, and the researchers were able to conduct pilot testing. All research participants were notified throughout the preliminary stages that data would be handled securely and kept confidential and that the final results would be evaluated and reported anonymously. Additionally, individuals were allowed to decline if they were uninterested when asked for their informed permission. Questionnaires were circulated through various channels, and the chosen respondents responded. Adequate time was given to the respondents to respond. Honest responses to the tool were highlighted. The tool was returned to the respondents by the researcher after completion and underwent examination for accuracy and any missing data. Following the completion of the questionnaires by the respondents, the data were examined, the results werediscussed, and generalizations were made as needed to fulfill the study's objectives. Only the

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researchers have access to the completed questionnaires; the names of the participants are not required to be written on the forms. Instead, the forms are pre-numbered to help track and identify the research responders. The data-gathering phase was administered with a reasonable sample size between the given time.

The necessary data was analyzed and interpreted using ANOVA and Pearson's r correlation coefficient methods. Results from the analysis and interpretations of the data gathered were utilized to implement the last chapter of the study.

Treatment of Data

The questionnaire data was carefully tabulated, analyzed, and interpreted based on the results of the statistical analysis performed in the software Statistical Packages for the Social Sciences (SPSS).

- In the descriptive part, the researchers presented and analyzed the profile variables of the respondents (gender, strand, socioeconomic status, relationship status, and source of information about sex education) were determined and described using the frequency and percentage. Furthermore, Grade 12 students' level of sexual knowledge and the extent of their sexual practice were examined through mean and standard deviation. Therefore, the mean score for each descriptive variable was interpreted using the following system:

Table 3. Likert Scale Interpretation for Extent of Cumulative Sexual Education

Mean Range	Interpretation	Qualitative Description
3.50 – 4.00	A lot	High
2.50 – 3.49	Some	Average
1.50 – 2.49	A little	Low
1.00 – 1.49	None	Very Low

Table 4. Likert Scale Interpretation for Level of Sexual Knowledge

Mean Range	Interpretation	Qualitative Description
3.50 – 4.00	High	High
2.50 – 3.49	Average	Average
1.50 – 2.49	Low	Low
1.00 – 1.49	Very Low	Very Low

Table 5. Likert Scale Interpretation for The Extent of Sexual Practice

Mean Range	Interpretation	Qualitative Description
3.50 – 4.00	High	Highly Likely
2.50 – 3.49	Average	Likely
1.50 – 2.49	Low	Unlikely
1.00 – 1.49	Very Low	Highly Unlikely

- Inferential statistics, specifically One-way ANOVA, was used for the variables with more than two categories (gender, socioeconomic status, relationship status, and source of information about sex education). Moreover, to identify if there is a significant correlation between the level of sexual knowledge on sexual education and the sexual practice of the respondents, Pearson's r Correlation will be used.

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- Thematic analysis was used to assess the qualitative responses of the respondents, with which percentage will be used.

Ethical Considerations

Conflict of Interest. This study has no conflict of interest with anyone or any organization. The researchers will not yield any benefit in the data gathering or findings that could affect the credibility of the results of this study.

Confidentiality and Data Protection. In the Philippines, the Republic Act 10173, also known as the Data Privacy Act of 2012, states under Section 8, the Commission ensured the confidentiality of any personal information that comes to its knowledge and possession. Furthermore, all information that was gathered from the respondents were treated with the utmost confidentiality and used for the purpose of this study only. The researchers were given access to the collected data for (number of months), after which they were disposed of. The study was conducted in a timely manner that was comfortable and convenient for the respondents. Random coding was used to ensure the confidentiality of the respondents' identities during the data-gathering process.

Management of Vulnerability. The researchers did not inappropriately take advantage of the respondents by preventing access to the collected personal information.

Risk/Benefit Ratio. The study's assessment of the potential risk was psychological. The psychological risk involves anxiety and discomfort since the students might or might not be affected during the quantitative and qualitative part of the research questionnaire, where they were asked to state information, experience, or knowledge about a specific topic and personal opinions. However, the study aimed to determine the variables influencing their level of sexual knowledge and sexual practice, which could greatly assist them in being aware of the results of their actions in terms of those activities.

Informed Consent. The researchers constructed a consent letter that was approved by the research teacher, the research coordinator, and the principal. The said letter is included in the research instrument and was addressed to the respondents.

Terms of Reference. The hard copy of this study was owned by Saint Mary's University – Senior High School department. The researchers of this study will remain as the owners and authors of the work.

RESULTS AND DISCUSSIONS

Section 1. The extent of cumulative sexual education earned by the respondents in terms of Forms of Contraception and General Information:

Table 6. The extent of cumulative sexual education earned by the respondents in terms of Forms of Contraception

	Mean	Std. Deviation	Qualitative Description
1. Condoms	2.89	1.085	Average
2. Pills	2.59	1.101	Average
3. IUDs (Intrauterine Devices)	2.01	1.084	Low
4. Rhythm Method/Withdrawal	2.30	1.131	Low
5. Depo Provera (Injectable)	1.93	1.055	Very Low
6. Advantages of the various contraceptive methods	2.43	1.145	Low

7. Disadvantages of the various contraceptive methods	2.32	1.111	Low
OVERALL MEAN	2.3540	.88961	Low

Legend: 1.00-1.49(Very Low), 1.50-2.49(Low), 2.50-3.49(Average), 3.50-4.00(High)

Table 6 shows the extent of cumulative sexual education earned by the respondents in terms of forms of contraception. Based on the data presented, the respondents have an *"average"* knowledge of the various forms of contraceptives, such as condoms ($\bar{x}$ =2.89, SD=1.085) and pills ($\bar{x}$ =2.59, SD=1.01), while the respondents have *"low"* knowledge in the various forms of contraceptives such as IUDs ($\bar{x}$ =2.01, SD=1.084), rhythm/withdrawal method ($\bar{x}$ =2.30, SD=1.131) and the advantages ($\bar{x}$ =2.43, SD=1.145) and disadvantages ($\bar{x}$ =2.32, SD=1.111) of the various contraceptive methods. Lastly, the respondents have a *"very low"* knowledge of the Depo Provera ($\bar{x}$ =1.93, SD=1.055) form of contraception. Further, the said respondents have a "*low*" cumulative sexual education earned in terms of forms of contraception, with an overall percentage of 2.35.

This result suggests that among the respondents, condoms and pills are the most widely recognized forms of contraception. Condoms and pills are two of the most remarkable and widely used methods of contraception because of their accessibility and universal visibility. Considering the respondents' environments and the general public's familiarity with condoms and pills, family, peers, school, and social media were presumably the primary sources of the information. However, the respondents' extent of cumulative sexual education earned in these forms of contraception is only *average*. This suggests that the information shared with them was limited to what they already knew or what they were told by others. As a result, the respondents lack adequate comprehension or are only acquainted with the basic information on these contraceptive methods rather than the potential consequences associated with each.

On the contrary, injectable contraception, or the Depo Provera, is the least familiar method among the participants. This suggests that the participants exhibit limited or no understanding regarding this method of contraception. Since a significant proportion of the participants are still minors, and the entire population comprises students, Depo Provera is deemed inaccessible, expensive, and requires medical supervision for administration. Additionally, it is recognized for its severe side effects, including a decline in bone density and an elevated susceptibility to osteoporosis. As a result, it receives limited public coverage and is rarely recommended by medical professionals or gynecologists.

The results of this study are in line with the finding of Ouma et al. (2021), which found that condoms are the most commonly sought contraceptive method by the youth because they are the most straightforward to access and because the youth have limited knowledge of other methods. Youth from diverse settings shared uncertainty and concern about the safety and side effects of many methods other than condoms, complicating their ability to take full advantage of other available methods. Moreover, Gallao et al. (2020) state that most of the government senior high school students of Vigan City have not heard of and have no knowledge about Depo Provera or injectable (x = 1.35). In addition, the study by the Croatian Nursing Council (2020) also states that since contraceptives have the purpose of preventing sexually transmitted diseases, most often among adolescents, it was expected that the respondents would have good knowledgeof this topic, and they have shown this to be true since they most often listed condoms and birth control pills as methods of contraception they are familiar with.

Further, the results of this study also contradict some of the findings of the study of Gallao et al. (2020), which states that the majority of the respondents have heard and gained little information either in school, through the internet, or with friends about condoms as a form of contraception with the. The same study also states that the selected senior high school students have little knowledge about pills as a form of

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contraception, with a mean percentage of 1.97.

Table 7. The extent of cumulative sexual education earned by the respondents in terms of General Information

	Mean	Std. Deviation	Qualitative Description
1. Parts and functions of the reproductive system	3.10	.999	Average
2. Process of contraception and fertility	2.83	1.049	Average
3. Consequences of unprotected sexual intercourse such as early pregnancy, sexually transmitted infections, etc.	3.17	1.063	Average
4. Alternatives to sexual intercourse	2.61	1.050	Average
5. HIV/AIDS	2.79	1.137	Average
6. Other sexually transmitted diseases	2.64	1.104	Average
7. Different sexual orientations and choices	2.70	1.098	Average
8. Gender (such as transgender issues)	2.69	1.177	Average
9. Waiting until marriage to have sex	3.07	1.064	Average
10. Taking an abstinence pledge	2.42	1.065	Low
OVERALL MEAN	2.8022	.84746	Average

Legend: 1.00-1.49(Very Low), 1.50-2.49(Low), 2.50-3.49(Average), 3.50-4.00(High)

Table 7 shows the extent of cumulative sexual education earned by the respondents in terms of general information. Based on the collected data, the respondents have an *"average*" general information on cumulative sexual education, such as the consequences of unprotected sexual intercourse, parts and functions of the reproductive system ($\bar{x}$ =3.10, SD=.999), then waiting until marriage to have sex ($\bar{x}$ =3.07, SD=1.064), and the process of contraception and fertility ($\bar{x}$ =2.83, SD=1.049). Lastly, the respondents have "*low"* general information on taking an abstinence pledge ($\bar{x}$ =2.42, SD=1.065). The result shows, in general, that the said respondents have an "*average*" cumulative sexual education earned in terms of forms of general information with an overall percentage of 2.80.

This result suggests that among the respondents, the consequences of unprotected sexual intercourse, the parts and functions of the reproductive system, and waiting until marriage to have sex are the basic knowledge the respondents have on sexual education in terms of general information. Parents and family members frequently discuss the above topics as a preventive measure against teenage pregnancy; thus, the respondents increased their knowledge. However, the respondents' cumulative sexual education earned in general information is average; hence, there is still a need to further advance their knowledge in these fields.

Furthermore, taking an abstinence pledge remains unfamiliar to the respondents. According to Gordon (2022), in terms of sexual intercourse, taking an abstinence pledge means avoiding all types of intimate genital contact. Someone practicing complete abstinence does not have any type of intimate sexual contact, including oral sex. Similar to delaying marriage until sexual activity, an abstinence pledge requires an individual to explicitly abstain from all forms of intimate genital contact. This subject is rarely discussed in public but rather within religious communities. Therefore, the respondents have no background in the abstinence pledge.

The result of this study is in line with the findings of Stevenson et al. (2018), wherein the research participants, young women, had average knowledge about fertility (64% items correct). Professionally

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motivated women receive the most information about fertility from formal, accuracy-driven sources (i.e. education, healthcare providers), but information about fertility preservation from media. They lack knowledge about fertility planning.

Moreover, the result of this study contradicts the study of Lindberg and Kantor (2021), which found that between 2011–2015 and 2015–2019, there were few significant changes in adolescents' receipt of formal sex education. Between these periods, instruction on waiting until marriage to have sex declined. In addition, it also contradicts the result of the study by Villalobos et al. (2021), which states that previous research shows that high school students have little knowledge and a low perception of the risks and consequences of unprotected sexual practices. Furthermore, the result of this study contradicts the findings of the study by Greger (2018), which found that abstinence was the most commonly known contraceptive with 85.1 percent of the 228 respondents in the Deep South.

Table 8. The overall mean of the extent of cumulative sexual education earned by the respondents

	Mean	Std. Deviation	Qualitative Description
Forms of Contraception	2.3540	.88961	Low
General Information	2.8022	.84746	Average
OVERALL MEAN	2.6176	.79625	Average

Legend: 1.00-1.49 (Very Low), 1.50-2.49 (Low), 2.50-3.49 (Average), 3.50-4.00 (High)

Table 8 shows the overall mean of the extent of cumulative sexual education earned by the respondents in terms of Forms of Contraception and General Information. The cumulative sexual education of the respondents in terms of general information ($\bar{x}$ = 2.80, SD = .84746) is deemed "*average*," as indicated in the table. In terms of forms of contraception, the respondents possess a "*low*" extent of cumulative sexual education in terms of forms of contraception ($\bar{x}$ = 2.35, SD = .88961). Overall, the respondents have acquired an "*average*" amount of extent of cumulative sexual education earned ($\bar{x}$ = 2.61, SD = .79625).

This result suggests that the respondents have adequate but more knowledge of sexual education in terms of general information than in various forms of contraception. The general information includes the parts and functions of the reproductive system, the process of contraception and fertility, consequences of unprotected sexual intercourse such as early pregnancy, sexually transmitted infections, etc., alternatives to sexual intercourse, HIV/AIDS, other sexually transmitted diseases, gender (such as transgender issues), waiting until marriage to have sex, and taking an abstinence pledge. To this day, some of the aforementioned topics are being discussed inside the school under specific core and specialized subjects in senior high school and are being shared and explained inside the household. Hence, the respondents have further idea and understanding of what these are. Despite this, the respondents' overall cumulative sexual education earned remains average; consequently, specific subtopics, positive and negative aspects, and potential causes remain unaddressed. The individuals who provide these types of information to the respondents possess limited knowledge of the subjects.

Furthermore, the forms of contraception include condoms, pills, IUDs, rhythm method/withdrawal, depo provera, and the advantages and disadvantages of the various contraceptive methods. Forms of contraception, in general, are considered taboo in the Philippines because of its religious and conservative nature. As a result, these topics are seldom discussed among the family and school, leaving peers and social media as the primary source of information for the respondents. Hence, the participants were only provided with superficial or inadequate information, resulting in a low cumulative sexual education earned in terms of forms of contraception. Ultimately, the cumulative sexual education earned by the respondents is generally average, which suggests that despite the government and Department of Education's endeavors to establish

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comprehensive sexual education nationwide, a significant number of adolescents continue to possess only ample understanding of the various contraceptive methods and general information.

The result of this study is in line with the study of Okpokumoku et al. (2017), which found that most of the students have knowledge of contraception, but the rate of contraception use is still low. Moreover, the study of Gallaoet al. (2020) also states that the students from the different public senior high schools of Vigan City have a low (x=2.21) general information regarding sexual education.

The Philippines has adopted reproductive health education (RHE) in schools with the passing of the Responsible Parenthood and Reproductive Health Law in 2012, which promised multi-dimensional support for reproductive health (Kim et al., 2023). Moreover, a study by Widman et al. (2015), states that adolescent communication is associated with the sex of the parent. There was a more significant association with mother-led communication than father-led communication when it came to the discussion of safer sex. The quality and timing of parent-adolescent communication also show implications on the sexual behavior of teens. Communication about sex after the sexual activity initiation of teens may limit the potential result of sexual discussions.

Section 2. The level of knowledge about sexual education of the respondents

Table 9. Level of knowledge about sexual knowledge of the respondents

	Mean	Std. Deviation	Qualitative Description
1. Which of the following contraceptives protects you from sexually transmitted infections?			
A. Condoms	3.29	.906	Average
B. Pills	2.70	.971	Average
C. IUDs (Intrauterine devices)	2.61	.916	Average
D. Depo Provera (Injectible)	2.65	.966	Average
2. You can get HIV/AIDS In:	3.25	.906	Average
A. Vaginal penetration	3.16	.949	Average
B. Anal penetration	2.47	1.096	Low
C. Sharing food and/ or water	3.15	.936	Average
3. Who is allowed to take contraceptives?			
A. Adolescents	2.18	1.040	Low
B. Pregnant women	2.8275	.56311	Average
OVERALL MEAN	2.8275	.56311	Average

Legend: 1.00-1.49 (Very low), 1.50-2.49 (Low), 2.50-3.49 (Average), 3.50-4.00 (High)

Table 9 shows the level of knowledge about sexual knowledge of the respondents. Based on the data presented, the respondents have an *"average*" knowledge of what protects an individual against sexually transmitted infections among the different forms of contraceptives such as condoms ($\bar{x}$ =3.29, SD=.906), pills ($\bar{x}$ =2.70, SD=.971), IUDs ($\bar{x}$ =2.61, SD=.916), and depo provera ($\bar{x}$ =2.65, SD=.966). In addition, the respondents also have an *"average"* knowledge of the various ways to get HIV/AIDS, such as vaginal penetration ($\bar{x}$ =3.16, SD=.949) and sharing food and/or water ($\bar{x}$ =3.15, SD=.936). Respondents' "*low*" level of knowledge is manifested in anal penetration ($\bar{x}$ =2.47, SD=1.096). Furthermore, "average" knowledge is exhibited in Pregnant Women ($\bar{x}$ =2.8275, SD = 0.56311). Lastly, the respondents have a "*low"* knowledge of the people who are allowed to take contraceptives, specifically adolescents ($\bar{x}$ =2.18, SD=1.040). The result shows, in general, that the said respondents have an "*average*" level of sexual

knowledge with an overall percentage of 2.8275.

The results suggest that the respondents possess knowledge regarding the safest method of contraception against sexually transmitted infections (STIs), specifically condoms. Moreover, the respondents are aware that pills, IUDs, and depo provera do not protect an individual against STIs. This implies an improved level of awareness and decision-making when it comes to sexual health, which can have positive implications for reducing the risk of STIs and promoting safer sexual practices among the respondents. Further, the respondents are adequately informed that the transmission of HIV/AIDS occurs primarily due to vaginal penetration and not through the sharing of food and water. In contrast, the participants lack awareness regarding the risk of transmission of HIV/AIDS through anal sex. Despite possessing adequate knowledge regarding the means of transmission of sexually transmitted diseases, certain topics, such as the lack of awareness regarding anal sex, remain unfamiliar. Lastly, while the participants understand that contraceptives are not advised for pregnant women, they lack knowledge that adolescents are allowed to use them. Although the participants exhibit sufficient comprehension of contraceptives and pregnancy, they are uninformed regarding the permissibility of contraceptive use among adolescents. Enhanced awareness and education regarding the accessibility and suitability of contraceptives for adolescents are essential in order to provide them with the knowledge necessary to formulate informed decisions regarding their sexual and reproductive well-being.

The result of this study is in line with the study of Dorji et al. (2022), which states that the majority of students in university in Bhutan (85.8%, n = 1,101/1283) correctly answered that condoms can prevent STIs. In addition, the study by Voyaitzaki et al. (2021) also states that the young population examined was more knowledgeable regarding the way of STD transmission, and high percentages provided correct answers for vaginal (97.2%), and anal (86.1%) sex. Ultimately, according to Cinelli (2021), pregnant individuals are advised to stop taking their birth control pills or have continuous-release hormonal birth control removed when they find out they are pregnant. Not enough research has been done on taking birth control throughout pregnancy to say whether it is safe. “Remember that any medication you take affects the normal function of your body, especially hormonally, and may pass to your unborn baby,” notes Dr. Perkins, supporting the result of the study.

Further, the results contradict the study of Murwira et al. (2021), which found that the majority of the respondents are aware that HIV is transmitted through anal sex without a condom 289 (83.9%). The same study also found that 52.5% of the respondents believe that HIV can be transmitted by sharing a glass of water with someone who has HIV. Ultimately, Ott and Alderman (2023) state that if an adolescent has a gynecological condition, their pediatrician may also recommend hormonal contraceptives for medical treatment, contradicting the results of this study in which the respondents lack awareness that adolescents can take contraceptives.

Section 3. The extent of sexual practices of the respondents

Table 10. The Extent of Sexual Practices of the Respondents

	Mean	Std. Deviation	Qualitative Description
I practice vaginal sex.	1.31	.810	Highly Unlikely
I practice oral sex.	1.36	.851	Highly Unlikely
I practice anal sex.	1.24	.720	Highly Unlikely
I enjoy masturbating.	1.75	1.043	Unlikely
Talking to my parents about sexual topics is uncomfortable.	2.41	1.193	Unlikely

Discussing sex and related sexual topics with other people is embarrassing.	2.17	1.025	Unlikely
OVERALL MEAN	1.7069	.59465	Unlikely

Legend: 1.00-1.49(Highly Unlikely), 1.50-2.49(Unlikely), 2.50-3.49(Likely), 3.50-4.00 (Highly Likely)

Table 10 shows the extent of sexual practices of the respondents. Based on the table, the respondents are "*unlikely"* to be uncomfortable with talking to their parents about sexual topics ($\bar{x}$ =2.41, SD=1.193), embarrassed when discussing sex and related sexual topics with other people ($\bar{x}$ =2.17, SD=1.025), and enjoy masturbating ($\bar{x}$ =1.75, SD=1.043). Moreover, the respondents are "*highly unlikely"* to practice oral sex ($\bar{x}$ =1.36, SD=.851), vaginal sex ($\bar{x}$ =1.31, SD=.810), and anal sex ($\bar{x}$ =1.24,, SD=.720). In general, the respondents are "*unlikely"* to practice sexual activities, with an overall percentage of 1.70.

This result suggests that, given the respondents' environments, they are comfortable discussing sexual topics with their parents and with peers and teachers, as well as discussing sex and related topics with these individuals. Furthermore, considering the religious climate of the Philippines, it's unlikely that the respondents enjoy masturbating, presumably because their parents or the community discouraged such sexual activity. Moreover, the respondents are highly unlikely to practice oral sex, vaginal sex, and anal sex, presumably because it is perceived as immoral and a sin in the Philippines, considering that it is the most Catholic country in Asia.

The result of this study is in line with the study of Markham et al. (2009), which found that overall, 12.0% of students had engaged in vaginal sex, 7.9% in oral sex, and 6.5% in anal sex; a small percentage of early adolescents are engaging in multiple sexual behaviors. These findings have implications for early adolescent school-based sexual health education.

Moreover, the result of this study contradicts a more recent study by Phillips et al. (2021), which found that within the three months following data collection, most participants had vaginal sex. A total of 135 (19.0%) participants had anal sex, anal sex partners. Most participants had received oral sex in the past three months; this proportion did not differ by age group or gender. The respondents of this study were heterosexual males and females attending a sexual health clinic. Further, the study by Traeen (2020) states that younger and middle-aged gay, bisexual men and Transgender most often reported engaging in mutual masturbation, oral sex, and anal sex. Irrespective of age, LGBTIA women reported mutual masturbation, vaginal sex, and oral sex. In all age groups of heterosexuals, the most frequently reported activities were vaginal sex, mutual masturbation, and oral sex, contradicting the result of the study.

Section 4. Significant differences between the respondents' level of knowledge about sexual education when grouped according to profile variables

Table 11. Significant differences between the respondents' level of knowledge about sexual education when grouped according to profile variables

Variable	F-value	Sig.	Interpretation
Gender	3.252**	.007	Significant
Strand	.842	.500	Not Significant
Socioeconomic Status	1.195	.310	Not Significant
Relationship Status	.739	.479	Not Significant
Sources of Information about Sexual Education	1.130	.346	Not Significant

**p<0.01

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Table 11 shows the significant differences between the respondents' level of sexual knowledge about sexual education when grouped according to profile variables. In terms of gender (3.252**, = .007), the table shows that there is a significant difference between the respondents' level of knowledge about sexual education, dominated by females (n=99), whereas bisexual males (n=3) and lesbians (n=3) have the least respondents.

This implies that females are more responsible and educated about any sex-related topics. The various genders have different perspectives, behaviors, and knowledge when it comes to sexual education.

According to the National Academy of Sciences (2020), basic genetic and physiological differences, in combination with environmental factors, result in behavioral and cognitive differences between males and females. Sex differences in the brain, sex-typed behavior and gender identity, and sex differences in cognitive ability should be studied at all points in the life span. Hormones play a role in behavioral and cognitive sex differences but are not solely responsible for those differences. In addition, sex differences in perception of pain have important clinical implications. Research is needed on the natural variations between and within the sexes in behavior, cognition, and perception, with expanded investigation of sex differences in brain structure and function. Based on the given findings, these differences affect how male and female genders act. While hormones were involved, they were not the only difference in why females tend to be more interested when it comes to sexual education; the way they perceived it was also a significant factor in their level of sexual knowledge.

Furthermore, there are no statistically significant differences between the respondents' level of knowledge about sexual education when grouped according to profile variables in terms of strand. The majority of the respondents belong to the STEM strand (n=158), and the least respondents came from Arts and Design (n=4). This implies that the strand is not necessary and has no relevance to the level of sexual knowledge of the respondents. This result contradicts the study of Virtucio et. Al (2020) wherein stated that, there is a significant difference when grouped according to strand (p-value=.000). It showed that students who were enrolled in the STEM (mean=23.11) and HUMSS strand (mean=22.62) were knowledgeable while the ABM strand (mean=19.81) were not knowledgeable. This states that students under the STEM strand tend to be more knowledgeable and interested in terms of sexuality education.

Moreover, the inferential statistical analysis found that there was no significant difference in their level of sexual knowledge according to their socioeconomic status. It signifies that the knowledge they gained was not greatly affected by their socioeconomic status. This result contradicts the study of Singh et al. (2020), adolescent childbearing is more likely among women with low levels of income and education than among their better-off peers. Early sexual activity has little association with income, but young women who have little education are more likely to initiate intercourse during adolescence than those who are better educated. With these, we can say that socioeconomic status plays a vital role in sexuality education.

Moreover, as presented in the data, it results that there is no significant difference in their level of sexual knowledge in terms of their relationship status. This implies that despite the different relationship statuses, such as being single, being in a committed relationship, or being married, they tend to have the same level of sexual knowledge. This result was supported by the study of the Demographic and Health Surveys Program (2018), which found that modules about sexuality education documented a public desire for formal sexuality education among respondents of childbearing age. The majority of women, regardless of age, residence, marital status, parity, and education, endorsed school-based sexuality education. Instead, it emphasizes the importance of sexual education regardless of their relationship status.

Lastly, according to their source of information about sexual education, there is no significant difference

between the respondents' level of knowledge about sexual education when grouped according to profile variables. This implies that their source of information about sexual education is irrelevant, and as a result, their sources of information seem to have no impact on their level of sexual knowledge. The study of Raidoo et al. (2021) states that adolescents may receive information about sexual health topics from a variety of different sources, such as school, family, healthcare professionals, peers, and media sources such as television, books, and the internet. Despite this variety, there is little information on where adolescents do receive information on these topics.

Section 5. Significant differences between the respondents' extent of sexual practice when grouped according to profile variables

Table 12. Significant differences between the respondents' extent of sexual practice when classified according to:

Variable	F-value	Sig.	Decision	Interpretation
Gender	3.140**	.009	Reject H_0	Significant
Strand	3.046*	.018	Reject H_0	Significant
Socioeconomic Status	2.236*	.041	Reject H_0	Significant
Relationship Status	4.239*	.016	Reject H_0	Significant
Sources of Information about Sexual Education	.662	.680	Accept H_0	Not Significant

**p<0.01, *p<0.05

Table 12 presents the significant differences between the respondents' extent of sexual practice when classified according to their demographic profile. There are significant differences between the respondents' extent of sexual practice and gender (f =3.14**, a. =.009), dominated by females (n=99), whereas bisexual males (n=3) and lesbian (n=3) have the least respondents; strand (f =3.05**, a. = .018). Furthermore, in terms of the strand (f = 3.05*, $\alpha = .018$), the majority of the respondents belong to the STEM strand (n=158), and the least respondents are from the Arts and Design (n=4). Thus, there is a significant difference between the respondents' extent of sexual practice and strand. In addition, socioeconomic status (f =2.24*, a. =.041) has a significant difference with the respondents' extent of sexual practice. The majority of the respondents are from the middle range (n=60) and the least from the high-income range (n=10). Furthermore, relationship status (f =4.24*, a. = .012), whereas the majority of the respondents are single (n=171) and those who are inan open relationship (n=5) are the least, have significant differences between the respondents' extent of sexual practice and the aforementioned profile variables. Further, the result shows that between the respondents' extent of sexual practice and sources of information about sexual education (f = .66, a.=.68),there is no significant difference. In these sources, the majority of the respondents prefer social media (n=114), and the least prefer family/relatives and books (n=3).

This implies that gender affects how a person practices safe sex. There are significant biological and behavioral differences between all genders. This implies that females are more responsible and educated about any sex-related topics. Sex differences in the brain, sex-typed behavior and gender identity, and sex differences in cognitive ability should be studied at all points in the life span. Hormones play a role in behavioral and cognitive sex differences but are not solely responsible for those differences. Moreover, the strand is consequential and affects the respondents' extent of social practice. With STEM student subjects' parameter, it is given that they are more knowledgeable since they focus more on science, including sex and human anatomy. The differences in each strand's specialization imply how respondents perceive sexual practice. Further, the socioeconomic status of the respondents does not significantly affect their extent of

sexual practice. Since the respondents are enrolled in a private and Catholic school, it is given that they are privileged enough to enroll at such an institution and educated enough to handle different sexual practices. Moreover, the values and education instilled within them affect their knowledge of sexual practice. In addition, that relationship status is consequential and has a bearing on the respondents' extent of sexual practice. The single respondents tend to be more knowledgeable in terms of sexual practices than those who are in an open relationship. Those who do not have sexual partners or anyone to share sexual desires with are more aware and responsible, mainly because of the high risk of teenage or early pregnancy. Their source of sexual education material is irrelevant; hence, it seems that their sources have no bearing on their level of sexual education. The various sources of information are the same in terms of information content and reach to the respondents.

Based on the given findings, these differences affect how male and female genders act. While hormones were involved, they were not the only difference in why females tend to be more interested when it comes to sexual education; the way they perceived it was also a significant factor in their level of sexual knowledge. The result of this study is in line with the study of Virtucio (2020), which states that there is a significant difference when grouped according to strand. Students enrolled in the STEM strand are knowledgeable about sexual knowledge and practices.

Due to the dissimilarities of the strands and the lack of sex education in the curriculum, SHS students would have comparative differences in their sexual practices. It states that those in the STEM strand are more knowledgeable about the virus and disease than the other strands, having a low level of knowledge since the former is more inclined toward health-related topics. The result of this study is in line with the study of Higgins (2022), which states that socioeconomic status often manifests as static, independent, and often conflated variables that consist of one or more of the following factors: one's education level, parents' education, income, occupation, percentage of the federal poverty level, or access to certain material goods.

In this approach, socioeconomic status appears fixed and preexisting, as opposed to social processes. The result of this study is in line with the study of Ars (2018), which states that students who had received sexual health education and were often single were more knowledgeable about the vital consequences of STIs, even though it is not sufficient than sexually active students. Awareness of safe sexual practices and changes in behavior, in particular, promoting condom use, should be established in higher-risk youths. Deficiencies in knowledge could be addressed by adding a sexual health training component to the university curriculum, and unmet requirements could be met by reorganizing medico-social centers in universities. The result of this study is in line with the study of Raidou et al. (2021), which states that adolescents may receive information about sexual health topics from a variety of different sources, such as school, family, healthcare professionals, peers, and media sources such as television, books, and the internet. Despite this variety, there is little information on where adolescents receive information on these topics.

Section 6. The significant relationship between the respondents' level of sexual knowledge and the extent of sexual practice

Table 13. The significant relationship between the respondents' level of sexual knowledge and extent of sexual practice

	Pearson's r	P- value	Qualitative Description
Level of Sexual Knowledge ↔ Extent of Sexual Practice	0.186**	0.005	Very Low Positive Correlation

Table 13 shows the significant relationship between the respondents' level of sexual knowledge and extent of sexual practice. According to the result, there is a very low positive correlation between the level of sexual knowledge and the extent of sexual practice (r=0.19**, p=0.005).

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This implies that there is a pressing need for thorough information dissemination regarding sex education for senior high school students. Sex education is supposed to provide adolescents with the information and skills they need to navigate relationships, understand sex and sexuality, and find the resources they need for obtaining additional information and relevant health services.

The result of this study is in line with the study of Chen (2020), which states that Adolescents with more sexual knowledge had less positive sexual attitudes and did not show increased practices of safe sex behavior. In order to ensure safe sexual health, it is strongly suggested that adolescents learn to be responsible for their own behaviors and attitudes and obtain correct knowledge about their understandings and evaluations of sexuality.

Section 7. Thematic analysis of the topics that the respondents would suggest to be included in a comprehensive sex education

Table 14. Thematic analysis of the topics that the respondents would suggest to be included in a comprehensive sex education

Theme	Frequency	Percentage
Sex education	67	27.69
Contraceptives	66	27.27
Safe sex	42	17.36
Consequences of sex	19	7.85
Sources of sexual pleasure	18	7.43
STD/HIV/AIDS prevention	10	4.13
How reproductive system works	7	2.89
Concept of sex	6	2.48
Family planning	4	1.65
Sexual violence prevention/Sexual crimes	3	1.24
Total Responses	**242**	**100**

Table 14 presents the thematic analysis of the respondents' overall level of sexual knowledge. The two most suggested topics given by the respondents are Sex education (*f*=67) with 27.69%, followed by Contraceptives (*f*=66) with 27.27%. Followed by Safe sex (*f*=42), The Consequences of Sex (*f*=19), Sources of sexual pleasures (*f*=18), and STD/HIV/AIDS Prevention (*f*=10). The topics that have the least suggested topics with less than ten respondents are how the reproductive system works(*f*=7), Concept of sex (*f=6),* Family planning (*f=4)* and lastly, sexual violence prevention/Sexual crimes(*f=3)* with only 1.24% ofthe total respondents, respectively.

Among the 242 responses, various aspects of sexual knowledge were tackled, and the results emphasized the pressing need for an enhanced sex education curriculum in our education system because it is evident that the respondents want to know more about the different topics under sex education, which is stated in the table. The most striking trend in the analysis is the overwhelming importance of knowledge related to contraceptives, with 66 responses emphasizing their need to understand the use and effects of contraceptives. Based on the results, Family planning and sexual violence are the least suggested topics. It shows how the respondents have little to no interest in terms of those topics. This is because most people feel these topics are sensitive and should be discussed at home. It can also be influenced by cultural beliefs and social factors.

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According to Still (2018), literature about factors associated with contraceptive use illustrated that youth were misinformed about matters related to conception and contraception. The respondents expressed disappointment about the lack of information on sexuality and sexual behavior that is included in sex education programs; sexual and gender minority youths, in particular, feel overlooked by current approaches. This result highlights a vital need for comprehensive sexual education, as students are eager to learn how to protect themselves from unintended pregnancies and sexually transmitted infections. According to Kantor (2021), sex education is the one school subject that is supposed to provide adolescents with the information and skills they need to navigate relationships, understand sex and sexuality, and find the resources they need for obtaining additional information and relevant health services. Moreover, according to Joven (2021), DepEd has been implementing sex ed in various schools. However, lesson plans are not enough, and the government has acknowledged this by aiming to link classroom lessons to actual reproductive health interventions in community facilities. This reveals a pressing educational gap that institutions must address, as students are seeking the knowledge and skills required to make informed decisions regarding their sexual health.

CONCLUSIONS

Overall, the respondents have adequate but more knowledge of sexual education in terms of general information than in various forms of contraception. There is also an improved level of awareness and decision-making when it comes to sexual health. Further, despite possessing an adequate level of sexual knowledge, certain topics remain unfamiliar. In addition, the respondents are comfortable discussing sexual topics with their parents, with peers, and teachers, as well as discussing sex and related topics with these individuals, and are more unlikely to practice masturbating, vaginal, anal and oral sex. Moreover, gender, strand, socioeconomic status, and relationship status affect how a person practices safe sex.

Furthermore, the respondents' level of knowledge only covers some of the parameters of sexual practice. Thus, there is a pressing need for thorough information dissemination regarding sex education for senior high school students; the inclusion of topics in comprehensive sex education such as contraceptives, consequences of sex, family planning, sources of sexual pleasure, sex education, STD/HIV/AIDS prevention, concept of sex, safe sex, sexual violence prevention/sexual crimes, and how reproductive system works. This result highlights the respondents' eagerness to learn how to protect themselves from unintended pregnancies and sexually transmitted infections.

RECOMMENDATIONS

The researchers highly recommend that schools implement a sexual education program to educate the students on the knowledge and skills that they need to make responsible choices regarding their relationships and sexual health. Programs that should not only focus on reproductive development, prevention of STIs, and unintended pregnancy but also teach about forms of sexual expression, healthy sexual and non-sexual relationships, gender identity and sexual orientation and questioning, communication, recognizing and preventing sexual violence, consent, and decision making. They also should include state-specific legal ramifications of sexual behavior and the growing risks of sharing information online.

Moreover, it is recommended by the researchers that the school and local health department conduct workshops, seminars, and symposiums dedicated to the formation of the teachers' and parents' comprehensive understanding of sex, sexuality, and related topics to disseminate credible information to the adolescents.

The researchers further suggest that students enhance their level of sexual knowledge and supplement the

cumulative sexual education earned by educating themselves through various channels, including books and social media platforms related to sexual education, with consideration for the author's credibility. This supports the study conducted by Adducul & Palina (2023), survey participants prefer social networking sites for online information, citing convenience and accessibility as critical factors. This implies that social networking sites strongly influence the respondents' platform choice

Furthermore, the researchers suggest that students should be given time to practice, assess, and reflect on skills taught in the curriculum that help them move toward independence, critical thinking, and problem-solving to avoid STIs, HIV, and unintended pregnancy. Students must be taught how to analyze family, peer, and media influences that impact health; access valid and reliable health information, products, and services (e.g., STI/HIV testing); communicate with family, peers, and teachers about issues that affect health; make informed and thoughtful decisions about their health; and take responsibility for themselves and others to improve their health.

Moreover, future researchers who wish to study the same topic can use this study as a basis and related study. They can refer to the data and questionnaire to progress their research and strengthen its validity and reliability.

Ultimately, future researchers could potentially expand the scope and limitations of this study. Further, the respondents can be expanded to include a wide range of students in different levels of education, such as primary, secondary, and tertiary education from other educational institutions. The researchers may enhance and modify the survey questionnaire to gather more relevant data. The researchers may also add different variables that are relevant to the study.

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