

Original Article

Challenges of Teachers in the Implementation of Comprehensive Sexuality Education in a Basic Education Institution

Noshamei Daligdig^{1,*}, Leo Jumawan¹, Jecel Joy Ermac¹, Joshua Yocor¹

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Abstract

Comprehensive sexuality education has strong evidence support, yet its school-based delivery often meets resistance and practical constraints, particularly in contexts shaped by strong religious norms and community sensitivity. This qualitative phenomenological study examined how teachers experience, interpret, and respond to challenges that arise during comprehensive sexuality education delivery in a basic education setting in the Philippines. Data came from in-depth, semi-structured interviews and a focus group discussion with purposively selected teachers who have direct classroom responsibility for age-appropriate sexuality education topics. Reflexive thematic analysis identified layered constraints that shaped delivery decisions, including cultural and religious sensitivity, limited training and instructional resources, learner discomfort and humor-driven avoidance, time and curriculum pressure, and perceived or explicit parental resistance. Despite these barriers, teachers described adaptive strategies that protected classroom safety while preserving instructional intent, such as integration of sexuality education concepts into adjacent learning areas, deliberate use of values-sensitive language, and reliance on peer support to strengthen confidence and content accuracy. Findings suggest that comprehensive sexuality education implementation improves when teachers receive continuous capacity-building, locally relevant teaching resources, clear institutional guidance, and structured engagement with parents and community stakeholders. These supports can reduce teacher self-censorship, strengthen pedagogical coherence, and sustain

¹ Iligan Medical Center College, Iligan City, Philippines
* Correspondence: noshamei.daligdig025@gmail.com

fidelity to learner-centered and rights-informed sexuality education.

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1. Introduction

School-based comprehensive sexuality education remains one of the most evaluated public health and education interventions for adolescents, with evidence that well-designed programs contribute to improved knowledge, healthier decision-making, and reduced sexual risk behaviors when delivered in developmentally appropriate ways (Goldfarb & Lieberman, 2021). Meta-analytic findings also indicate that sexuality education, when grounded in comprehensive content rather than abstinence-only approaches, can produce measurable effects on behavioral and psychosocial outcomes, particularly when curricula include skills-based components and consistent messaging across learning settings (Barriuso-Ortega et al., 2024; Niland et al., 2024). These outcomes matter in contexts where adolescent pregnancy, sexually transmitted infections, and gender-based violence remain persistent risks, and where schools function as high-reach platforms that can reduce inequities in access to reliable sexual and reproductive health information (Goldfarb & Lieberman, 2021; Sekhar et al., 2024).

Despite this evidence base, implementation quality varies widely across settings. Global syntheses show that the strongest determinants of effective school delivery often sit outside curricular content and involve the realities of classroom practice: teacher knowledge, comfort, perceived legitimacy of the topic, administrative support, availability of instructional materials, and alignment with community norms (Chavula et al., 2022; Shibuya et al., 2023). Teachers frequently act as the final gatekeepers of what learners receive, and their professional judgment can either preserve program integrity or narrow content to avoid controversy (Shibuya et al., 2023). This gatekeeping role becomes more pronounced in settings where sexuality topics intersect with conservative moral frameworks, where teachers anticipate backlash, or where they experience role conflict between their responsibility to teach and their desire to maintain trust with parents and administrators (Amo-Adjei et al., 2024; Chavula et al., 2022).

Learner responses further shape the classroom climate. Reviews of sexuality education experiences describe how embarrassment, humor, or peer pressure can interrupt discussion of sensitive topics, discourage questions, and reduce engagement, particularly when learners perceive the classroom as unsafe or judgmental (Niland et al., 2024; Shibuya et al., 2023). These dynamics can prompt teachers to adjust language, shorten lessons, or skip topics that require more discussion time, which can weaken skill-building elements that are essential for outcomes such as consent

communication, boundary-setting, and help-seeking (Barriuso-Ortega et al., 2024; Goldfarb & Lieberman, 2021).

In low- and middle-income contexts, implementation constraints often compound. A systematic review on integration of comprehensive sexuality education into educational systems highlights persistent barriers that include insufficient teacher preparation, limited teaching resources, unclear policy guidance at the school level, and contestation from religious or traditional authorities (Chavula et al., 2022). Even when national policy signals support, the enactment of sexuality education depends on local legitimacy, school leadership, and routine professional development that helps teachers sustain confidence and accuracy across rapidly evolving sexual and reproductive health topics (Chavula et al., 2022; Shibuya et al., 2023).

The Philippine context reflects these tensions. Education reforms and health initiatives have increased attention to adolescent health, yet teachers often operate in communities where sexuality remains taboo, discussion of contraception evokes moral controversy, and parent trust is fragile. A study on reproductive health education in Filipino schools emphasizes that implementation is shaped by policy interpretation, resource constraints, and local cultural conditions that influence what teachers feel able to teach in practice (Kim, 2023). In this landscape, teacher experience becomes a crucial unit of analysis because it reveals not only what barriers exist, but also how teachers respond when they must balance curriculum expectations with social risk and classroom realities.

This study addresses a practical and scholarly gap by focusing on the lived experiences of teachers who deliver comprehensive sexuality education within a Philippine basic education setting. Rather than treating implementation barriers as abstract categories, it examines how teachers interpret constraints, how these constraints affect delivery choices, and which strategies teachers use to preserve learning goals while maintaining classroom safety and community legitimacy. Such evidence can guide school-level implementation design, teacher professional development, and stakeholder engagement models that fit the realities of Philippine schooling and similar contexts.

2. Methodology

This qualitative phenomenological study examined teachers' challenges in delivering comprehensive sexuality education within a Philippine basic education context. A phenomenological approach fit the study purpose because it prioritizes how participants interpret their experiences, construct meaning around sensitive professional tasks, and describe the practical consequences of those meanings in everyday classroom decisions. The study site was a basic education department of Iligan Medical Center College in Iligan City, Philippines, with participants drawn from teachers who had direct responsibility for instruction that includes sexuality education concepts and related health or values topics.

Purposive sampling identified information-rich participants who could describe repeated, first-hand exposure to comprehensive sexuality education delivery challenges and classroom dynamics. Selection emphasized teaching roles that involve adolescent learners and instructional responsibilities that require discussion of sensitive topics such as relationships, consent, reproductive health, contraception, and protection from abuse. Recruitment proceeded through school-appropriate channels, with an explanation of the study purpose, voluntary nature of participation, and expected time commitment. Informed consent procedures emphasized confidentiality, the right to decline any question, and the right to withdraw without penalty. Participant identifiers were anonymized in all transcripts and reports to reduce re-identification risk in a bounded school community.

Data collection used semi-structured individual interviews to elicit detailed narratives, followed by a focus group discussion to surface shared meanings, points of agreement, and contrasting experiences across teaching roles. Interview prompts invited teachers to describe specific moments that captured their challenges, perceived sources of tension, learner reactions, parent or community feedback, and the strategies they used when they sensed risk or resistance. The focus group allowed participants to reflect on common constraints and compare coping strategies, which improved depth and contextual clarity. Interviews and the focus group were audio recorded with permission, then transcribed verbatim. Field notes documented contextual features such as the emotional tone of responses, points of hesitation, and moments where participants shifted from personal experience to broader institutional interpretation.

Data analysis followed reflexive thematic analysis principles, with iterative coding that prioritized meaning and context rather than mechanical code counting. The analytic process involved repeated reading of transcripts, initial coding across the full data set, refinement of codes into candidate themes, and theme review to ensure internal coherence and distinctiveness. Theme definitions captured both the constraint described and its practical effect on teaching decisions, including content selection, pacing, language choice, and classroom management. Reflexive memo writing tracked analytic decisions, emerging interpretations, and potential bias from researcher expectations about sexuality education debates. Guidance on good practice in thematic analysis informed decisions about theme construction and reporting coherence, particularly the need to present themes as meaningful patterns rather than lists of topics (Braun & Clarke, 2022).

Trustworthiness procedures aimed to strengthen credibility and dependability. The study used triangulation of interview and focus group perspectives to test whether themes held across data sources, and it maintained an audit trail that recorded changes in the coding framework and reasons for theme refinement. Peer debriefing supported interpretation checks, particularly when themes touched on sensitive cultural and religious meanings that can invite overgeneralization. Reporting aligned with qualitative reporting expectations that emphasize transparency about context, sampling, data collection, and analytic choices (Tong et al., 2007). The study also recognized that qualitative rigor requires explicit attention to credibility,

transferability, dependability, and confirmability, which guide how evidence supports claims and how readers judge applicability to comparable settings (Ahmed, 2024).

3. Results

Five challenge themes and one adaptive strategy theme emerged from the analysis. These results present teacher-reported experiences and illustrative excerpts that reflect the thematic patterning across participants.

Cultural and religious sensitivity shaped what teachers felt able to teach and how they framed content. Participants described heightened caution when lessons involved contraception, sexual activity, or reproductive decision-making. Many teachers described a need to filter explanations, use indirect language, and avoid terms that they believed could trigger moral objection. Illustrative excerpts included: *“When contraception comes up, I choose safer terms and focus on health, because I know some families will see it as encouragement.”* Another teacher shared: *“Even if the topic is part of the lesson, I measure each word because religion is always in the background.”*

Limited training and resource constraints reduced teacher confidence and narrowed delivery options. Participants described gaps in formal preparation, uneven access to updated instructional materials, and limited opportunities for structured coaching. Some teachers linked this constraint to fear of misinformation and fear of misinterpretation by learners or parents. Illustrative excerpts included: *“I did not receive enough training, so I rely on what I already know and what I can confirm.”* Another noted: *“Sometimes the materials are not updated, so I avoid details that I cannot fully defend.”*

Learner discomfort and humor-driven avoidance disrupted classroom discussion. Teachers described student laughter, joking, teasing, and avoidance behaviors that made discussion difficult. Several teachers reported that embarrassment limited student questions and reduced meaningful engagement, especially when peers were present. Illustrative excerpts included: *“Some students treat the topic as a joke, so the serious part disappears.”* Another teacher stated: *“Even if they have questions, they stay silent because classmates might laugh.”*

Curriculum pacing and time pressure constrained depth. Teachers described limited class time, competing lesson demands, and insufficient space for discussion-based teaching. Participants emphasized that sexuality education topics require careful pacing, guided dialogue, and time for clarification, yet time constraints led to rushed coverage and reduced skill-building. Illustrative excerpts included: *“The schedule pushes us to finish fast, but these lessons need discussion.”* Another teacher shared: *“When time is short, I focus on the safest parts and skip the longer conversations.”*

Perceived parental resistance and fear of complaint affected teacher willingness to address certain topics. Teachers described anxiety about parent reactions and the possibility of blame or accusation. Some participants described proactive avoidance

of topics that they believed could lead to confrontation, even when the curriculum required coverage. Illustrative excerpts included: “*Parents might think I teach something inappropriate, so I stay cautious.*” Another stated: “*I worry that one complaint can become a big issue, so I choose a conservative approach.*”

Teachers also described adaptive strategies that helped sustain instruction while reducing risk. Integration across subjects emerged as a key approach. Teachers described embedding sexuality education concepts into health, science, and values education discussions to normalize content and avoid the impression of a standalone controversial lesson. They also emphasized deliberate classroom climate practices, such as establishing discussion norms, using respectful language, and reinforcing confidentiality expectations in student conversations. Peer consultation also served as a strategy, with teachers seeking advice from colleagues when they faced difficult questions or uncertain content. Illustrative excerpts included: “*I connect the topic to health and values so it feels natural.*” Another noted: “*I set rules for respect first, so students do not laugh at each other.*”

4. Discussion

Findings show that teacher experience in comprehensive sexuality education delivery involves layered constraints that operate at cultural, institutional, classroom, and family levels, with each layer shaping real-time instructional decisions. The prominence of cultural and religious sensitivity aligns with broader evidence that social norms and moral frameworks influence whether sexuality education gains local legitimacy, even when formal curricula exist (Chavula et al., 2022; Shibuya et al., 2023). Resistance in sexuality education policy and practice often does not present as direct rejection alone but as a patterned set of pressures that encourage content dilution, ambiguity, or silence, especially around contraception and sexual agency (Amo-Adjei et al., 2024). In this study, teacher caution often reflected anticipatory risk management rather than disagreement with educational aims, which suggests that implementation support should address social risk and not only content knowledge.

Limited training and resources emerged as a central constraint that affected teacher confidence and content fidelity. This matches systematic evidence that teacher preparation and ongoing professional learning strongly predict implementation quality, particularly for sensitive content that requires accurate information and skilled facilitation (Chavula et al., 2022; Shibuya et al., 2023). When teachers lack structured preparation, they may avoid detailed explanation, reduce interactive elements, or default to safer moral messaging, even when comprehensive programs emphasize skill development and learner-centered discussion (Goldfarb & Lieberman, 2021). Strengthening teacher preparation therefore requires more than one-time seminars. It requires repeated coaching, access to updated, context-fit materials, and clear guidance that helps teachers address difficult questions with accuracy and calm authority.

Learner discomfort and humor-driven avoidance in this study reflect a common classroom barrier described in syntheses of sexuality education experiences, where

embarrassment, stigma, and peer pressure reduce student participation (Niland et al., 2024; Shibuya et al., 2023). These dynamics matter because effective programs often depend on discussion, practice of communication skills, and guided reflection, not only factual transfer (Barriuso-Ortega et al., 2024; Goldfarb & Lieberman, 2021). When student behavior turns discussion into humor or teasing, teachers may retreat to lecture-style delivery, which can reduce the program's capacity to build practical skills related to consent, refusal, boundary-setting, and help-seeking. This pattern supports the need for classroom climate design as an implementation component, including explicit discussion norms, strategies to manage teasing, and psychologically safe routines that protect students who ask questions.

Time pressure and curriculum pacing constraints in the findings also match implementation literature that identifies structural barriers such as limited instructional time and competing curriculum requirements (Chavula et al., 2022). Sexuality education lessons often require slower pacing because they involve values-sensitive language, clarification of misconceptions, and careful management of learner emotions. When teachers must rush, they may reduce depth and omit the reflective components that contribute to behavior change and healthier decision-making (Barriuso-Ortega et al., 2024). In practical terms, schools can respond by ensuring protected instructional time, integrated sequencing across grade levels, and realistic lesson planning that fits the time required for discussion-based learning.

Parental resistance and fear of complaint emerged as a strong driver of teacher self-censorship. This aligns with international evidence that parent and community contestation shapes implementation through both explicit challenges and more subtle signals that teachers interpret as risk (Amo-Adjei et al., 2024; Chavula et al., 2022). In the Philippine context, policy and practice can diverge when teachers must sustain parent trust while fulfilling curricular expectations, a tension highlighted in research on reproductive health education in Filipino schools (Kim, 2023). These findings support an implementation model that treats parent engagement as a core strategy rather than an afterthought. Orientations, transparent communication about learning objectives, and structured opportunities for parent questions can reduce suspicion and clarify that comprehensive sexuality education focuses on health, safety, consent, and developmentally appropriate knowledge rather than promotion of sexual activity.

The adaptive strategies that teachers described, particularly integration across subjects and deliberate classroom safety practices, reflect pragmatic responses that preserve instructional intent under constraint. Integration can normalize sexuality education content by linking it to health science, personal development, and values education, which can reduce the perception of an isolated controversial lesson. This strategy also matches broader implementation insights that support coherence across curriculum areas and consistent reinforcement of protective skills (Goldfarb & Lieberman, 2021). Peer consultation and informal collaboration also reflect a locally available form of professional learning, although evidence suggests that informal support works best when paired with structured training and validated materials that prevent misinformation (Chavula et al., 2022; Shibuya et al., 2023).

For policy and practice, findings imply that schools should treat comprehensive sexuality education as a whole-of-school intervention. Effective implementation requires teacher training that covers content, facilitation skills, and conflict navigation; school leadership support that protects teachers from undue blame; student-centered classroom climate tools; and parent engagement that builds shared understanding. These elements align with evidence that comprehensive sexuality education succeeds when it is culturally responsive while still grounded in rights, safety, and accurate health information (Goldfarb & Lieberman, 2021; Sekhar et al., 2024).

5. Conclusion

This phenomenological study shows that teachers who deliver comprehensive sexuality education in a Philippine basic education setting face layered barriers that shape instruction, including cultural and religious sensitivity, limited preparation and resources, learner discomfort, time constraints, and fear of parental complaint. Teachers respond through adaptive strategies such as integration across subjects, classroom safety routines, and peer consultation, which allow partial preservation of instructional aims under social and institutional pressure. Sustainable implementation requires structured teacher capacity-building, updated and context-fit learning resources, protected instructional time, clear school-level guidance, and proactive parent engagement. These supports can reduce teacher self-censorship, improve classroom dialogue, and strengthen the consistency and quality of comprehensive sexuality education delivery.

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Conflict of Interest Statement

The authors declare no conflict of interest.

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