**Knowledge, Attitude and Perceptions of Indigenous Women on Sex Education**

**ABSTRACT**

This study explores the sociodemographic characteristics of Indigenous women in Barangay Lagumit, Malita, Davao Occidental, and their perspectives on sex education. Using a quantitative-descriptive approach, data was collected from 95 Indigenous women (ages 18–59) through structured surveys. Descriptive analysis revealed positive attitudes toward sex education, with high mean scores in knowledge (M = 4.17), attitude (M = 4.22), and perception (M = 4.09). Inferential statistics (ANOVA) showed that educational attainment significantly influenced knowledge, attitude, and perception, while ethnicity affected perception, highlighting the role of cultural background in sex education engagement. Age and civil status had no statistically significant effects. These findings underscore the need for age-appropriate, culturally sensitive, and education-level-specific sex education programs. Stakeholders must develop tailored interventions to foster informed decision-making and promote equitable reproductive health education among Indigenous women.

***Keywords: Indigenous Women, Socio Demographic, Knowledge, Attitude, Perception***

**INTRODUCTION**

**Background of the Problem**

When incorporating sexual education into their cultural and social contexts, indigenous cultures encounter particular difficulties. Although there is a generally accepted basis for sexual knowledge, its actual use needs to take historical backgrounds, cultural values, and regional customs into consideration. Indigenous cultural practices, especially those pertaining to sexuality, have frequently been undermined as a result of colonialism and systematic marginalization, making a culturally based approach to sexual health education necessary (Smith, 2012).

Programs for sexual education must be adapted to Indigenous worldviews in order to enable people to make knowledgeable decisions regarding their sexual health and wellbeing. Studies reveal that culturally tailored interventions including elders and community leaders promote increased efficacy and acceptance (Wilson & Yellow Bird, 2013). Program implementation is complicated by issues such inadequate resources, varying gender norms, and language limitations (Gone & Trimble, 2012). Additionally, Indigenous viewpoints may not be adequately represented by dominant Western paradigms of sexuality, necessitating adaptable, community-driven approaches (Kovach, 2009).

According to Ekstrand et al. (2011), there are significant gaps in sex education programs; although young women in Sweden receive formal education, subjects like sexual violence, contraception, and pornography are frequently not adequately addressed. This is consistent with research conducted among Indigenous communities, where traditional knowledge systems influence attitudes toward sexual health.

Opportunities to enhance sexual health education exist despite these challenges by integrating traditional practices and working with Indigenous knowledge holders. Interaction and communication are improved by using Indigenous languages and culturally appropriate resources (McIvor, 2010). Furthermore, new technologies present interesting ways to disseminate customized sexual health information to distant communities (Hallett et al., 2018).

In order to assess sexual health knowledge, attitudes, and educational attainment among Indigenous populations, this study examined how sociodemographic characteristics such as age, gender, and education affected these outcomes.

**Scope**

The study aims to ascertain the socio-demographic characteristics of Indigenous individuals in Lagumit, assess their perception, attitude, and knowledge regarding sex education, and investigate whether there are any notable disparities in their sex education based on their socio-demographic profile.

**Hypothesis**

The null hypothesis was tested at a 0.05 level of significance:

HO1. There was no significant difference in the level of sex education in terms of perception, attitude, and knowledge when grouped according to age, civil status, ethnicity, and educational attainment.

**METHODS**

**Data Description**

This study gathers comprehensive data from Indigenous women residents aged 18-59 in Centro Barangay Lagumit, Malita, Davao Occidental. The age range and geographical location specificity ensure a targeted and relevant dataset.

**Data Analytic Technique**

This research was carried out in Barangay Lagumit and aimed to evaluate the perceptions, attitudes, and knowledge of Indigenous women concerning sex education. The objective was to investigate the presence of significant differences in these variables when assessed across several socio-demographic profiles, including age group, marital status, ethnicity, and educational level.

A quantitative study approach was utilized, employing descriptive and inferential statistical techniques to extract significant insights from the data, notably the mean and Analysis of Variance (ANOVA).

The mean was employed to ascertain the central tendency of responses, offering a definitive measure of the average levels of perception, attitude, and knowledge among various demographic categories. This facilitated the development of a comprehensive profile on the responses of Indigenous women in the community to the examined factors.

Before conducting inferential analysis, the normality assumption was evaluated using the Shapiro-Wilk test. The results demonstrated that the data were nearly normally distributed (p > 0.05), thereby validating the application of parametric testing. Subsequently, one-way ANOVA was utilized to evaluate statistically significant variations in the variables according to key demographic features. This inferential strategy provided a strong approach for analyzing group-level differences and detecting possible discrepancies within the population.

These analytical tools provided a thorough description of the participants and a deeper interpretation of emergent patterns, allowing for a more nuanced understanding of how socio-demographic factors may affect views, attitudes, and knowledge about sex education.

**RESULTS, ANALYSIS AND DISCUSSION**

**Socio-demographic Profile**

This section presents the socio-demographic characteristics of 95 indigenous women respondents residing in Barangay Lagumit, Malita, Davao Occidental.

**Age**

The largest age group among the respondents was 18–22 years old, comprising 26.3% (f=25) of the sample. This was followed by those aged 23–27 (17.9%, f=17). Age groups 43–47 and 48–52 accounted for 12.6% (f=12). Respondents aged 53–59 represented 11.6% (f=11), while 33–37 years old made up 8.4% (f=8). The 28–32 and 38–42 age groups comprised 5.3% (f=5) of the respondents.

According to these statistics, the majority of responders are between late adolescent and early adulthood, indicating a youthful and perhaps reproductive population. When it comes to sex education comprehension and access, this demographic concentration is crucial. Comprehensive and culturally appropriate sex education programs are necessary since research shows that people in this age group are at a critical juncture in the development of their sexual and reproductive health (World Health Organization [WHO], 2023). Early exposure to sexuality education has been linked to better informed decision-making and a decrease in risky behaviors in young adults, according to studies (Republic of the Philippines Department of Education, 2024). Furthermore, especially for areas with different cultural contexts, incorporating Indigenous viewpoints into sex education improves effectiveness and engagement (United Nations, 2020).

**Ethnicity**

Most respondents identified as Blaan (98.9%, f=94), with only one (1.1%) identifying as Tagakaulo. No respondents identified as Manobo or Muslim. This ethnic concentration indicates that the findings of this study predominantly reflect the perspectives of Blaan women in the community.  
  
The importance of Blaan perspectives in influencing the study's conclusions is highlighted by this ethnic concentration. According to research, Indigenous identity is important in determining attitudes toward education and health, especially in communities with rich cultural traditions (Gloria et al., 2006). Instead of using formal institutions, the Blaan people, who are renowned for their unique sociocultural structures and rich oral traditions, frequently use collective knowledge systems to manage health and education (Trocio, 2015).

Additionally, research highlights that because Indigenous women are frequently the major caregivers and knowledge holders, their perspectives are essential to comprehending community health dynamics (United Nations, 2020). Other ethnic groups, like Tagakaulo, Manobo, and Muslim, are not as well represented, which raises the possibility that the results reflect Blaan-specific experiences rather than more general Indigenous patterns.

**Educational Attainment**

In terms of educational background, more over half of the respondents (51.6%) had completed high school, whilst 25.3% (f=24) had only finished elementary school. One respondent (1.1%) chose not to reveal their degree of education, and a lower percentage (22.1%, f=21) completed college.

According to the data, the respondents' degree of formal education was somewhat moderate. The low percentage of college-level education may be a reflection of obstacles to higher education within the Indigenous group, even while the high percentage of high school-educated individuals implies basic literacy and schooling. Research shows that lower college enrollment rates are a result of systemic issues that Indigenous students frequently experience, including limited access to higher education institutions, cultural dissonance, and financial limitations (Aseron et al., 2015).Additionally, Indigenous perspectives on education emphasize the importance of culturally relevant learning environments, yet mainstream academic structures frequently fail to integrate Indigenous knowledge systems, further discouraging participation in higher education (Williams et al., 2021).

In order to overcome these obstacles, a comprehensive strategy that incorporates Indigenous methods of instruction into formal education systems, community-driven educational projects, and more funding is needed (Tamtik, 2024). Indigenous students can be better supported in their pursuit of higher education by customizing educational strategies to address these issues.

**Civil Status**

Most respondents were married (55.8%, *f*=53), while 43.2% (*f*=41) were single. One respondent (1.1%) preferred not to disclose their civil status.

Given the increased proportion of married participants, it is likely that many of them have personal experience with reproductive health issues, which emphasizes the need for easily available and culturally sensitive sex education. Research shows that marital status affects information, habits, and access to healthcare services related to sexual and reproductive health (Likhaan Center for Women's Health, 2024; United Nations Population Fund [UNFPA], 2021). Due to cultural norms, geographic constraints, and a lack of adequate healthcare infrastructure, married Indigenous people, especially women, face particular difficulties with family planning, maternal health, and reproductive rights (UNFPA, 2021; World Health Organization [WHO], 2023).

Furthermore, policy frameworks like the Responsible Parenthood and Reproductive Health Act (RA 10354) highlight the importance of community-specific, comprehensive reproductive health education, guaranteeing that married people have the knowledge they need to make educated decisions (RA 10354, 2025). Interventions with a cultural foundation that combine traditional knowledge with contemporary reproductive healthcare techniques improve health outcomes for indigenous people (WHO, 2023). By addressing these issues with frameworks that are sensitive to cultural differences, we can increase reproductive health literacy and enable Indigenous people to make better decisions.

***Table 1. The socio-demographic profile of the respondents***

|  |  |  |
| --- | --- | --- |
| **PARTICULARS** | **FREQUENCY** | **PERCENTAGE** |
| **Age** |  |  |
| 18-22 years old | 25 | 26.3 |
| 23-27 years old | 17 | 17.9 |
| 28-32 years old | 5 | 5.3 |
| 33-37 years old | 8 | 8.4 |
| 38-42 years old | 5 | 5.3 |
| 43-47 years old | 12 | 12.6 |
| 48-52 years old | 12 | 12.6 |
| 53-59 years old | 11 | 11.6 |
| **Ethnicity** |  |  |
| Blaan | 94 | 98.9 |
| Tagakaulo | 1 | 1.1 |
| Manobo |  |  |
| Muslim |  |  |
| **Educational Attainment** |  |  |
| Elementary Level | 24 | 25.3 |
| High School Level | 49 | 51.6 |
| College Level | 21 | 22.1 |
| Prefer not to say | 1 | 1.1 |
| **Civil Status** |  |  |
| Married | 53 | 55.8 |
| Single | 41 | 43.2 |
| Prefer not to say | 1 | 1.1 |

Table 2 presents the levels of sex education among Indigenous women in terms of perception, attitude, and knowledge. Each indicator was analyzed using the mean and standard deviation (SD), with corresponding descriptive interpretations.

The Perception indicator's mean score was 4.09 (SD = 0.81), which corresponds to the descriptive interpretation of "Agree." This indicates that respondents' perceptions of sex education are typically positive. The moderate standard deviation, on the other hand, suggests that the participants' perceptions varied to a comparatively greater extent. Studies indicate that historical prejudices, media representations, and cultural appropriation frequently impact Indigenous women's opinion on sex education (Chakasim, 2020). Indigenous groups frequently combine contemporary sex education frameworks with traditional knowledge, leading to a variety of viewpoints on sexual health (Tan, 2024).

With the highest mean score of 4.22 (SD = 0.70) for the Attitude indicator, which is translated as "Strongly Agree," it is clear that Indigenous women have a very positive and consistent attitude toward sex education, which is indicated by the low answer variability. Research suggests that sex education that is culturally appropriate for Indigenous women increases their participation and promotes acceptance (Tan, 2024; WHO, 2023). Discussions on reproductive health are influenced by elders and community leaders, who frequently affect attitudes about sex education.

Respondents appear to have a solid grasp of sex education, as seen by their knowledge score of 4.17 (SD = 0.73), which is also translated as "Strongly Agree." General agreement on this indicator is implied by the comparatively low standard deviation. Both official education and intergenerational knowledge-sharing within their communities frequently contribute to Indigenous women's understanding of sex education (Tan, 2024; Gata, 2016). It has been demonstrated that thorough sexuality education programs that include Indigenous viewpoints improve knowledge application and retention (UNESCO, 2022).

The composite mean of the three factors was 4.18 overall. This indicates that respondents had a generally good attitude and strong agreement about sex education. The results show that although opinions may differ somewhat, the community as a whole is open and responsive to sex education. These findings, which indicate that Indigenous women in Barangay Lagumit are not only aware of but also supportive of activities that promote sexual and reproductive health education, are crucial for guiding culturally relevant sex education programs.

The findings of this study highlight the significant influence of education and cultural background on Indigenous women's engagement with sex education, reinforcing the need for culturally responsive and education-specific interventions. A higher level of educational attainment correlated with more informed and favorable attitudes toward sex education, underscoring the critical role of formal education in reproductive health awareness. This aligns with research indicating that comprehensive sexuality education improves knowledge retention and application, particularly when Indigenous perspectives are integrated (UNESCO, 2022). Additionally, the variation in perception across ethnic groups suggests that cultural influences shape attitudes toward sex education, reaffirming the necessity of incorporating Indigenous knowledge systems into formal health education (Tan, 2024; Chakasim, 2020). Furthermore, community leaders and elders play a pivotal role in shaping discussions on reproductive health, highlighting the need for intergenerational knowledge-sharing to foster acceptance and participation (WHO, 2023; Gata, 2016). Given these insights, stakeholders should develop sex education programs that are age-appropriate, culturally sensitive, and tailored to different educational backgrounds, ensuring equitable access to reproductive health education for Indigenous women. These findings serve as a foundation for designing interventions that respect cultural diversity while promoting informed decision-making and sexual health literacy.

***Table 2. Sex Education in terms of Perception, Attitude, and Knowledge.***

|  |  |  |  |
| --- | --- | --- | --- |
| **Indicator** | **SD** | **Mean** | **Descriptive** |
| **Perception** | 0.81 | 4.09 | Agree |
| **Attitude** | 0.70 | 4.22 | Strongly Agree |
| **Knowledge** | 0.73 | 4.17 | Strongly Agree |
| Overall |  | 4.18 | **Agree** |

Table 3 presents the descriptive and inferential statistics for participants’ Perception, Attitude, and Knowledge across various age groups. The descriptive data reveal that respondents aged 18–22 consistently recorded the highest mean scores for all three variables—Perception (M = 4.44), Attitude (M = 4.31), and Knowledge (M = 4.20)—indicating a more favorable orientation toward the subject matter. Conversely, the age group 38–42 exhibited the lowest mean scores for Perception (M = 4.04) and Attitude (M = 3.90), suggesting relatively less favorable responses in these domains.

The statistical significance of these observed changes was assessed using a one-way ANOVA. The findings indicate that, while the mean differences point to a small variance, there were no statistically significant differences in perception scores between age groups (F(7,87) = 1.031, p =.416). This suggests that although certain descriptive differences in perception are connected to age, they are not significant enough to be statistically significant. According to research, because they are more accustomed to digital and classroom learning contexts, younger people are more likely to be receptive to sex education (Anilkumar et al., 2022).

For Attitude and Knowledge, the ANOVA results further confirm the absence of significant differences between age groups—Attitude: F(7, 87) = 0.213, *p* = .982; Knowledge: F(7, 87) = 0.155, *p* = .993. These high *p*-values suggest that participants, regardless of age, generally shared similar attitudes and levels of knowledge regarding the subject of the study. According to studies, older age groups frequently exhibit steady knowledge levels because of earlier exposure and life experiences, even when younger people may show greater excitement for sex education (Singh et al., 2024).

Overall, while younger participants (18–22) appear to score marginally higher in all three variables, age does not significantly influence perception, attitude, or knowledge when subjected to statistical testing. This indicates a relatively uniform understanding and disposition toward the subject matter across age brackets, with minimal age-related variation. The findings align with broader research suggesting that sex education effectiveness is more closely linked to curriculum quality and cultural relevance rather than age alone (Sharma et al., 2023). The results are in line with other studies that indicate curriculum quality and cultural relevance have a stronger correlation with the effectiveness of sex education than age alone (Sharma et al., 2023).

***Table 3. Significant Difference in the Level of sex education among indigenous women when grouped according to age.***

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Descriptives | | | | | | | | | | |
|  | | N | Mean | Std. Deviation | Std. Error | 95% Confidence Interval for Mean | | Minimum | *Maximum* |
| Lower Bound | Upper Bound |
| Perception | 18-22 | 25 | 4.44 | .580 | .116 | 4.20 | 4.68 | 3 | *5* |
| 23-27 | 17 | 3.98 | .815 | .198 | 3.56 | 4.40 | 2 | *5* |
| 28-32 | 5 | 4.20 | 1.086 | .486 | 2.85 | 5.55 | 2 | *5* |
| 33-37 | 8 | 4.00 | 1.053 | .372 | 3.12 | 4.88 | 2 | *5* |
| 38-42 | 5 | 4.04 | .167 | .075 | 3.83 | 4.25 | 4 | *4* |
| 43-47 | 12 | 3.85 | .965 | .279 | 3.24 | 4.46 | 2 | *5* |
| 48-52 | 12 | 3.85 | 1.017 | .293 | 3.20 | 4.50 | 2 | *5* |
| 53-59 | 11 | 4.05 | .716 | .216 | 3.57 | 4.54 | 3 | *5* |
| Total | 95 | 4.09 | .818 | .084 | 3.93 | 4.26 | 2 | *5* |
| Attitude | 18-22 | 25 | 4.31 | .501 | .100 | 4.10 | 4.52 | 3 | *5* |
| 23-27 | 17 | 4.16 | .875 | .212 | 3.71 | 4.61 | 2 | *5* |
| 28-32 | 5 | 4.20 | .991 | .443 | 2.97 | 5.43 | 3 | *5* |
| 33-37 | 8 | 4.22 | .828 | .293 | 3.53 | 4.91 | 3 | *5* |
| 38-42 | 5 | 3.90 | .518 | .232 | 3.26 | 4.54 | 3 | *4* |
| 43-47 | 12 | 4.23 | .779 | .225 | 3.73 | 4.72 | 2 | *5* |
| 48-52 | 12 | 4.23 | .607 | .175 | 3.84 | 4.62 | 3 | *5* |
| 53-59 | 11 | 4.25 | .844 | .255 | 3.68 | 4.82 | 2 | *5* |
| Total | 95 | 4.22 | .705 | .072 | 4.08 | 4.36 | 2 | *5* |
| knowledge | 18-22 | 25 | 4.20 | .507 | .101 | 3.99 | 4.41 | 3 | *5* |
| 23-27 | 17 | 4.29 | .788 | .191 | 3.89 | 4.70 | 2 | *5* |
| 28-32 | 5 | 4.48 | .844 | .377 | 3.43 | 5.53 | 3 | *5* |
| 33-37 | 8 | 4.18 | .671 | .237 | 3.61 | 4.74 | 3 | *5* |
| 38-42 | 5 | 4.12 | .782 | .350 | 3.15 | 5.09 | 3 | *5* |
| 43-47 | 12 | 4.22 | .741 | .214 | 3.75 | 4.69 | 2 | *5* |
| 48-52 | 12 | 4.18 | .606 | .175 | 3.80 | 4.57 | 3 | *5* |
| 53-59 | 11 | 4.20 | .863 | .260 | 3.62 | 4.78 | 2 | *5* |
| Total | 95 | 4.23 | .673 | .069 | 4.09 | 4.36 | 2 | *5* |

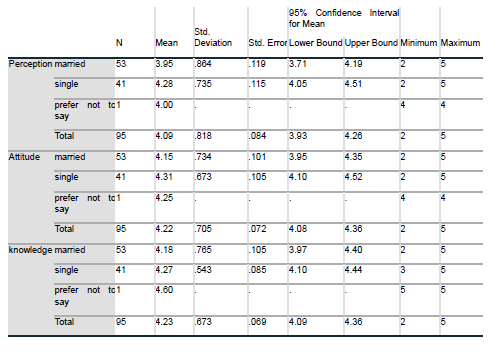
|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | | Sum of Squares | df | Mean Square | F | Sig. |
| Perception | Between Groups | 4.815 | 7 | .688 | 1.031 | .416 |
| Within Groups | 58.050 | 87 | .667 |  |  |
| Total | 62.865 | 94 |  |  |  |
| Attitude | Between Groups | .786 | 7 | .112 | .213 | .982 |
| Within Groups | 45.947 | 87 | .528 |  |  |
| Total | 46.733 | 94 |  |  |  |
| knowledge | Between Groups | .526 | 7 | .075 | .155 | .993 |
| Within Groups | 42.054 | 87 | .483 |  |  |
| Total | 42.579 | 94 |  |  |  |

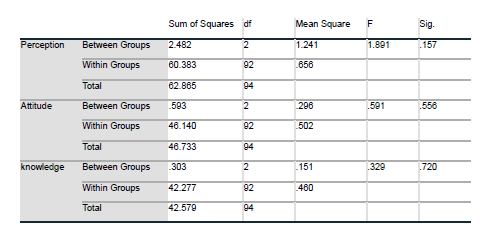
The findings indicate notable variations in mean scores across different marital status categories for the variables of Perception, Attitude, and Knowledge related to sex education among Indigenous women. Specifically, participants who identified as "single" demonstrated relatively higher mean scores in Perception (M = 4.28, SD = 0.51) and Attitude (M = 4.31, SD = 0.47) compared to those categorized as "married" (Perception: M = 3.95, SD = 0.62; Attitude: M = 4.15, SD = 0.53). This suggests that single participants may exhibit a more open or progressive stance toward sex education, potentially influenced by different social, cultural, or educational exposures. Research suggests that unmarried individuals often have greater access to diverse sources of information, including digital platforms and peer discussions, which may contribute to their more favorable perceptions of sex education (Valenzuela et al., 2021).

However, despite these observable differences in mean scores, the ANOVA results indicate that these variations do not reach statistical significance across marital status groups (Perception: *p* = 0.157, Attitude: *p* = 0.556, Knowledge: *p* = 0.720). The lack of statistically significant differences indicates that participants' attitudes, knowledge, and views of sex education are not significantly impacted by their married status. Rather than being caused by systematic factors associated with marital status, the variations in mean scores could instead be the result of individual differences. Research shows that educational background, cultural norms, and accessibility are more strongly associated with the effectiveness of sex education than marital status alone (Gata, 2016).

These findings have important implications for sex education programs targeting Indigenous women. Since marital status does not significantly shape perceptions, attitudes, or knowledge, interventions may be designed to address broader cultural and informational gaps rather than tailoring strategies specifically based on civil status. In order to better understand how sex education affects receptiveness and understanding, greater study could include other sociocultural elements, such as family dynamics, traditional views, or generational impacts (WHO, 2023).

***Table 4.*** ***Significant Difference in the Level of sex education among indigenous women when grouped according to civil status.***



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The findings in Table 5 reveal a significant difference in Perception between the Blaan and Tagakaulo groups (*p* = 0.000), suggesting distinct viewpoints on sex education. This variation may be shaped by cultural norms, educational exposure, and differing community experiences that influence how each group engages with the topic. Through formal education, socialization, and traditional beliefs, indigenous societies frequently form viewpoints on sexual health, which leads to differences in perception among groups (Annan, 2021).

Conversely, Attitude (*p* = 0.321) does not show a statistically significant difference, indicating that despite variations in perception, both groups maintain similar outlooks on sex education. According to research, opinions regarding sex education in Indigenous cultures are frequently influenced by community values rather than personal experiences, which results in group similarities (Dei, 2022).

With a p-value of 0.198 for Knowledge, the study suggests a slight but not statistically significant difference between the two groups. This research underscores the necessity of additional investigation into contextual elements such information availability, conventional teaching approaches, and knowledge transfer between generations. Research highlights how community leaders and elders help generational transmission of sex education information (Miole, 2023).

While perception differs significantly, attitudes remain largely similar, and knowledge variation, though present, does not show strong statistical significance. These findings highlight the importance of culturally responsive sex education programs that acknowledge both communal similarities and distinctions. In order to ensure that programs are inclusive, pertinent, and considerate of traditional learning methods, future initiatives should place a high priority on incorporating Indigenous viewpoints into localized sex education frameworks (WHO, 2023).

***Table 5.*** ***Significant Difference in the Level of sex education among indigenous women when grouped according to ethnicity.***

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | | |
|  | | N | Mean | Std. Deviation | Std. Error | 95% Confidence Interval for Mean | | Minimum | Maximum |
| Lower Bound | Upper Bound |
| Perception | blaan | 94 | 4.10 | .822 | .085 | 3.93 | 4.26 | 2 | 5 |
| tagakaulo | 1 | 3.80 | . | . | . | . | 4 | 4 |
| Total | 95 | 4.09 | .818 | .084 | 3.93 | 4.26 | 2 | 5 |
| Attitude | blaan | 94 | 4.22 | .709 | .073 | 4.08 | 4.37 | 2 | 5 |
| tagakaulo | 1 | 4.25 | . | . | . | . | 4 | 4 |
| Total | 95 | 4.22 | .705 | .072 | 4.08 | 4.36 | 2 | 5 |
| knowledge | blaan | 94 | 4.23 | .676 | .070 | 4.09 | 4.37 | 2 | 5 |
| tagakaulo | 1 | 4.00 | . | . | . | . | 4 | 4 |
| Total | 95 | 4.23 | .673 | .069 | 4.09 | 4.36 | 2 | 5 |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | |
|  | | Sum of Squares | df | Mean Square | F | Sig. |
| Perception | Between Groups | .087 | 1 | .087 | .128 | .721 |
| Within Groups | 62.778 | 93 | .675 |  |  |
| Total | 62.865 | 94 |  |  |  |
| Attitude | Between Groups | .001 | 1 | .001 | .002 | .967 |
| Within Groups | 46.732 | 93 | .502 |  |  |
| Total | 46.733 | 94 |  |  |  |
| knowledge | Between Groups | .051 | 1 | .051 | .112 | .738 |
| Within Groups | 42.528 | 93 | .457 |  |  |
| Total | 42.579 | 94 |  |  |  |

The findings in Table 6 demonstrate statistically significant differences in Perception, Attitude, and Knowledge across various educational levels. The analysis reveals a strong association between education and perception (*p* < .000), with mean scores progressively increasing as educational attainment rises, from 3.54 among individuals who opted not to disclose their education level to 4.67 among college graduates. This pattern implies that exposure to structured conversations, scholarly resources, and wider sociocultural involvement may all play a role in fostering a more knowledgeable and receptive attitude toward sex education in higher education (Fentahun et al., 2012).

Similarly, a significant difference is observed in Attitude (*p* = .030), with scores following a comparable upward trajectory—from 3.96 among those who preferred not to disclose their educational background to 4.54 among college graduates. This pattern suggests that higher levels of education may be associated with more proactive or accepting attitudes toward sex education, which may be influenced by the growth of critical thinking abilities and easier access to reliable information (Frimpong, 2010).

For Knowledge, the analysis yields a statistically significant difference (*p* = .006), with mean scores gradually increasing from 4.03 among individuals who preferred not to disclose their education level to 4.63 among college-educated participants. While consistent with the trends observed in Perception and Attitude, this finding underscores the essential role of formal education in shaping an individual’s understanding of sex education. The consistent improvement in scores suggests that organized learning settings promote a deeper understanding and awareness of key concepts (Bella, 2014).

These findings collectively demonstrate the importance of education in shaping attitudes, knowledge, and perceptions surrounding sex education. Higher levels of education appear to promote more interest in the subject area, as evidenced by the upward trends in all three variables. This is probably because more people are exposed to formal instruction, empirical research, and critical assessment frameworks. These results highlight the significance of incorporating comprehensive sex education at different educational levels in order to provide fair access to information and enable well-informed decision-making.

***Table 6. Significant Difference in the Level of sex education among indigenous women when grouped according to educational attainment.***

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | |
|  | | N | Mean | Std. Deviation | Std. Error | 95% Confidence Interval for Mean | | Minimum | Maximum |
| Lower Bound | Upper Bound |
| Perception | Elementary Level | 24 | 3.54 | .946 | .193 | 3.14 | 3.94 | 2 | 5 |
| Highschool Level | 49 | 4.10 | .704 | .101 | 3.90 | 4.30 | 2 | 5 |
| College Level | 21 | 4.67 | .416 | .091 | 4.48 | 4.86 | 4 | 5 |
| Prefer not to say | 1 | 5.00 | . | . | . | . | 5 | 5 |
| Total | 95 | 4.09 | .818 | .084 | 3.93 | 4.26 | 2 | 5 |
| Attitude | Elementary Level | 24 | 3.96 | .884 | .180 | 3.59 | 4.33 | 2 | 5 |
| Highschool Level | 49 | 4.20 | .657 | .094 | 4.01 | 4.39 | 2 | 5 |
| College Level | 21 | 4.54 | .428 | .093 | 4.34 | 4.73 | 4 | 5 |
| Prefer not to say | 1 | 5.00 | . | . | . | . | 5 | 5 |
| Total | 95 | 4.22 | .705 | .072 | 4.08 | 4.36 | 2 | 5 |
| knowledge | Elementary Level | 24 | 4.03 | .652 | .133 | 3.75 | 4.30 | 2 | 5 |
| Highschool Level | 49 | 4.13 | .709 | .101 | 3.93 | 4.34 | 2 | 5 |
| College Level | 21 | 4.63 | .406 | .089 | 4.44 | 4.81 | 4 | 5 |
| Prefer not to say | 1 | 5.00 | . | . | . | . | 5 | 5 |
| Total | 95 | 4.23 | .673 | .069 | 4.09 | 4.36 | 2 | 5 |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | | Sum of Squares | df | Mean Square | F | Sig. |
| Perception | Between Groups | 15.030 | 3 | 5.010 | 9.531 | .000 |
| Within Groups | 47.835 | 91 | .526 |  |  |
| Total | 62.865 | 94 |  |  |  |
| Attitude | Between Groups | 4.366 | 3 | 1.455 | 3.126 | .030 |
| Within Groups | 42.366 | 91 | .466 |  |  |
| Total | 46.733 | 94 |  |  |  |
| knowledge | Between Groups | 5.380 | 3 | 1.793 | 4.387 | .006 |
| Within Groups | 37.199 | 91 | .409 |  |  |
| Total | 42.579 | 94 |  |  |  |

**CONCLUSION**

The results of this study show that among Indigenous women, sex education and a number of sociodemographic characteristics interact dynamically. Even while there were disparities in perception, attitude, and knowledge, statistical analysis indicates that many of these variances are not significant, highlighting the community's common experiences and understanding.

Engagement with sex education was shown to be somewhat influenced by age, with younger individuals showing somewhat more positive attitudes, views, and knowledge. The lack of statistical significance, however, indicates that social, cultural, and educational exposures as well as age play a role in sex education. The results also showed that marital status had little impact on opinions on sex education, suggesting that married and single people generally approach the topic with comparable comprehension and openness.

Sex education-related factors were consistently shaped by educational attainment. The information supports the crucial role that formal learning environments play in promoting knowledge acquisition by indicating that higher educational attainment is associated with a more knowledgeable and transparent approach to sex education. This trend highlights the necessity of integrating comprehensive sex education into various educational stages to bridge existing gaps and ensure equitable access to information.

The differences observed between Blaan and Tagakaulo participants regarding perception suggest cultural nuances in how sex education is received. Despite these variations, attitudes remained largely similar, reinforcing the idea that foundational beliefs surrounding reproductive health may transcend ethnic distinctions. Knowledge differences, although modest, present an opportunity for targeted interventions that align educational strategies with the lived experiences of Indigenous communities.

In the end, the results highlight the significance of culturally sensitive sex education initiatives that recognize both common community norms and unique viewpoints influenced by sociocultural variables. Future programs can be designed to offer more inclusive, accessible, and pertinent reproductive health education by acknowledging the impact of education, cultural identity, and larger social norms. Strengthening community-driven learning approaches and integrating Indigenous knowledge systems will be key to ensuring that sex education remains effective, respectful, and empowering for Indigenous women.

**RECOMMENDATION**

Based on the findings regarding the level of sex education and its differences across socio-demographic profiles, several recommendations can be proposed. Firstly, there is a notable variation in sex education perceptions across educational levels. Therefore, targeted educational interventions should be designed to address the specific needs and preferences of individuals with lower educational levels. These programs should focus on providing comprehensive and accessible information about sex education to bridge the observed gaps.

Secondly, age-specific strategies are recommended due to variations in sex education perceptions among different age groups. Tailoring communication strategies to resonate with the preferences and concerns of specific age demographics can enhance the effectiveness of sex education initiatives. For instance, addressing the younger age group through contemporary and interactive channels may be particularly effective.

Cultural sensitivity is crucial, as evidenced by differences in sex education perceptions across cultural groups. Interventions should be designed to accommodate diverse cultural perspectives and values, ensuring that sex education programs are inclusive and relevant to various communities.

Furthermore, the data suggests that there are no significant differences in sex education perceptions based on marital status. However, future studies could explore this aspect further to gain a more nuanced understanding. Additionally, inclusive data collection methods should be employed to consider additional socio-demographic variables that may impact sex education perceptions.

Continuous monitoring is essential to track evolving attitudes and perceptions regarding sex education. Regular surveys or feedback sessions can provide valuable insights into changing societal norms and expectations, enabling timely adjustments to educational strategies.

Lastly, considering the sensitivity of the topic, it is important to engage the public in discussions about sex education. Public awareness campaigns, community forums, and open dialogues can help destigmatize the subject and foster a more informed and inclusive understanding of sex education across diverse socio-demographic profiles.

**Consent**

As per international standards or university standards, Participants’ written consent has been collected and preserved by the author(s).

**Disclaimer (Artificial intelligence)**

Option 1:

Author(s) hereby declare that NO generative AI technologies such as Large Language Models (ChatGPT, COPILOT, etc.) and text-to-image generators have been used during the writing or editing of this manuscript.

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Details of the AI usage are given below:

1. Co pilot used for understanding deeper context to be able to express the thought for the study

2.

3.

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