



**RIGHT HERE
RIGHT NOW**

Comprehensive Sexuality Education in Kenya

**WHAT WORKS AND WHAT DOES NOT
WORK:**

A case study



**CENTRE FOR
THE STUDY
OF ADOLESCENCE**

2023

PREPARED BY

The Centre for the Study of Adolescence on behalf
of Right Here Right Now program in Kenya

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Foreword

Understanding the challenges and opportunities surrounding the implementation of CSE for the young people of Kenya is critical for directing responsive interventions.

This report sheds light on the critical role that access to sexual and reproductive health education plays in shaping the lives of young people. Young people in Kenya face a multitude of challenges as they transition to adulthood. Key among these is the lack of accurate information on body changes and growing up in adolescence, inadequate information on health services available to them, and limited understanding of their sexual and reproductive health rights.

We recognize that the provision of accurate age-appropriate and comprehensive information on sexual and reproductive health is not only a matter of education but also a fundamental human right.

This research journey would not have been possible without the collaboration and support of a multitude of stakeholders. This study has been coordinated by the Center for the Study of Adolescence (CSA) through The Right Here Right Now (RHRN) program. I extend my gratitude to the many courageous young people who shared their experiences and perspectives that informed this study. We appreciate the insights of parents, teachers, and religious leaders on the place for CSE in Kenya. This report has been enriched by the illustration of experiences, strategies, and expertise from program Civil Society Organizations (CSOs). Special recognition goes to the research team for their dedication and meticulous work.

Our efforts in advocacy have never been more timely. This report serves as a call to action—a call to create a more inclusive and informed environment where young people can make informed choices about their sexual and reproductive health and rights. The findings and recommendations contained herein are meant to inspire positive change and promote the well-being of all young people in all their diversities.

I invite you to explore the perspectives and recommendations presented in this report. Indeed together, we can build a healthier and empowered generation of young people in Kenya.

Humphres Evelia

Executive Director

18th September 2023

Acknowledgments

Before delving into the details of this comprehensive study on Comprehensive Sexuality Education (CSE) in Kenya, it is imperative to acknowledge the invaluable contributions and support of various individuals and organizations who made this research endeavor possible.

We extend our heartfelt gratitude to the young people in Kenya who shared their experiences, insights, and perspectives with us. Your openness and willingness to participate in this study have enriched our understanding of the challenges and opportunities related to CSE implementation.

Special thanks go to the following members of the study team: Collette Ajwang, Phoebe Ndayala, Monica Wanjiru, Catherine Njenga, and Kevin Oyugi. Your meticulous work ethic, perseverance, dedication, and immense contribution to this study made a difference. We are deeply indebted to the various Civil Society Organizations (CSOs) and program managers who shared their experiences, strategies, and insights into CSE implementation. Your dedication to the health and well-being of young people is commendable.

We also acknowledge the Ministry of Foreign Affairs – Netherlands. The Embassy of the Kingdom of the Netherlands - Nairobi and Rutgers International for the financial and technical support towards this study. We are also deeply thankful to the Right Here Right Now (RHRN) Kenya partners (Africa Media Trust (AMT), Nairobis Trust, Network for Adolescent and Youth for Africa (NAYA), Dream Achievers Youth Organization (DAYO), Sexual and Reproductive Health and Rights (SRHR) Alliance and National Gay and Lesbian Human Rights Commission (NGLHRC)) led by the Center for the Study of Adolescence (CSA) for commissioning this study and for their unwavering commitment to advancing sexual and reproductive health and rights (SRHR) education and services for young people in Kenya.

We also acknowledge the contributions of the data collection team including data collectors and analysts who worked diligently to ensure the quality and accuracy of the information presented in this report.

Finally, we extend our appreciation to all individuals and organizations who have been advocating for comprehensive sexuality education in Kenya. Your efforts are vital in creating a more informed and empowered generation of young people.

List of Acronyms

AIDS	Acquired Immunodeficiency Syndrome
AYSRHR	Adolescents and Youth Sexual Reproductive Health and Rights
AYWD	Adolescents and Youth with Disabilities
CHEWs	Community Health Extension Workers
CHV	Community Health volunteers
CSA	Centre for the Study of Adolescence
CSE	Comprehensive Sexuality Education
CSOs	Civil Society Organizations
FGDs	Focus Group Discussions
GBV	Gender-Based Violence
HIV	Human Immunodeficiency Virus
IDIs	In-depth Interviews
KICD	Kenya Institute of Curriculum Development
KIIs	Key Informant Interviews
LGBTQI	Lesbian, Gay, Bisexual, Transgender, Queer and Intersex
MOE	Ministry of Education
MOH	Ministry of Health
PWD	People with disabilities
RHRN	Right Here Right Now
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
SSA	Sub-Saharan Africa
STIs	Sexually Transmitted Infections
TOTs	Training of Trainers
TWG	Technical Working Group

Executive Summary

This study was commissioned by the Right Here Right Now (RHRN) program to map the landscape and analyze the implementation of Comprehensive Sexuality Education (CSE) in Kenya. While much progress has been made in implementing sexual health education for young people in Kenya, full integration of Comprehensive Sexuality Education (CSE) into the school system and programs for young people in and out of school has not been actualized to date. Further, past studies have shown that sexual health and sexuality messages conveyed in classroom teaching are often conservative and focused on abstinence and that teachers most strongly emphasize that sex is dangerous and immoral. Through this Study, RHRN aimed to determine lessons on what works and what does not work in implementing CSE in Kenya.

Study Goals

- i. The study goal was to describe the implementation of CSE for young people in Kenya in all their diversity to determine the following:
- ii. The extent to which CSE content influences young people's agency and choice in uptake and/or access to SRHR information and services.
- iii. The extent to which CSE delivery methodology/pedagogy influences young people's agency and choice in the uptake and/or access to SRHR information and services.
- iv. Enablers in implementing CSE for young people at the in-school and out-of-school level.
- v. What are the barriers to implementing CSE for young people in all their diversity at the in-school and out-of-school levels?
- vi. Existing opportunities for accelerated adoption and implementation of CSE both in and out of school and how best the RHRN program can utilize these opportunities.
- vii. Roles various stakeholders such as young people in all their diversity, parents, and teachers can play in increasing acceptability and adoption of both in and out of school CSE.

Approach and Methods

The Operations Research (OR) study adopted a case study approach. Operations Research helps organizations to learn about implementation, policy, administrative, cultural, social, behavioral, economic, and other factors that either exist as bottlenecks or enhancers to practical implementation or could be tested to drive insights into new, more effective approaches to programming. The case study approach enabled the study to focus more closely on one area (Nairobi County). The qualitative study used methods geared to helping the research team to delve deeper into the issues with selected respondents (focus group discussions, key informant and in-depth interviews, and case narratives). The study targeted all categories of project beneficiaries and stakeholders in CSE to draw information on CSE interventions.

Fieldwork occurred in November 2022, followed by data analysis and report writing. Respondents were drawn from young people in all their diversity (15-24 years – in and out-of-school, teen mothers, LGBTQI+, YWDs, and SRHRCSE advocates), parents, and teachers across the study sites in Nairobi. The study also covered stakeholders working in adolescent SRH and rights, including (program managers/coordinators) in 6 CSOs organizations and program managers and policymakers in relevant government departments.

Limitations of the Study

The study was conducted in Nairobi County only. The study excluded young adolescents aged 10-15 due to mobilization challenges. The analysis needed to measure the comprehensiveness of the Curricula offered by the implementing CSOs. It targeted other stakeholders working in CSE implementation and only some key decision makers. The results should therefore be generalized to other areas with caution.

Key Findings

Implementation of CSE by CSOs: The Study established that the advocacy component of CSE is implemented at a national level targeting policymakers at the national level and the decision-makers in the counties. The CSOs also work towards influencing the implementation of the AYSRH and rights programs and policies on SRHR through advocacy and training and disseminating to young people accurate information about SRHR. The different implementers are guided by their comparative strengths in choosing their interventions. CSE is implemented to address the following SRHR issues:

- Inadequate access to both SRHR information and education
- Insufficient access to commodities and quality services such as contraceptives and ARVs
- Poverty that leads to involvement in sex work.
- Teenage pregnancies and child marriage
- STIs including HIV
- Increased cases of Sexual and Gender-Based Violence (SGBV)

Targets for CSE: The findings show that programs target adolescents and youth aged 10 – 24 for CSE, focusing on marginalized groups, i.e., youth with disabilities, young LGBTQI, teen mothers, out-of-school youth, and youth in school (10 -19 years). The implementers also reported working with the health systems and structures to improve access to SRHR services for these groups, targeting healthcare workers.

Methods used to deliver CSE: Methods used to provide CSE to ensure content reaches the young people most conveniently and appropriately include various modes of communication such as videos, print IEC materials, text messaging, and use of international days, community outreaches, and online or web-based conversation. Other methods include digital interventions, such as mobile phones, tablets, computers, and in-person. It emerged that there is no standardized universal curriculum being used to implement the interventions and activities by the implementing partners and that they used various curricula, including:

- World Starts with Me;
- Journey of Life by Dance 4 Life;
- Be the best you can for Project Youth for Youth;
- My World My Life (10-14 years);
- Together into the Future by AMREF; and,
- World Starts with Me Nomadic Curriculum - for Nomadic Regions

Implementing CSE by other agencies: Religious organizations are also involved in CSE education with their faith communities, targeting faith leaders, followers/adherents, community members, and young people. They target faith leaders and other stakeholders in CSE discussions, including Sunday school teachers, Madrasa teachers, parents, and various congregation departments, both men and women. They use a guide for faith leaders on SRHR, a Curriculum guide for Sunday school, and Guide for Madrasa Teachers.

The extent of CSE content influence on young people's agency and choice in uptake and/or access to SRHR information and services: The findings show that respondents believe that CSE, however delivered, has had an influence on young people's agency and choice in the following areas:

- Better personal decision-making regarding sexual and reproductive health: The study participants view CSE as an empowerment tool that

enables young people to understand their bodies, emotions, and self-esteem better and which shapes their decision-making on many life issues, including relationships and sex, gender roles, and norms. In-school youth specifically mentioned becoming more aware of topics such as consent and boundaries in relationships, how to deal with mental health, refraining from substance abuse, and measures to take in case of gender-based violence.

- Empowerment to find more information to address their SRH issues or choices: The older youth reported that the skills and information they had received through exposure to SRH education had given them knowledge on where to go for more information and assistance if needed. Including where to go for help in case of violence or sexual abuse. Key informants also reported increasing interest by young people in getting information on sexual and reproductive health and rights.
- Empowerment to access services: Respondents felt that they now know what types of services to access and where to go for the different services. The training has also helped them to become more confident in the demand for health services. Nairobi County Health Department has observed an increase in young people taking contraception, which is attributed to the various sex education programs being implemented in the County. CSE has also improved young people's acceptance and access to essential services, including HIV prevention and contraception. However, some sexual minority youth (LGBTQI) did not think the CSE training they had received made it easier for them to seek healthcare services confidently. They still feared harassment, discrimination, and stigma from healthcare workers.

The extent to which CSE delivery methodology/pedagogy has influenced young people's agency and choice in the uptake and/or access to SRHR information and services: It is apparent that different partners have adopted a blended approach to deliver CSE to young people in Nairobi County. These methods include online/digital interventions for young people accessing SRHR information via mobile phones, tablets, and computers; and face-to-face/Offline methods for those without access to digital devices. Three of the five CSOs implementing CSE preferred the combined/mixed/blended methods. Peer educators cited group discussions, creative activities through artwork, songs, plays, poems, articles, and games, and outreaches in the community, workshops as some of the offline methods they use to deliver CSE.

Advantages and Challenges associated with the delivery methods:

a) Offline: Implementers said offline methods were suitable because they allow for one-to-one conversations, are easier to moderate and useful where mobile phone ownership and network coverage are limited, enable both the trainer and the youth to interact robustly, present the chance to bond, and allowed for reading of body language to check the progress towards the comprehension of content covered. In offline sessions, one can ask questions, give immediate feedback, and introduce different approaches, such as games. In addition, offline methods promote face-to-face interaction with the audience; they can elicit immediate feedback when questions are raised, are seen as more involving and engaging, and could also be combined with Edutainment to make them more effective. Youths specifically mentioned the use of mobilizers and youth engagement as ideal because it helps them to gain valuable CSE insights through learning, strengthened knowledge, and helps to coordinate referrals to health services.

Key challenges reported regarding offline CSE delivery methods were:

- *Difficulty in accessing in-school youth* due to MOE restrictions;
- *Competing with youth's other engagements* when conducting out-of-school programs on weekends, such as household chores;
- *Hostility by some community members* who accuse the CSOs' CSE program of "sexualizing children." Hence CSE activities face substantial opposition, offline and online, due to a lack of understanding of what CSE entails among religious leaders and others and the perception that CSE content is taboo in specific settings.

- *High cost of implementing offline CSE content delivery modalities;* this was specially brought by the implementers who engage youth advocates in the delivery of CSE content. They observed that the cost of facilitating youth advocates' and peer educators' activities was high because offline methodologies require subject matter experts to be physically present at the venue, thus increasing transport and logistical costs. These approaches also require a lot of resources, for instance, hosting training and outreaches.

b) Online: Online methods worked better as confidential and safe spaces. Sensitive and controversial topics were said to be better discussed online because of limited censorship and restrictions (personal, cultural) in delivering SRHR information. Young people felt online methods provided safe spaces where they would be guaranteed confidentiality and non-judgmental interactions while exposing young people in all their diversity to a wide array of information from different sources. They said social media had been mainly instrumental in reaching the LGBTQI community with SRHR information and involving them in content creation, and bringing on board sexually diverse content creators. Other advantages of online methods cited by young people included: the ability to deliver content to a larger crowd with diverse needs, ease of access, and offer real-time/current information.

c) Combined: Respondents said combining approaches is more effective as it helps to reach all youth in their diversity, i.e., youths that do not have access to the internet, and those that do, cover more geographical areas and target groups with different needs. The CSOs pointed out that the type of audience and environment determined the methodology most appropriate for CSE content delivery. The trainer must assess the audience and environment and select the best-suited method.

Gamification of CSE content online: All the CSO implementers interviewed were conversant with the gamification of CSE content online. They argued that because the youths vary greatly in socio-demographic characteristics, it is essential to use various strategies such as animations, role models, or games. Three out of the 5 CSOs implementing CSE argued that gamification does not necessarily enhance but is just one exciting way of delivering CSE content to young people. However, the youth in and out of school interviewed were unanimously not aware of any gamification of CSE content online or ever interacted with any. Only one out of school noted ever hearing about gamification of CSE content from a friend. Among the challenges related to gamification is the inaccessibility to devices, lack of knowledge and literacy on gaming among young people, and physical disabilities like visual impairment, which disadvantaged some youths from utilizing gaming to access CSE information.

viii. Enablers for CSE implementation: Among the factors identified as enablers for implementing CSE in Kenya were those related to the policy environment, socio-cultural, organizational/institutional, community, technological, and individual characteristics. For instance, policies providing frameworks for young people to get sex education were seen as key enablers. At the same time, several barriers were identified, including cultural reluctance to discuss adolescent and youth sexuality, stigma and discrimination against some groups of youths, such as LGBTQI+ and youth with disabilities, and lack of appropriate materials, such as those for visually impaired young people.

Recommendations: In light of the findings in this report, this study recommends more advocacy to demystify CSE and promote its countrywide acceptability. These advocacy efforts should target policymakers to enhance their understanding of CSE, which would create an enabling environment for CSE implementation. Other recommendations include the following, among others:

- There is a need for collaboration among the stakeholders (CSOs, parents, religious leaders, teachers, policymakers, and government agencies) to develop a standardized universal curriculum, pilot, train implementers, and implement it among youth in all their diversity the country.
- Irrespective of the methods of CSE content delivery used to reach young people, implementers need to create safe spaces for people to express

themselves easily without discrimination or prejudice and guard against their occurrence during implementation.

- There is a need to exercise inclusivity in the CSE content development and delivery and avail disability-friendly IEC materials when delivering CSE.
- There is a need to develop a curriculum for parents, train them on CSE and encourage their involvement in training on CSE to change their perception.
- Ensure the CSE content/curriculum is adapted to the local culture and context and tailored to the needs of all young people in all their diversity, including LGBTQI+, youth with disabilities, and those marginalized and most vulnerable.
- The choice of offline or online modes of CSE methods should be based on the socio-economic status, demographics, abilities of the targeted group, existing contexts, and expected outcomes.



“ QUOTE

Influenced by the interaction of biological, psychological, social, economic, political, cultural, legal, historical, religious and spiritual factors⁶⁰.”
To attain sexual health and well-being of young people in Kenya, it is, therefore,

—— Jane Doe

”

1.0 Introduction

1.1 Background and Context

Kenya has a median age of 19.7 years, and young people make up the largest population (World Population Review, 2022^[1]). Over a third (39%) of the population is aged below 15 years, and adolescents (10-19 years) comprise nearly 24% of the population (NCPD, 2021^[2]). With such a youthful population, sexual health and well-being must form a central aspect of programs and services for young people to transition to adulthood and attain their full potential successfully. However, in Kenya, young people face several sexual and reproductive health (SRH) challenges, exacerbated by poor access to healthcare services and information, and societal values, attitudes, and cultural practices. Subsequently, they are exposed to early sexual activity and the attendant risks of early pregnancy, unsafe abortions, and HIV infection. To attain the desired sexual health and well-being of young people, the right environment, tools, and resources are provided for their positive development.

Sex and sexuality are central aspects of human life. As defined by the World Health Organization, sexuality is “influenced by the interaction of biological, psychological, social, economic, political, cultural, legal, historical, religious and spiritual factors.”³ To attain sexual health and well-being of young people in Kenya, it is, therefore, essential that the right environment, tools, and resources be provided for their positive development. However, in Kenya, addressing the sexual and reproductive health (SRH) of young people has been negatively affected by perceived values and norms and entrenched interests.

In 2013, the Kenya government was among other governments in East and Southern Africa that signed a declaration in which they committed to scaling up comprehensive rights-based sexuality education (APHRC, 2019⁴). Much progress has been made, including adopting life skills training in the school-based curriculum. Partners have also made efforts to have the *International Technical Guidance On Sexuality Education: An Evidence-Informed Approach For Schools, Teachers, And Health Educators* by UNESCO (2019⁵) adopted in Kenya. Kenya also has the policy infrastructure to support sexual health education for young people, including the Kenya Health Policy (2014-2030). However, full integration of comprehensive sex education into the school system and programs for young people out of school has not happened.

19.7yrs

KENYAN MEDIAN
AGE

24%

ADOLESCENTS
(10-19 YEARS)

As a result of these and other factors, there is a persistently high need for SRHR information and services for adolescents and young people in the country to curb negative trends that can be attributed to this gap. These include early sexual debut, teen motherhood (15% of girls aged 15-19 are already mothers), low contraceptive prevalence and abortion (38/1000 women), and high rates of HIV infection. According to available data, many adolescents and young people in Kenya commence sexual activity in their teenage years. By 18 years, over one-third are sexually active [KNBS, 2017, APHRC, 2019]. It is estimated that one in every three new HIV infections in Kenya in 2018 occurred among 10-19-year-olds⁶– and nearly half (46%) of all new infections are among young people aged 15-24 years⁷. Uptake of testing is also low, as 2015 data indicates that only 24% of adolescents aged 15-19 years knew their HIV status⁸.

1.2 About the Centre for the Study of Adolescence (CSA)

CSA is an independent, non-partisan, non-profit organization that advocates for and implements policies and programs to enable young people to exercise choice, access services, and participate fully in activities that promote their health and well-being. The Centre is founded upon the principles and aims of promoting and delivering

quality Sexual and Reproductive Health and Rights (SRHR) education and services for adolescents and youth (10-24 years) in Kenya.

CSA commissioned this study under the **Right Here Right Now (RHRN)** programme - which it currently hosts - to understand the landscape of comprehensive SRH education for adolescents and youth in Kenya. The RHRN program supports young people in diversity to enjoy their sexual and reproductive health and rights (SRHR) in gender-just societies. It is built around the meaningful involvement of adolescents and young people, particularly in informal settlements in Nairobi, Mombasa, and Kisumu counties, to improve their SRHR outcomes by 2025. In addition, the program was designed with marginalized young people at the forefront. The program advocates for the rights of adolescent girls and boys, young men and women, and young lesbian, gay, bisexual, transgender, and intersex (LGBTI). It strives to empower them to make decisions about their sexuality, voice their needs, and claim and enjoy their rights in a gender-just society. The program also takes cognizance of the subject's sensitivity, making advocacy a central component of program implementation.



VISION STATEMENT

A society in which sexual and reproductive health and rights of adolescents and young people are universally realized and enjoyed

MISSION STATEMENT

MISSION Promotion of health and development of adolescents and young people through programming, policy advocacy, research and capacity building

1.3 Statement of the Problem

Young people face several sexual and reproductive health (SRH) challenges, exacerbated by poor access to healthcare services and information, societal values, attitudes, and cultural practices. Subsequently, they are exposed to early sexual activity and the attendant risks of early pregnancy, unsafe abortions, and HIV infection. Evidence from the literature affirms that the timely provision of accurate and comprehensive information and life skills training regarding sexual and reproductive health and rights (SRHR) is essential for adolescents to achieve sexual health and rights and avoid negative health outcomes. [9, 10]. CSE provides knowledge and life skills that are essential to enable young people to make informed, voluntary, and healthy choices about engaging in sex.¹¹ However, in Kenya, many young people, in all their diversity, do not have the information, access to contraception, or skills they need to negotiate safe sex and protect their sexual and reproductive health.[12].

...in countries where CSE is integrated into schools, young people delay their sexual debut; have lower teenage pregnancy and abortion rates; have higher rates of contraceptive use; and report less discrimination based on sexual orientation and gender differences.

Evidence also indicates that in countries where CSE is integrated into schools, young people delay their sexual debut; have lower teenage pregnancy and abortion rates; have higher rates of contraceptive use; and report less discrimination based on sexual orientation and gender differences. [13, 14, 15] This is in contrast to 'abstinence-only' approaches adopted in many Kenyan schools that are ineffective, stigmatizing, and unethical. [16, 17, 18] Various barriers hamper CSE content delivery in Kenya amidst the existing gains and opportunities for improvement. Understanding the CSE landscape in Kenya regarding what works and what doesn't work while focusing on operational issues, barriers, enablers, and opportunities is essential for strengthening CSE/SRHR program delivery.



1.4 Purpose and Scope of the Study

The ultimate goal of this study was to conduct a Landscape Study and Analysis of the implementation of Comprehensive Sexuality Education (CSE) in Kenya to determine lessons on what works and what doesn't work. Nairobi County was used as the Case study to achieve the study objectives. Specifically, the study endeavored to describe the implementation of CSE for young people in all their diversity to determine:

The extent to which CSE content in-

fluences young people's agency and choice in uptake and/or access to SRHR information and services.

The extent to which CSE delivery methodology/pedagogy influences young people's agency and choice in the uptake and/or access to SRHR information and services.

The enablers for implementing CSE for young people in all their diversity at; the school level and out of school.

The barriers to the implementation

of CSE for young people in their diversity at the in-school and out-of-school levels

Existing opportunities for the accelerated adoption and implementation of CSE both in and out of school and how best the agencies implementing CSE can utilize these opportunities.

The various stakeholders, such as young people in all their diversity, parents, and teachers, can play in increasing acceptability and adoption of both in and out of school CSE.

1.5 Study Research Questions

Central Research Question:

What is the landscape of CSE in Kenya: What works and what doesn't work?



Sub-questions:

1. How does combined offline and online SRHR information and education overcome well-known CSE implementation barriers (including addressing sensitive topics, opposing family values, and limited time to teach CSE)?
2. What elements are better- delivered face-to-face, and what elements are better delivered online?
3. How can CSE content online be most effectively applied for young people's knowledge acquisition and retention?
4. How does combined offline and online SRHR information and education enable reaching diverse groups of young people?
5. How does combined offline and online SRHR information and education contribute to engaging and activating young people to claim their SRHR rights and stand up for those of others?

1.6 Limitations of the Study

The study had the following limitations.



Purely Qualitative

It was purely qualitative and thus may not present the numerical magnitude of issues under study.



Area of Coverage

By design, it focused on Nairobi County only as a case study to provide deeper insights and understanding of CSE implementation in Kenya.



Measure the Comprehensiveness

It needed to measure the comprehensiveness of the CSE content delivered to young people.



Point of Focus

It zeroed into CSOs that implement CSE programs in Nairobi.



Unavailability of some Stakeholders

Not all stakeholders targeted were interviewed due to their unavailability during the entire period of field-work/data collection and despite the numerous unsuccessful efforts to make callbacks



Self Reports

The study mainly relied on self-reports from respondents.

2.0 Global and Regional Policy Context of CSE Implementation

While CSE is a globally recognized term, the terminology varies by country. It is also known as prevention education, relationships and sexuality education, sexual and reproductive health (SRH) education, population and family life education (FLE), life skills education (LSE), healthy lifestyles, and the basics of life safety, etc. Despite this variation, there is internationally recognized guidance (based on research and best practice) on both essential content and methodology (see the *International Technical Guidance On Sexuality Education: An Evidence-Informed Approach For Schools, Teachers, And Health Educators* by UNESCO (2019¹⁹). According to the UNFPA, comprehensive sexuality education (CSE) enables young people to protect and advocate for their health, well-being, and dignity by providing a necessary toolkit of knowledge, attitudes, and skills. UNESCO (2019) defines CSE as a curriculum-based process of teaching and learning about the cognitive, emotional, physical and social aspects of sexuality. It is education, delivered in formal and non-formal settings, that are scientifically-accurate, incremental, age and developmentally - appropriate, gender-sensitive, culturally relevant, and transformative. It aims to equip

Guttmacher²⁰ defines CSE as a means to equip young people with the knowledge, skills, attitudes, and values they need to determine and enjoy their sexuality—physically and emotionally, individually and in relationships. According to the World Health Organization, CSE plays a central role in the preparation of young people for a safe, productive, fulfilling life in a world where HIV and AIDS, sexually transmitted infections (STIs), unintended pregnancies, gender-based violence (GBV) and gender inequality still pose severe risks to their well-being.²¹

Implementation of comprehensive sexuality education (CSE) programs in sub-Saharan Africa (SSA) has increased following the first International Conference on Population and Development held in 1994. The need for CSE in SSA comes in the context of high rates of HIV&AIDS in young people, child marriages, adolescent pregnancies, abortion, and violence against children. Adolescents (age 10–19) comprise 23% of the SSA population, with more than 80% of HIV-infected adolescents living in the region. The adolescent pregnancy prevalence rate is estimated at 19.3%, the highest globally (UNFPA, 2021).

According to research, quality CSE improves children and young people's sexual knowledge, self-confidence, and esteem, positively changes attitudes, gender, and social norms strengthens decision-making and communication skills, and builds self-efficacy. However, most sexuality education programs in SSA are school-based and emphasize abstinence as the primary contraception method (Khau 2012; Keogh et al. 2018). Other topics covered in the programs include STIs and unintended pregnancies and their prevention. Issues on gender inequality, power dynamics, abortion, homosexuality, and masturbation are rarely discussed as they conflict with gender norms and religious and cultural beliefs.

...quality CSE improves children and young people's sexual knowledge, self-confidence, and esteem, positively changes attitudes, gender, and social norms strengthens decision-making and communication skills, and builds self-efficacy.

children and young people with the knowledge, skills, attitudes, and values that will empower them to realize their health, well-being and dignity, develop respectful social relationships, consider the well-being of others affected by their choices, and understand and act upon their rights throughout their lives.

2.1 The policy context of CSE Implementation in Kenya

Documents reviewed revealed that having signed a Declaration (in 2013) in which Kenya committed to scaling up comprehensive rights-based sexuality education starting in primary school, the government implemented a policy infrastructure to support sexual health education for young

people in the country. These include the overarching Kenya Health Policy (2014-2030), the ASRH policy (2015), the Guidelines for Provision of Adolescent and Youth-friendly Services (2016), the Kenya School Health Policy (2018), and the National RH Policy (2022-2032). All these policies have some guidance on the implementation of sexuality education in Kenya. In 2013, the government also revised the Education Sector Policy on HIV&AIDS to include the provision of age-appropriate CSE and a series of strategies to ensure CSE is integrated into teacher education in the context of HIV and AIDS. The 2018 Kenya School Health Policy also emphasizes the need to equip learners with sustainable skills and competencies, including age-appropriate sexual reproductive health information, to ensure a smooth transition from childhood to adolescence. The 2015 ASRH Policy also provides guidance on promoting adolescent sexual and reproductive health and rights and encourages the provision of comprehensive

sexuality education, among other goals. The 2016 National Guidelines for Provision of Adolescent and Youth-friendly Services call upon the Ministry of Education to integrate or include Comprehensive Sexuality and Life Skills Education in the education curriculum and build the capacity of teachers in provision AYFS, including CSE.

Although teaching materials for CSE have been developed (with guidance from the Ministry of Education and KICD), there is still a limited supply available in the country²². In addition, the challenge has been how to reconcile rights-based approaches to providing information and services to adolescents with conservative methods that oppose certain aspects of CSE, such as improving access to contraceptives. Education-sector policies have largely promoted HIV education and focused on abstinence, resulting in a limited scope of topics offered in school. Life skills—the subject into which the broadest range of issues are integrated—is not examinable, and hence there is little incentive for students and teachers to give these topics high priority.

2022-2032

The National RH Policy

2014-2030

Kenya Health Policy

2018

The Kenya School Health Policy

2016

The Guidelines for Provision of Adolescent and Youth-friendly Services

2015

The ASRH policy



GOVERNMENT'S a policy infrastructure to support sexual health education for young people in the country.

2.2 Methods and Approaches to Sexuality Education

From the literature reviewed during this study, different approaches are used in teaching sexuality education. These include faith- and culture-based, public health, and rights-based approaches. **The faith- and culture-based approaches** believe that sexuality education should impart cultural and religious “moralistic” views on sexuality to prevent adolescents and young people from engaging in premarital or extramarital sex. On the other hand, **public health approaches** are propelled by health concerns to impart knowledge that will help adolescents and young people protect themselves from sexually transmitted illnesses (STIs), including HIV and unintended pregnancies. This approach teaches the use of contraceptives as well as interper-

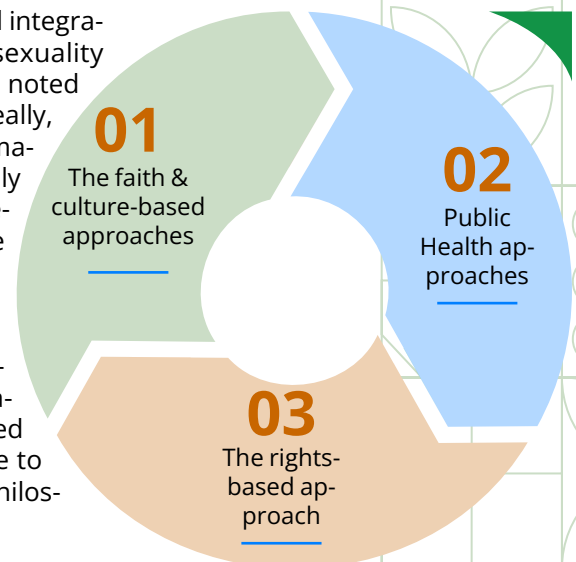
sonal and communication skills that help young people avoid risks and pursue their goals in life. **The rights-based approach** emphasizes the principles of SRHR with content beyond pregnancy and disease prevention. However, it is essential to note that the methods are not mutually exclusive. Implementers of sexuality education programs might use abstinence-only as their primary approach but supplement it with some concepts from public health approaches, e.g., STIs prevention, and rights-based approaches, e.g., gender equality.

In Kenya, CSE is not offered as a standalone school subject but is integrated into other topics. Some of the reasons to support this integration

include the following: integration demonstrates how CSE relates to different issues, thereby permeating all aspects of life. It also allows space for teaching CSE without adding another subject to an overcrowded curriculum. However, several drawbacks to the integrated approach have also been identified. For instance, teachers trained in their primary subject areas are rarely taught how to integrate CSE. They can more easily skip over controversial topics because they do not have adequate knowledge to cover them (Guttmacher 2017). Integration also can diminish the importance of CSE in the curriculum, as it gets diluted into other subjects and does not wield the weight of a standalone subject for teachers or students.

Regarding delivery modes, CSE is delivered using a mix of methods. Approaches utilized include mobile technology and guidance and counseling. In terms of specific forms of teaching, CSE teachers have often used personal reflection (Informal and panel), one on one sessions, creative play games, role play, and poetry²³. There is also more explicit attention to interactive methods such as modeling by peer educators and games, and more (audio) visual materials are included. Recently, more attention has been given to gender²⁴. The need to address gender power relations as part of CSE has been argued for a long time, and an actual

shift towards the successful integration of gender as part of sexuality education has indeed been noted of late for girls and boys. Ideally, they should have this information before becoming sexually active²⁵. To effectively implement CSE, teachers must be trained in content and delivery methodologies and be involved in content creation and CSE program development²⁶. Community education must also be considered to target parents to be able to embrace and support the philosophy behind CSE.



THREE: Different approaches are used in teaching sexuality education.

2.3 Lessons Learned from Implementation of CSE Interventions

1. Sexuality education efforts should be further complemented by a sexual and reproductive health system that provides young people with the adequate and high-quality services and supplies they need, both in and out of school (WHO 2002). To this extent, school-based sexuality education ought to be complemented by youth-friendly sexual health services in an overall enabling (community) environment.
2. The so-called 'whole school approach' is widely used (e.g. (Buijs 2009; Schaalma et al. 2004; Young, St Leger, and Buijs 2013) goes beyond classroom teaching to address supportive school policies and environments, links with parents and community, and collaboration with health organizations. This way, ownership is fostered by involving all relevant stakeholders, from school boards to students, government officials to peer educators, and teachers to service providers, in implementing a coherent set of multiple interventions based on a clear needs assessment.
3. Studies show that programs that focus exclusively on abstinence for the prevention of pregnancy and STIs (including HIV) are not effective at improving adolescents and young people's SRH. This is because young people are already sexually active and need the correct and accurate information and skills to keep themselves and their partners safe. Ideally, they should have this information before becoming sexually active.
4. In countries where CSE is integrated into schools, evidence shows that young people wait until a later age to have their first sexual experiences; have lower teenage pregnancy and abortion rates; have higher rates of contraceptive use; and report less discrimination based on sexual orientation and gender differences.^{27, 28, 29}



2.4 Barriers and enablers of CSE implementation from literature

CSE delivery Approaches: CSE provides knowledge and life skills that are essential to enable young people to make informed, voluntary, and healthy choices about engaging in sex. However, many young people do not have the information, access to contraception, or skills to negotiate safe sex and protect their sexual and reproductive health.³⁰ ‘Abstinence-only’ approaches are ineffective, stigmatizing, and unethical.^{31, 32, 33} and show little evidence of improving sexual and reproductive health (SRH) outcomes. For example, a 2017 review of sexuality education policies and programs in the United States established that Abstinence-only education programs withheld pertinent sexual health knowledge; provided medically inaccurate information; promoted negative gender stereotypes; stigmatized young people who are already sexually active, pregnant and/or parenting; and marginalized lesbian, gay, bisexual, transgender, intersex, queer/questioning (LGBTIQ) adolescents³⁴. Published reviews cited the use of fear-based or negative frames to introduce sexuality; a weak focus on gender and human rights; missing information in several key topic areas, including contraceptive methods, sexuality, and abortion; and a lack of responsiveness to emerging societal issues.. In the CSE content delivery, teachers also face significant challenges in the classroom, ranging from lack of time, materials, or resources to perceived community opposition, their own discomfort, and lack of knowledge or training on the topics (Sidze et al, 2017³⁵).

Ideological factors: Progress toward scaling up comprehensive rights-based sexuality education in Kenya has been slow, in part because of differences in opinions and agendas between key stakeholders—such as parents, religious groups, the Ministry of Education, NGOs, and students—and because of a lack of collaboration among interested parties in the development of sexuality education policies and curricula³⁶. The ‘Stop CSE’, an online campaign by the Catholic bishops, was a push to get the Kenyan government to pull the country from the CSE commitment³⁷, arguing that CSE runs counter to Kenya’s cultural values,³⁸ lacks parental engagement, and it takes a “controversial rights-based rather than a health-based approach to sex education and that such a curriculum places emphasis on “sexual rights” over “sexual health”³⁸. This is further exacerbated by conservative societal norms, cultural sensitivities, and education-sector policies that primarily promote abstinence.

CSE Curriculum/Syllabus: The Government, through the Ministry of Education (MoE), has tried to ensure that young people in schools are equipped with information and education on reproductive health through the implementation of the Kenya National life-skills curriculum (2008)³⁹. The content of the curriculum was found to be generally of good quality in dealing with behaviors related to sexual health outcomes like avoiding sex before marriage, preventing sexual coercion, not practicing harmful cultural practices, assertively responding to sexual harassment and sexual assault, bullying and peer pressure⁴⁰. However, gaps were identified in the syllabi, namely: (i) information on contraceptives, HIV prevention (e.g., using condoms), sex, and sexual health were only superficially addressed; (ii) excluded topics like reproduction, STIs, access, and use of sexual health services and sexual diversity; (iii) weak on gender and human rights issues, (iv) largely ignored topics such as forced sex, gender-based violence, and intimate partner violence; (v) SRH related topics are included in Christian religious education (CRE) and Biology; and, (vi) purely academic, hence lacked depth in its overall content, which did not foster enough critical thinking for students to understand sexuality and reproductive health better⁴¹. In the implementation, sexuality education, as defined by UNFPA, is not explicitly included as a standalone, examinable subject in the Kenya national curriculum (Sidze et al, 2017). Moreover, the exclusion of the views and experiences of students—the intended beneficiaries—in the design of the sexuality education was seen to make it less responsive to their needs. The literature also reveals strong support for teaching sex education among principals, teachers, and

students. Still, the topics integrated into compulsory and examinable subjects are limited in scope, and there is little incentive for teachers and students to prioritize them (Sidze et al., 2017).

Policy and Programmes Environment: The barriers include insufficient and piecemeal funding for CSE; lack of coordination of the various efforts by national and sub-national governments, NGOs, and development partners; and inadequate systems for monitoring and evaluating teachers and students on CSE. The centralization of education in Kenya was considered a challenge in CSE implementation. It was argued that a decentralized approach to school-based sex education would allow programs to be adapted to different contexts, reduce bureaucratic delays and barriers, and encourage counties to prioritize the needs of adolescents and young people (Sidze et al., 2017). There needs to be a clear, standardized mechanism for monitoring or evaluating CSE teaching nationally (Sidze et al., 2017).

In summary,

Kenya's CSE policy and program environment faces a significant challenge of reconciling the rights-based approaches to providing information and services to adolescents with conservative methods that oppose certain aspects of CSE, such as improving access to contraceptives. These drawbacks culminate in the failure and inability of many schools to offer CSE to their students and result in a substantial gap between policy and practice.



3.0 Technical Approach and Methodology

This section outlines the techniques for obtaining and utilizing the data required for this study. It describes the research design, study setting, study population and area, the sample selection, research tools/instruments, data collection, management and analysis. The study was an operational research (OR) or implementation research (IR). The goal of OR is to learn about implementation, policy, administrative, cultural, social, behavioral, economic, and other factors that either exist as bottlenecks or enhancers to effective implementation or could be tested to drive insights into new, more effective approaches to programming. The OR study purposed to analyze and address any program related issues promptly; guide the program managers to make evidence-based program decisions; Enhance program performance and quality using scientific methods and understand how their programs work.



3.1 Study Design

The study adopted a qualitative approach with qualitative interviews (focus-group discussions, in-depth and key informant interviews) with key stakeholders in Nairobi County. This approach allows participants in the study to freely describe their interactions and experiences in line with the main themes/questions of the study. It further provides for exploration of how CSE (or lack of it) affects their lives regarding SRHR. Because this is Operations Research (and not a project implementation evaluation), the study adopted A Case Study approach.



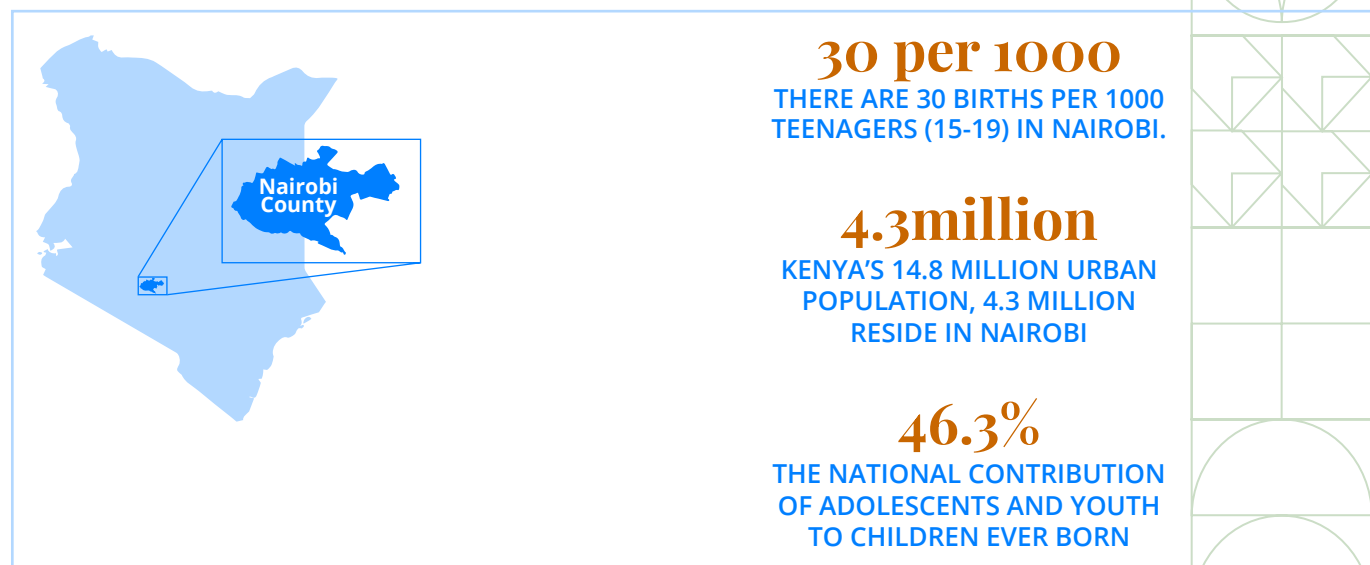
3.2 Description of the Study Area

Nairobi County was purposively selected for this study since, in Kenya, adolescents comprise a considerable proportion of urban populations. Many live in the numerous informal settlements—or slums—in Nairobi. As the world undergoes rapid urbanization, the long-term impacts of unmet SRH will be increasingly felt in urban populations. According to the KNBS population census Nairobi and Mombasa Counties have the highest youthful population.⁴² Adolescents living in the slums face distinct challenges as they transition to adulthood in a hostile environment characterized by high unemployment, crime, poor sanitation, substance abuse, poor education facilities, and a lack of recreational facilities.⁴³

Urban slum residence creates a confluence of factors that place adolescents at heightened risk of poor SRHR outcomes⁴⁴. The informal urban settlements population continues to be disproportionately concentrated in Nairobi. While the national contribution of adolescents and youth to children ever born was 46.3%, Kajiado, Narok, Nairobi, and Samburu were the highest contributors at over 50%⁴⁵. There are 30 births per 1000 teenagers (15-19) in Nairobi. Of Kenya's 14.8 million urban population, 4.3 million reside in Nairobi (ibid). Nairobi city ranks highest in urban population with 4.397 million, Mombasa 1.208 million, Nakuru 570,674, Kisumu 440,891, and Eldoret 475,716.⁴⁶ Interestingly, the population pyramid for urban areas indicates that most of the population is between ages 20 and 34 among both sexes.

The Kenya RHRN program is implemented by a coalition of 7 partner organizations⁴⁷ that are progressive, youth-led, or youth-serving, working around SRHR and deploying innovative approaches in programming and advocacy. Consequently, carrying out the Study in Nairobi ensured that four out the seven partner organizations were included in the study sample and that the

national policymakers could be interviewed concurrently with the other respondents making the study cost-effective. A case study allows for more in-depth analysis and representation of all young people in all their diversities. The study sampled marginalized groups such as teen mothers and young lesbian, gay, bisexual, transgender, and inter-sex (LGBTI) people and young people with disabilities.



3.3 Study Population

The study targeted representatives of young people aged 15-24 in all their diversity, who are or potential beneficiaries of CSE in Kenya. It also targeted parents of young people and other stakeholders in CSE, who included parents and teachers across the study sites in Nairobi. Other stakeholders working in adolescent SRH and rights were covered in the study, including program managers/coordinators of the six CSOs implementing CSE in Nairobi and included in this study as well as program managers and policymakers in relevant government departments.



3.4 Sampling Procedure and Data Collection Methods

The stakeholder analysis was done by reviewing program documents and initial discussions with the CSOs implementing CSE program (s) in Nairobi. The exercise adopted purposive sampling to recruit participants for the study. Below is a summary of the respondents and the research methods used:

Table 3.1 Respondents and study methods used

Target group	Study method	Number covered
CSOs implementing CSE in Nairobi	In-depth Interviews	5
SRHR stakeholders and government agencies		
Faith leaders	Key informant interviews	2
CSOs implementing SRHR programs	Key informant interviews	1
Nairobi County Department of Health	Key informant interviews	1

Target group	Study method	Number covered
NCPD	Key informant interviews	1
Youth advocates/rovers/peer educators	Focus group discussions	2
Youth With Disabilities	Focus group discussions	1
Teen mothers	Focus group discussions	2
LGBTQI youth	Focus group discussions	2
Parents	Focus group discussions	2 (20-29year, and 30+ years separately)
Out-of-school youth	Focus group discussions	2
In-school youth	Focus group discussions	2
Teachers and young people	Case narratives	4 (two of each)

The mobilization of study participants was supported by CSOs working in Nairobi. The study mobilized 130 participants for 13 FGDs, key informants, and in-depth interviews with 5 CSOs implementing CSE; 2 policymakers; 3 other stakeholders; and 4 Case narratives. A total of 5 IDIs (CSOs implementing CSE in Nairobi); 5 KIIs – that is 2 Faith leaders; 1 CSO; 2 policymakers/government agencies [Nairobi County Health Department and National Council of Population and Development [NCPD]]; 13 FGDs, namely: [Youth advocates/rovers/peer educators (2), youth with disabilities (1), teen mothers (2) LGBTQI (2), Parents (2 - i.e. 20-29 & 30+ years); Out of school youth (2); In-school (2)].

This study relied heavily on qualitative data collection methodologies to allow the participants to freely describe their interactions and experi-

ences with the main themes of the research and, most importantly, to explain how CSE (or lack of it) affects their lives regarding SRHR. The qualitative methods used included the In-depth interviews employed as the primary data source and targeted mainly the CSOs implementing CSE in Nairobi. In addition, case narratives with some youth and teachers with peculiar and unique stories and experiences with ASRHRs. Focus Group Discussions (FGDs) were a workshop setting to map the youth and their SRHR experiences across the research sites. The study carried out a total of 13 FGDs of ten members each across the various categories of adolescents and youth in their diversity as well as parents and youth advocates. The groups represented in and out of school youth, teen parents, peer educators, LGBTQI youth, and those living with disabilities. Key

Informant Interviews (KIIs) with NCPD, the Nairobi County Department of Health representative, and religious leaders conversant with CSE and other AYSRHR issues. The study also interviewed 1 CSO manager. A total of 5 KIIs were conducted.

Young people in their diversity, as respondents, were probed on the CSE content delivered; CSE content delivery methods used and the challenges experienced using each method; how CSE influenced the SRHR behavior, practice and choices of young people themselves and others; the barriers/enablers in CSE implementation; role of different stakeholders and the opportunities that could be harnessed to enhance CSE content delivery to young people.

Table 3.2: Sampling process and respondents sampled

Data Collection Method	Data source	Sample/Selection procedure	Sampled Respondents/ Area of Focus
Document review	Content analysis Project; policy documents and national surveys; Global/Regional/ International reports	All relevant project documents -Search based on the study objectives	CSE implementation by various organizations The policy framework of CSE implementation in Kenya Methods of CSE implementation Barriers/enablers of CSE implementation
In-depth Interviews	In-depth interview Guides CSO program managers	We purposively selected all five managers of the CSOs implementing CSE in Nairobi.	CSOs implementing CSE - CSA, DAYO, Nairobi, SRHRA, National Gay and Lesbian Human Rights CSE implementation,
Focus Group Discussions (FGDs)	FGD Guide Youth beneficiaries of the project interventions Parents	In close collaboration with the targeted CSOs in Nairobi, young people purposively mobilized through their community network for the study.	2 with Teen mothers One youth with disabilities (10-24) 2 with LGBTQI 18+ 2 with In-school adolescents/youth 1 with Out-of-school youth 2 with Male and female Parents: 20-34 years 35+ years 1 with Peer educators: 1 for CSE Rovers (CSA) 1 Youth Champions/Peer Educators (Nairobi) Total = 13 FGDs by 10 pax each = 130 pax
Key informant interviews/ Structured Individual interviews	Key Informant Guides Collaborating organizations, Policymakers	Purposively targeted other CSO working in Nairobi on CSE implementation, religious leaders, and policymakers.	Other CSOs outside the Coalition but CSE players - · 2 Religious leaders · 2 policymakers (MoH, NCPD)
Case Narratives	Case narrative guide(s) Youth/beneficiaries and teachers with unique ASRHR stories and experiences	Purposively selected 4 respondents (2 teachers and two young people) through the guidance of the CSE, implementing CSOs	4 case narratives (2 teachers and two out-of-school) Gave in-depth description of how the CSE program had impacted their/ or others connected to them regarding SRHR decisions, behavior, choices, and practice.

3.5 Data Collection

Twelve young research assistants were identified and trained to help collect data (these included young members of the LGBTQI+ community). They worked for three (3) days to collect data using various data collection approaches. Their training covered a review of the research tool, research ethics, and community entry and data collection tech-

niques. The research team and the young people in training validated the instruments to ensure they were youth-friendly and appropriate for diverse groups of young people. IDI data was collected at their offices, and for the young people, at a central location suitable to the participants. An assistant consultant led each research team. The lead consultant provided overall supervision in collaboration with the RHRN M & E officer.



3.6 Pre-testing of the Research Instruments

Pre-test was done before the actual study to ensure that the items tested what they intended (validity) and consistently measured the variables in the study (reliability). Due to the limited time, the training involved young people in the exercise to validate and input their views in refining the tools. All research assistants were young people and also contributed to reviewing the study tools to ensure the questions were suitable and appropriate for young people in all their diversity. The study team examined all the research tools during training and refined the final tools using feedback. The training also infused role plays to check on the concurrence of responses to questions in the tools. The role plays had respondents with characteristics similar to the study populations and from the same study sites. Respondents included in the role plays did not form part of the final study sample. The role plays and critique of the tools by the young people enabled the researcher to review, reconstruct, add key questions, gauge the suitability of study questions on the target population, and confirm the accuracy of the translation of the study tools into Kiswahili and back to English before the actual study.



3.7 Data Management

The RHRN program and the consultants supported the overall training and field process. The 12 young research assistants collected data with technical assistance from the consultants and the RHRN program. The team was trained on ethical factors, research methodology, orientation on research tools, and handling sensitive questions. After the field data collection, the research team held debriefing sessions to analyze the data collected and provide key highlights while setting the pace for data processing and analysis. The interviews and FGDs were tape-recorded for verbatim transcription. The study team also took field notes during the interviews for non-verbal cues. Informed consent forms were obtained and submitted to the CSA office for safekeeping. Trained research assistants carried out data transcription under the supervision of the consultants. Final written reports from the FGDs, KIIs, IDIs, and case narratives, together with the original recordings and soft copies of the transcribed data, were then submitted to the consultants for analysis and report writing.

Qualitative data from Case Narratives, In-depth interviews, FGDs, and KIIs) was transcribed verbatim and coded in NVivo® using a coding framework developed from reading a sample of transcripts, then a thematic analysis of the codes. Additionally, triangulation was applied across the different data sets (Case Narratives, FGDs, and KIIs) to ensure the findings' validity. The data was then explored using the questions and then coded according to sub-themes developed from the questions to be able to generate the report. Narrative passages of the information have been used to convey the findings interspersed with relevant and catchy quotes from the key informants and FGD participants/respondents. The matrix in Appendix 3 demonstrates the various data collection methodologies and types of tools employed, as well as respondent categories and coverage.

Based on the data analysis, debriefing sessions were held with the RHRN team to discuss the preliminary findings of the study to be incorporated in the final draft report. After the analysis and preparation of the draft report, the consultants conducted a validation workshop of the findings that brought

together program staff, partners, and other relevant stakeholders. The purpose of the validation workshop was to review the results and ensure that they represented the views of the participants/stakeholders and to provide an opportunity to generate recommendations collectively. At this workshop, the consultants also solicited explanations for striking findings.



3.8 Ethical Considerations

The following measures were taken to ensure adherence to ethical principles:

The study adhered to research ethics that ensure the protection of research subjects. These measures included obtaining written informed consent (informed assent for minors and consent for adults) before administering any tool, privacy, and tape recording any discussion. It ensured that information that included: the purpose of the study, the possible risks, the benefits, confidentiality, and duration of the study, the right to withdraw from the study, and contact information were shared with respondents. The research team, including data collectors, mobilizers/recruiters, received appropriate training on research ethics emphasizing the importance of informed consent and confidentiality. Research protocols included steps to address participants' distress or risks to participants and immediate communication between interviewers and the client team in case of a problem.

Careful steps were taken in developing study tools to minimize potential distress to informants. The study tool was pre-tested through role plays among a small number of young people in all their diversity with characteristics similar to that of the study population to identify potential negative consequences and to modify the tool accordingly to suit the different study contexts. Data collection was conducted by young researchers trained in research ethics and interviewing techniques. Throughout the study, emphasis was put on privacy and confidentiality. All data were kept separately from identifiers in the consent forms. All participants were alerted upfront that no direct benefits or compensation were provided in the study. In this report, information per case is not anonymous as it is meant to provide programmers with case-specific details.

Nevertheless, for broader dissemination, case anonymity has been maintained. All interviews were conducted in secure, safe, private settings, with data access limited to the study team. For those who could not understand English, the tools were translated into the Kiswahili version and then translated back into English to ensure the accuracy of the content. The participants were given time to ask questions if they had any and were allowed to withdraw from the study if they felt uncomfortable.



3.9 Quality Control

A quality control process was built into each tool to ensure adherence to the principles and planned data collection criteria. Research assistants were trained to provide high-quality work, and debriefing sessions were held every day after fieldwork to address any matters arising. The consultants, assisted by trained research assistants, conducted the collection, entry, and transcription. Pre-testing of tools was carried out. Data collected was overseen by the lead consultants, reviewing tools for completeness and flow as appropriate and supporting the data collectors appropriately.

4.0 The Findings

These are presented within the framework of the set out objectives of the study. The results are discussed in terms of: (i) the extent to which CSE content influences young people's agency⁴⁸ and choice in uptake and/or access to SRHR information and services; (ii) the extent to which CSE content, delivery methodology and pedagogy influences young people's agency and choice in uptake and/or access to SRHR information and services; (iii) enablers for and barriers to CSE implementation for young people in all their diversity; (iv) existing opportunities for the accelerated adoption and implementation of CSE both in and out of school and how best to take advantage of the identified opportunities by CSE implementers; and, (v) roles of various stakeholders and players in CSE implementation landscape in increasing acceptability and adoption of both in-school and out-of-school CSE.

4.1 Implementation of CSE in Kenya: Nairobi County Case Study

Coverage, Definition, Scope, Targets, Enablers and Barriers to CSE Implementation

This section discusses the findings in terms of geographical coverage and scope of CSE implementation; and includes topics such as: respondents' definition or understanding of CSE, and the SRHR issues being addressed; methods used to deliver CSE to the target groups and activities employed to provide SRHR information and education; and, curriculum for CSE in Kenya.

4.1.1 Coverage and Scope

This was a Case Study on CSE implementation landscape focusing mainly on Nairobi County. The study participants (especially for focus group discussions) were drawn mainly from Nairobi's low income and informal settlements where most of the CSE interventions are implemented.

As confirmed by a key informant from an implementing CSO: "In Nairobi specifically we work not just within our centers, we have about 9 community-based organization centres and we also have youth advocates and youth champions spread across the various slums, the biggest slums/ informal settlements of Nairobi. These areas are Kibera, Mathare, Kariobangi, Kangemi, and Mukuru." **[KI - CSO/CSE Implementer]**. This explains why, in terms of FGDs, the study covered seven (7) categories of participants from the said areas. They were: Out-of-school youth (15-24); In-school youth (15-17), Teen moms (15-19); Parents (20-29 and 30+); Adolescents and Youth with Disabilities (18-24); LGBTQI youth (18+) and youth advocates/peer educators (18-24). This was to ensure that the study captured the sentiments of all categories of the CSE programme beneficiaries as implemented by the various CSOs in Nairobi. Represent-

We also have youth advocates and youth champions spread across the various slums, the biggest slums/ informal settlements of Nairobi. These areas are Kibera, Mathare, Kariobangi, Kangemi, and Mukuru

tatives from the CSOs implementing CSE were interviewed to obtain their views regarding implementation approaches, uptake, achievements, challenges and lessons learnt from their experiences implementing CSE in Nairobi. And because CSE is impacted by the policy environment (as demonstrated

by the findings from the literature review in Chapter 2), policy makers were also interviewed to get a sense of where the country is with regard to policies that guide CSE implementation. This explains why the advocacy component of the CSE programme is implemented at the national level targeting government policy and decision makers.

4.1.2 Defining CSE

The respondents were asked to define or state their understanding of CSE. It is clear that those who have interacted with the CSE programmes displayed some understanding of what CSE is or entails. The section below highlights CSE definition as given by various categories of respondents in the study.

A way of empowering young persons from an early age with knowledge on bodily autonomy, moralistic and wholesome upbringing and teaching them about SRHR rights while safeguarding their wellbeing; preparing them for transition into adulthood

CSOs.

Age-appropriate sexual and reproductive health education delivered in formal or informal settings to equip young people with knowledge of their SRH and Rights.

Youths & Peer Educators.

SRHR information based on recognizing and understanding oneself (i.e. Self-Awareness), different gender diversities, SRHR rights and gender-based violence.

Parents

Knowledge on reproductive health, family planning & contraceptives, prevention & treatment of STIs, sexual consent, sexual orientation, diversity and awareness

Teen Mothers

CSE programme Implementing CSOs:

In summary implementers defined CSE as an empowerment program or a curriculum that amplifies a young person's life and contributes positively to their agency. Nearly all of them described CSE as a way of empowering young persons from an early age with knowledge on bodily autonomy, moralistic and wholesome upbringing and teaching them about SRHR rights while safeguarding their wellbeing; preparing them for transition into adulthood. Hence CSE provides insights from which young people are expected to be empowered enough to seek for more information. They reiterated that CSE is not fear based and is non-judgmental but encourages the youth to acquire information and make informed decisions. It trains on attitude and skills. These definitions of CSE resonate with the internationally recognized definitions by UNFPA, UNESCO and Guttmacher.

Youth Advocates and Peer Educators:

These are the youth who have been trained by different SRHR/CSE implementing agencies/CSOs, as CSE advocates and champions to deliver CSE especially to the out-of-school youth. They have undergone peer education training organized in youth friendly centres, public health care outlets, development programmes and webinars and provided a variety of CSE-related IEC materials. As would be expected, they are therefore more knowledgeable about the subject compared to the CSE programme beneficiaries. They defined CSE as age-appropriate sexual and reproductive health education delivered in formal or informal settings to equip young people with knowledge of their SRH and Rights. One respondent in this category equated CSE with curricula and described it as sexual and reproductive health curricula that *"are age appropriate and responsive in nature that imparts knowledge and understanding on SRHR"*. They equated the 'comprehensiveness with wholeness/wholesomeness' of the information being given and stressed on the 'age-appropriateness' of the sexual education being given.

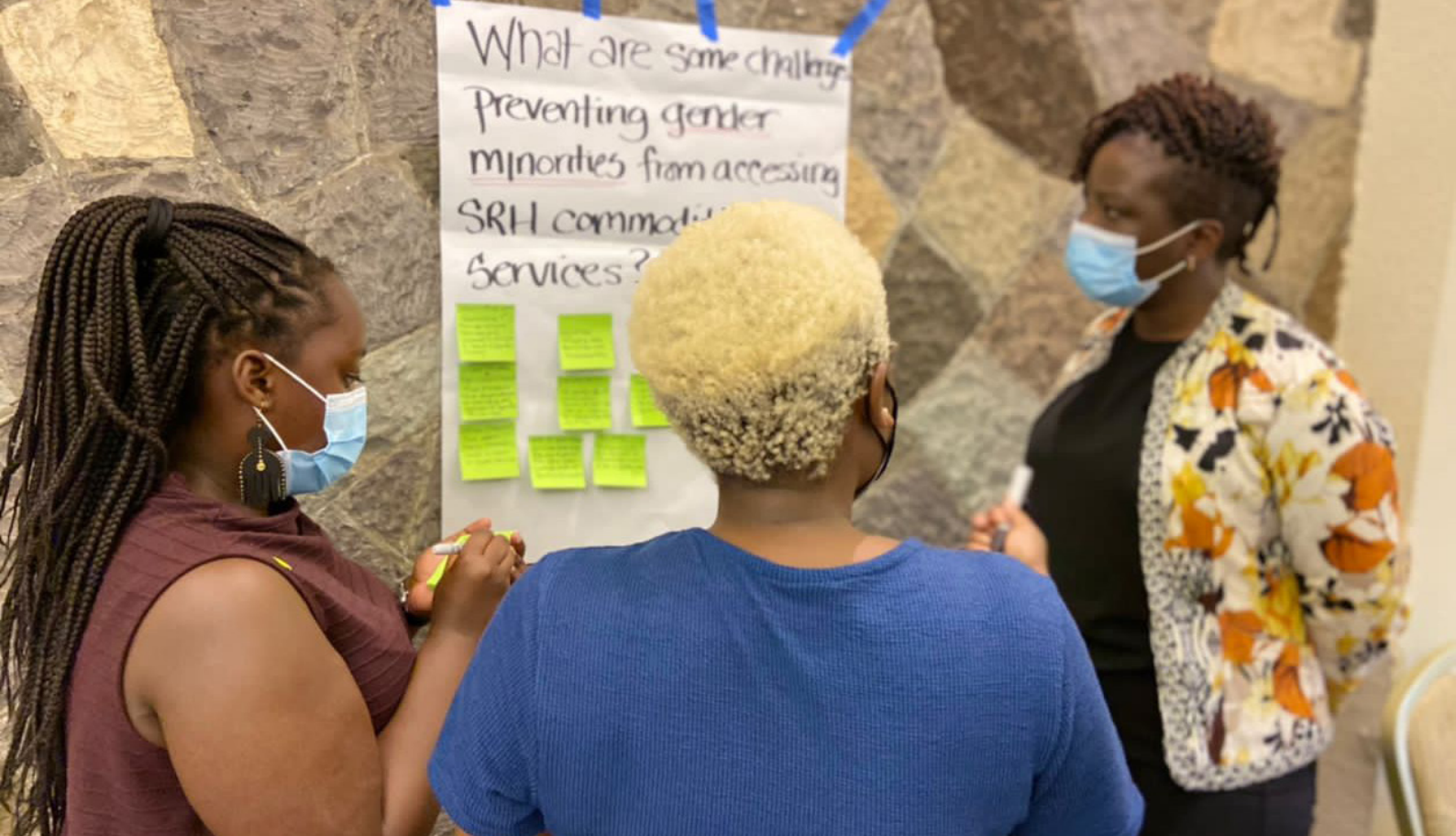
Parents:

Parents who are also the beneficiaries of the CSE programme were interviewed on their understanding of CSE. They had different definitions of CSE with the majority of the 20-29 year olds stating that CSE entails being equipped with knowledge about sexual education at a broader and in-depth level. Another study participant in this age-group said: *"CSE deals with sexual education in and out of school and it is inclusive of all generations."* The 30+ year olds were even more detailed and described CSE as SRHR information based on recognizing and understanding oneself (i.e. Self-Awareness), different gender diversities, SRHR rights and gender-based violence. The parents identified a range of different sources like community forums by CHVs, advocacy from non-governmental organizations, mass media such as television and digital platforms i.e., social media, life skills lessons from school, and peer to peer information-sharing within the community as their sources of SRHR information.

Teen mothers:

This group of study participants displayed awareness of CSE and elaborated their understanding of CSE as skills and knowledge given to them through education and capacity building in reproductive health, family planning and contraceptive usage, prevention and treatment of STIs, sexual consent, sexual orientation and diversity and awareness of SRHR rights. They cited getting CSE content from advocacy meetings, group discussions and training where CSE sessions are held.

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4.1.3 Implementation of CSE by CSOs

Kenya has a vibrant civil society space with many NGOs involved in SRHR programming including advocacy and delivery of CSE to young people. Implementation of the CSE programme by the various CSOs is guided by the nature of interventions based on their comparative strengths as shown on Table 4.1 below.

CSE is implemented to address the following SRHR issues that were reported to affect young people in Kenya:

- A. Inadequate access to both SRHR information and education.** *Many young people in all their diversity do not have the information and skills they need to negotiate safe sex and to protect their SRH rights*
- B. Inadequate access to commodities and quality services such as contraceptives and ARVs.** *Uptake of HIV testing and contraceptive use is quite low among young people. For example, contraceptive prevalence rate among adolescents aged 15-19 years is 49%, while less than one-quarter of adolescents (15-19) know their HIV status.*
- C. Increased poverty levels that have bred involvement in sex work.** *“Many other things come in: girls don’t have menstrual hygiene products. So, they go to “boda boda guys” or other people to either sell themselves as sex workers or sex slaves. There’s a lot of sex trafficking” [KI, CSO/CSE Implementer]*
- D. Teenage Pregnancy:** *Child bearing begins early among adolescents. National data showed that 10% of girls aged 15-19 years were already mothers (KNBS 2022) and 94 /1000 adolescent pregnancies in the country occur in very young adolescents under 15 years of age. (KNBS, 2017). The 2019 Population Census shows that adolescents aged 15-19 contribute 1.7% to total births in Kenya and Nairobi; while young women in ages 20-24 contribute 6.5% and 6.7% of total births in Nairobi and Kenya respectively. (KNBS, 2022)*
- E. STI's & HIV.** *Evidence shows high rates of new HIV infection among young people. One-third of new HIV infections occur in 10-19 year olds.*
- F. Child Marriage:** *The 2019 Census data show that 2.1% of children (10-14) had already been married before age 15 contrary to the Marriage Act and Children’s Act. 3.9% of both girls and boys aged 10-14 were married (KNBS, 2022)*
- G. Increased cases of Sexual and Gender Based Violence (SGBV)** *among the young people in Kenya:*

out of school children and youth in school (10 -19years). Apart from the young people in all their diversity, the implementers also reported that they work with the health systems and structures in efforts to improve access to SRHR services, targeting mainly health care workers. The CSOs implementing CSE also engage with policy makers'/decision makers through membership in different relevant technical working groups (TWGs) such as PWD-TWG, Adolescent SRH TWG, and curriculum development-related TWGs. CSE programme design is therefore prioritized for both the demand side and service delivery side. Expounding on this, an implementer added:

“Technical working groups and health care workers as well as Community gatekeepers, including village elders and leaders, such as chiefs are also targeted [for policy engagement].”



4.2 CSE Programme Activities

The implementers use various modes of communication to pass SRHR messages such as videos, print IEC materials, text messaging, and online or web-based conversations. They also use face-to face channels such as international days and community outreaches. Table 4.1 summarizes the activities reported to be undertaken by the various CSO/CSE implementers in ensuring provision of SRHR information and services to young people in all their diversity. It is noted that the implementers undertake the SRHR activities and interventions based on each CSO's comparative strength.

Table 4.1: How SRHR information and services are provided by CSOs

CSO	COMPARATIVE STRENGTH	KEY ACTIVITIES	SUB ACTIVITIES
Centre for the Study of Adolescence (CSA)	Development of Offline rights-based CSE content Advocacy training	Deliver Rights based CSE using World Starts with Me (WSWM) and My World My Life (MWML) in CSE programme sites Capacity building for youth advocates Put together a CSE package consisting of curriculums, registers, and demonstration materials	Examples of offline activities CSA rovers (in age 20-24 years): provide information for out-of-school youth; Educate young people during school holidays; Use of trained SRHR Champions; conduct outreaches at health facilities; support youth friendly service centers to promote access to services and SRHR/CSE sessions for young people. These are also called safe spaces; conduct regular program meetings; Conduct Radio Talks and call-ins on topical SRHR issues; use of SRHR-relevant International days to educate on SRHR; train teachers to provide information to in-school youth
Love matters	Emerging Technologies and new media	Strengthen existing digital platforms for CSE Support digitalization of existing content including WSWM and MWML Ensure development of standard CSE content through USSD Mechanisms, ports, text, Vlogging and videos Support other CSOs to deliver CSE and SRHR information to young people in all their diversities via online (Zoom, Teams, WhatsApp and Skype) Animation to promote access to audio-visual CSE content	Examples of online activities: Hosting tweet chats, webinars, talks in digital spaces such as Twitter, Instagram & Facebook Providing Toll Free Numbers and Chat boxes Rada App targeted at the University of Nairobi students. As was explained by an implementer from CSA: <i>*Rada App has a lot of information on SRHR including information on dating security, career, finance, etc. So young people can go to that App to ask questions. There's always someone to answer the questions or chat with as a referral. So, for example, I'm from Kabete campus I want to speak to a counselor, ..., they'll tell you where the counselor is and you can reach the counselor on phone.*</i> — KI CSO/CSE Implementer Online conversations <i>"Currently what we're doing is we're conducting online conversations. We have a very diverse and vibrant program called Diversity Vibes and it's basically around encouraging young people to enjoy their sexuality regardless of their background, status and so on and so forth..."</i> — KI CSO/CSE Implementer For future plans, the informant added: <i>"We have a platform that we have piloted; it has not been fully utilized, it's called the 'I access platform' It is a web-based platform that seeks to give Comprehensive Sexuality Education information to this category of young people. Currently, we're in the process of adding content to it and customizing it to meet young people's information needs.... So, we're creating; we're taking this to where they are, on their smartphones. We want to make it very easy for them to be able to access that information from the comfort of their smartphones."</i> — KI CSO/CSE Implementer

Nairobites	Emerging Technologies and new media	strengthen existing digital platforms for CSE Support digitalization of existing content including WSWM and MWML Ensure development of standard CSE content through USSD Mechanisms, ports, text, Vlogging and videos Support other CSOs to deliver CSE and SRHR information to young people in all their diversities via online (Zoom, Teams, WhatsApp and Skype) Animation to promote access to audio-visual CSE content	
Network for Adolescents and Youth for Africa (NAYA)	Meaningful involvement of Young people (MIYP)	Support Development of digitalization and online content focusing on MIYP	
Dreams Achievers Youth Organization (DAYO)	Young persons with Disabilities (YPWD)	Support Development of digitalization and online content inclusive and reflective of SRHR needs of YPWDS	
National Gay and Lesbian Human Rights Commission (NGRHRC)	Sexual minorities	Support Development of digitalization and online content inclusive and reflective of needs of sexual and gender minorities	
SRHR Alliance	Human rights based SRHR programming	Support other CSOs in conceptualizing strategies on MIYP/GTA (Gender Transformative Approach) in CSE	
Young Women Leadership Initiative (YWLI)	Policy Advocacy on SRHR Rights and justice	Feminist Leadership Development Training on SRH rights Train young women on how to navigate the justice system in cases of SRHR violations	

Other channels and approaches include: use of SRHR-relevant International days, trained SRHR Champions, partnering with CSOs working with young people and development of disability-friendly SRHR IEC materials to deliver CSE content to young people in all their diversity. Expounding on these respondents pointed out:

"We have also utilized these international days to sensitize the population in general and also our target population or right holders on SRHR." —KI CSO/CSE implementer

On the use of SRHR champions or advocates: *"We've actually trained SRH*

champions, PWD SRH champions. So we have a team of Adolescent and young PWD champions who have been trained on advocacy and SRH in general, so that they are able to get into spaces and advocate on SRHR issues that affect young people with disabilities..... So we're working with youth leaders and youth with disabilities who also lead organizations to assess and review SRHR implementation at county level". —KI CSO/CSE implementer

Because the information has to be tailored to the SRHR issues affecting adolescents and youth, the CSE content has to be aligned to address those identified issues and needs. The AYSRHR youth champions/advocates

and peer educators reported that CSE content covers: Sexuality Education; Family Planning and Contraceptives; Prevention and Transmission of STI's, HIV&AIDs; Self Esteem/confidence and Self-awareness; Sexuality and Gender Identities; Adolescence and Puberty; Healthy Relationships; Gender Roles; Drug and Substance Abuse. Others are: Anatomy; Decision making; Sexual and Reproductive growth; mental health. The chart below depicts the CSE topics/content as cited by various youth focus group participants. The percentages measure the frequency with which the topics were mentioned and not the proportion of the persons in the study.

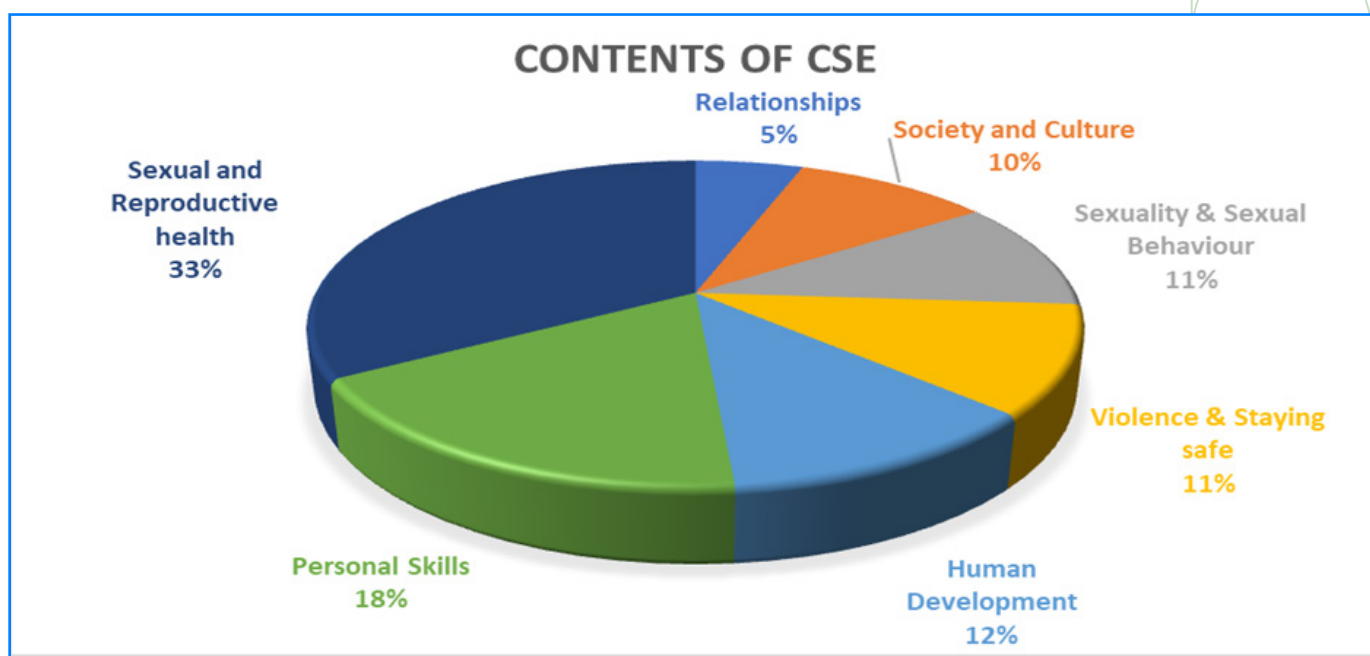


Figure 4.2: CSE content mentioned by youth focus groups

Based on the current scope of coverage the youth were asked if there are other topics they felt they needed but were not currently being covered. The topics suggested areas for improving the CSE content are displayed in Figure 4.3

Financial literacy/skill training
Gender diversity and sexual orientations
Various family planning methods
Guidance & counselling sessions
Early sexual education
Gender Norms/equity
Maternal care & safe abortion
Where to access to youth friendly health services

Figure 4.3: Suggested additional topics to improve CSE Content.

4.3 Methods used to deliver CSE

Various methods are being used to deliver CSE content to the young people. Such an approach ensures that information reaches the young people in the most convenient and appropriate manner. For those who can access devices such as mobile phone, tablets and computers, it is critical to consider digital interventions. Use of training of trainers (TOTs) approach has also proven to be cost-efficient if well executed in terms of ability for the trained trainers to cascade the knowledge. In es-

sence the programs need to undertake critical analysis of the participants' social demographic characteristics in order to determine the best delivery methodology.

On being asked if they have a curriculum for implementing the CSE programme, it emerged that there is no standardized universal CSE curriculum being used by the implementers. However, it was noted that the partners have used various curricula to further the CSE agenda, namely:

World Starts with Me; Journey of Life by Dance for life; Be the best you can for Project Youth for Youth; My World my Life (10-14 years); Together into the Future by AMREF; and, World Starts with me Nomadic Curriculum -for Nomadic Regions. One peer educator commented this with regard to the Journey of Life curriculum which was a curriculum based more on artistic activities like dancing and painting rather than the theoretical/ lecture approach:

"It was not a lecture curriculum. It [the curriculum] had many activities that would communicate the desired knowledge that they wanted to pass. For ages 10-14, we did not have any topics on contraceptives or family planning, but for ages 15-17 we had topics on contraceptives and family planning..... We had a dancing project-Sasa- which the Dance for Life used to pass SRHR messages. Another activity was drawing or art So, they used different activities....and I think that is what made the curriculum very easy to disseminate in schools because it was fun."

-KII peer educator

4.4 Implementation of CSE by other stakeholders

The study also targeted other stakeholders that have had experience working in the AYSRHR sector and implementing CSE in collaboration with the CSOs in this study. These include religious or faith leaders and other CSOs whose AYSRHR programmes are not specific to CSE.

1. Religious leaders

It is apparent that religious organizations – e.g. some churches are also involved in CSE education with their faith communities targeting faith leaders, followers/ adherents, community members and young people. One informant mentioned that they have been engaging faith leaders to increase their understanding of what sexual education to young people means and the role it plays. Expounding the respondent stated:

"We've been holding dialogues between young people and faith leaders so that they understand where they're coming from. We've developed different tools to engage faith leaders"

[KII – religious leader].

They also engage other stakeholders in CSE discussions targeting mainly Sunday school teachers, madrasa teachers, parents, and various congregation departments, both men and women. They train youth champions within the faith communities to create awareness on SRHR, with a special focus on youth pastors. Some of them have gone into partnership with CSA and have continued to encourage faith leaders to use their spaces in delivery of SRHR information. To deliver the training respondents used a guide for faith leaders on SRHR, Curriculum guide for Sunday school and Guide for Madrasa Teachers.

At INERELA+ (i.e. international, interfaith network of religious leaders) a key informant shared that they have been involved in forums that organize class

sessions with children and also share information with parents. The informant pointed out that INERELA and Save the Children have collaborated in developing a curriculum, provide SRHR materials, mobilized resources, trained teachers and offered technical assistance to accelerate delivery of CSE.

On being asked about their opinion about the current implementation of comprehensive sexuality education for young people in Kenya, one of the two key informants from the religious fraternity made the following observation:

"Yeah, it's, the comprehensiveness; the term comprehensive is something that needs to be reviewed and agreed upon. What is it? When we say it is comprehensive, what does it really mean?... There are those issues that are a bit sensitive, it becomes a challenge." - [KII – religious leader].

"CSE has attracted both support and blame in equal measure." [KII – religious leader].

A decision maker from Nairobi County Health Department supported this by stating that:

"CSE is a very hot topic and it becomes very difficult to get everybody on the same page." [KII – Policy maker].

2. Other CSOs

Working in collaboration with CSE implementers and other stakeholders, the youth serving CSOs interviewed in this study too work towards influencing the implementation of the AYSRH and rights programmes and policies on SRHR. They do this through advocacy and training on or disseminating to the young people accurate information around SRHR. They help the young people learn about and understand what policies exist and what strategies they can use to support their ideas on SRHR at community level and influence stakeholders to support AYSRH implementation.

4.5 Enablers for the implementation of CSE for young people in Kenya

The study sought to find out what factors facilitate the implementation of CSE for young people in all their diversity. The respondents brought out many facilitating factors which can be grouped in various thematic areas – i.e. policy environment, socio-cultural, organizational/institutional, community, technological and individual factors. These are outlined below:



1. **Existence of policies:** The existing policies provide frameworks within which the CSE programme is being implemented. Issues facing adolescents and youth in Kenya prompted the government – especially through the ministries of Health and of Education to develop policies that have promoted discussions about the SRHR of young people. Working within or guided by these policy frameworks, the CSE programme has been able to put in place SRHR interventions with a focus on CSE. Such policies include: Education Sector Policy on HIV&AIDS, The School Health Policy, the Return to School Policy, Adolescent Sexual and Reproductive Health Policy among others. From the case narratives the existence of the life skills curriculum by KICD, integration of CSE content in the school curriculum like Biology lessons and having a supportive school administration enhance CSE content delivery.

2. **The existence of community based partners:** The community based partners use their networks to mobilize target groups or beneficiaries of the project – e.g. adolescents and youth, parents and community leaders/gate keepers. These partners have established centers where the implementers hold their meetings with the target groups. Peer educators and youth advocates are assigned to these centers to meet with the young people and other programme target groups

"We use the community partners to mobilize some of these vulnerable young people who then come to the centers for us to have meetings...to have these (SRHR) conversations with them". [KI, CSE implementing CSO.]

3. **Technology:** Today, young people are more attracted and receptive to technology more than anything else. So the programme implementers take advantage of modern technology to make SRHR/CSE more attractive and accessible to the young people. A policy maker from Nairobi County also acknowledged the

importance of technology and observed how the existence of digital platforms have facilitated the sharing of information, not just among the youth but also among stakeholders who are implementing SRHR programmes/providing SRHR services. Nairobi-Bits – one of the CSE implementing CSOs - reported that they are putting in place plans to digitize the CSE curriculum. As a key informant from Nairobi-bits observed:

"Nairobi-bits is a technology-based outfit, so we already have the technology, we have the know-how, and we have the digital skills trainers and we have innovative mind set.... So, everything that we do, there's always the constant question of; how do we make this palatable to young people using this particular kind of platform.".

4. **Support from various stakeholders and players:** The stakeholders cited include the government, development partners/donors, private sector, RHRN Coalition partners, youth-serving CSOs, youth advocates and peer educators as well as meaningful youth engagement in counties where the programme is being implemented. These have all been instrumental in the implementation of the programme - advocacy and programme interventions including service provision.

5. **Organizational/institutional/structural factors:** The organizations implementing the CSE have functional structures and strategies that spell out their core values and vision that resonate with young people's health needs – especially their SRHR needs. At the government level, the existence of a government constituted Youth Advisory Council which has representation of various categories of young people to bring out the youth voices in the SRHR conversation in the country. The availability of reliable data from government and research institutions has provided evidence that has informed development of SRHR policies and

advocacy messages. Data has also provided more information to enable policy makers and implementers to make better decisions for interventions for the adolescents and youth.

6. **Socio-economic factors:** The programme is being implemented in areas with the greatest need – i.e. areas that have a high unmet need of SRHR services and are facing a myriad of SRHR challenges. The formation of support groups for teen mothers that has encouraged and assisted them in terms knowing how to take care of their children. This has also contributed to stigma reduction against the teen mothers and helped to link them to the education teams to be able to facilitate their return to school in line with the government 'return to school' policy.

7. **Individual/Personal attributes:** These include positive attitude and willingness of target groups to learn and cascade the information to the communities where they come from or live. As one respondent observed:

"I've been trained a lot. And my values have been clarified since 2011. I'm very positive towards issues of sexuality and CSE for young people."

8. **Positive influence of culture:** This refers to the fact that in the traditional African settings, sex education was conducted by older relatives who gave advice to adolescents upon reaching puberty.

"In our cultures, sex education is actually taught by grandparents, which was a good thing, because then, you are free, at least I was with my grandmother, it was fun discussion and could take place anywhere - And even men and boys used to have these conversations when boys were circumcised. So, culture is not our enemy. Great is that those negative ones are like as long as I start my menstruation and I'm a woman I need to get married, now, those are all the negative ones

[KI, CSE implementing CSO.]

4.6 Barriers to the implementation of CSE for young people in Kenya

This study explored respondents' perceptions of barriers that may be impeding the implementation of CSE for young people in their diversity. The results show a range of factors that pose barriers, which are highlighted in the following sections.

As shown in the following graphic representation, most of the comments regarding barriers in the qualitative interviews were around social-cultural factors, parental involvement, and discrimination of marginalized groups and lack of safe spaces for conversations on sexuality.

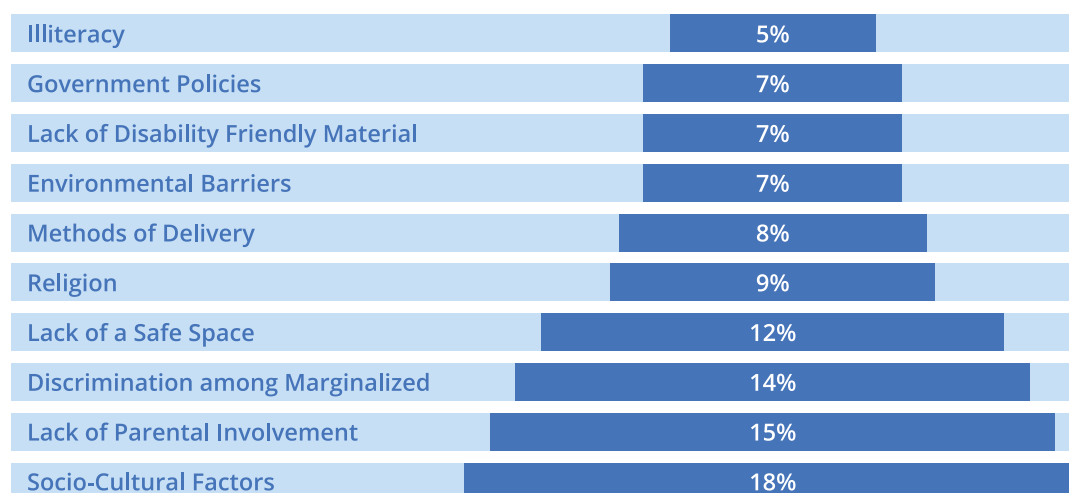


Figure 4.4: Barriers to implementation of CSE/SRHR

4.6.1 Cultural barriers and reticence to discuss sexuality as relates to young people:

From the above chart, culture related barriers are the most mentioned. Several respondents and key informants reported that parents and gate keepers in society, including religious and cultural leaders, pose a major impediment to the implementation of CSE in schools and community, suggesting that there is need to sensitize them on the benefits of these programs. Respondents felt that some religious beliefs do not allow any activities or education on sexual reproductive health rights of the young people, but instead prioritize abstinence, sex after marriage. Respondents said that some parents do not believe that youth should have access to sexual and reproductive health information and services, and that some think that accessing such information will make the youth sexually irresponsible. Parents and other adults were also reported to be reticent in discussing sexuality with their children, to supplement whatever they were taught in school.

"I remember when I was growing up my mom never sat me down to talk to me about these issues like getting into relationship with boys. Parents are scared of talking about anything involving sex."

[Participant, FGD, AYWD]

"[...] I think parents out there are afraid of talking to their children about sex education. I don't think my mom has ever talked to me about this stuff. And not only me, but many folks out there will tell you that parents are afraid to talk to their children about sex education stuff; they think that's the work of the teachers"

[Respondent, FGD, in-school youth]

A key informant suggested that this reticence is the result of religious beliefs and cultures that do not encourage young people to make own decisions:

"Our culture as a country, we've not yet embraced the fact that young people can make their own choices, the parents have to make the choices for their young ones. [...] our culture has not yet embraced the fact that young

people can be involved in those conversations and can have their own and make their own choices. ...unfortunately despite all the effort that has been put in, sex is regarded as a taboo topic. [...] that's a very big hindrance" — KI, CSE implementing CSO.

The analysis of the case narratives affirms the cultural impediment and negative attitude and lack of support by the community and school administration as key impediments in the implantation of CSE content delivery in schools. Elaborating:

"[...]you'll find that some of the communities they would not accept a man like me to go and teach something like menstruation to girls. You'll find also others will not be comfortable telling them that they can change their identity or even talk about sexual orientation and about. LGBTQI. So most of them because of their beliefs, they don't accept, they don't agree with that content"
— **Case Narrative- In- school teacher**

In-school youth felt that this reluctance to discuss sexuality has led to young people developing fear of being judged if they open up about sexual and reproductive health issues, and led to lack of a safe space in families and communities for such discussions.

"Then you find out.... this person may be suffering from a certain issue that maybe happened at home or maybe it happens in school, but you may not be able to share it with your parents or with your teachers [...] You find that the issue is eating you up inside and this is where you find some people committing suicide" [Participant, in-school youth FGD]

In addition, some respondents felt that some harmful cultural beliefs and practices such as female circumcision undermine efforts to promote the sexual and reproductive health and rights of young people:

"I think traditional beliefs also may be a huge problem since, like for those communities that believe in circumcising girls, also believe that when you don't circumcise a girl, you tell her to have sex. So, when you come and tell them about all these things, about condom, about contraceptives, that's not their way of tradition. So, it's a huge challenge"

(Respondent, FGD, in-school youth)



4.6.2 Stigma and Discrimination

Another factor that was seen as a key barrier to implementing sexuality education has to do with stigma and discrimination against some groups in communities. Specifically, respondents in focus group discussions mentioned stigma associated with some lifestyles and sexual orientation, and discrimination in reaching adolescents and youths with disabilities. Youth with disabilities felt that their sexual health and rights are not respected and/or recognized:

Youth with disabilities: "You find that if you are pregnant and you are a woman or a girl with disability, they [treat] us like we are not supposed to have children. You find that in such situations there is stigma, depression, mental health [issues] so if you are not freed from the community then you find yourself withdrawing from the community" [Respondent, FGD, AYWD]

LGBTQI youth: Youth who identify as sexual minorities (LGBTQI) also complained that they face stigma and discrimination from the society and subsequently do not fully benefit from CSE because of fear of exposure. They do not feel that they can freely request for sexuality-related information specific to their sexual identities because of this fear of stigma and ostracization.

"The problem is on the ground. You know in an organization, for example [...] I find out that this person is a lesbian and then another person gets to know about it. There is no confidentiality. So, there is the challenge of confidentiality in some of the organizations" [Respondent, FGD, LGBTQI youth]

Implementing CSOs: Key informants, from CSE implementing organizations/CSOs also agreed that stigma and discrimination impeded CSE con-

tent delivery. This was more so for LGBTQI youth and those living with disability, is a significant barrier and creates fear and a culture of silence among these young people and family members. This makes it difficult for affected individuals to freely seek for information or services.

"If we're targeting 10 to 19 year olds, we cannot target 10 to 19 year old LGBTQ, because first of all, we'll have issues with the law and people saying that we are recruiting young people to be LGBTQ. So, because of that, it is really a challenge" [KI, CSE implementing CSO]

Respondents from the CSOs also reported that it is very difficult to reach teen mothers with SRHR information, because they still face stigma, even if they are in school. It is also very difficult to reach nomadic teens, including teenage mothers due to their frequent movement.

4.6.3 Methods of delivery and lack of materials

Youth with Disabilities:

For sight and hearing-impaired adolescents and youth, lack of sign language and braille materials and instructions was seen as a significant barrier that affected their ability to benefit from sexuality education. Respondents felt that SRHR information was not disability-friendly and IEC materials that are inclusive are not readily available.

"He is talking about primary school children; they have problems to understand especially with finger spelling [...] they don't understand most of the words that are being used. So even if you finger spell to them some words, they don't get it"

[Participant, FGD, AYWD]

In-school youth:

This group complained about teachers and other instructors using language that some young people were not fluent in, which undermined their ability to benefit from the information. They recommended that teachers and other trainers should use simple language and in an engaging manner of delivery to accommodate slow learners and those with learning disabilities, and use language that the learners could relate to:

"In school say in primary, a lot of English should be reduced because we are mixed both slow learners and fast learners. So, you speak a lot of English and the child leaves without understanding anything"

[Respondent, FGD, in school youth]

Other barriers

Other barriers cited by this category of youth that were seen to limit the effectiveness of CSE included perceptions that the SRHR information given in schools is shallow, that teachers do not go into depth in covering the topics. They also felt that there was inconsistent scheduling of the lessons, and lack of seriousness in life skills classes. This is also due to limited allocation of time and number of lessons for life skills classes.

4.6.4 Inadequate knowledge on sexual rights and where to get information

Teen mothers reported that some of them were not fully aware of their rights and did not always have information on what to do if they needed help.

"You could be in a relationship. You are dating a boyfriend, or a girlfriend. So, there is need to be educated that when someone uses force, it is rape. You find that there are situations where someone forces sex, and is not aware that that is rape and lives in silence. But the moment the person is empowered, she will know her rights"

[Participant, FGD, teen mothers]

They attributed this inadequacy in accessing information and knowledge to: social isolation, stigma and discrimination, which follows early parenthood and subsequent dropping off from school. They also cited neglect and lack of proper guidance from their parents. This view was supported by out-of-school youth.

"I also feel like the minute a teenager [gets pregnant], we tend to judge them and stigmatize them so when she goes to a health facility, and we look at them differently. We make remarks like, "this one is already sexually active, she looks young and how old is she, has she even finished school?" Hence they won't seek these services because of that stigma from the society"

[Respondent, FGD, out of school youth]

4.6.5 Policy shifts and declining support to CSE by government

This particular barrier, which was seen as limiting or affecting the implementation of CSE, was identified by key informants from the CSOs implementing CSE programmes. A key challenge that emerged in the discussions is restricted access to in-school youth, following a shift in the Ministry of Education policy, which has made it difficult for external partners to conduct any activities with students. In addition, they also felt that policy support for CSE was declining, thus affecting its implementation.

"Previously [...] the Ministry of Education had committed to ensure that CSE is implemented in school, however, now that the Government has not signed [the agreement], they seem to have retracted from the commitment. We also have the National Adolescent Sexual Reproductive Health Policy that also supports CSE; It is currently being reviewed so as to remove issues of CSE. We have a problem with Reproductive Health Policy that was launched recently because it has nothing on CSE. So, we previously had policies that were supportive of CSE for adolescents and youth in the country. However, it looks like the policy landscape is increasingly becoming negative and our gains are being taken back in terms of CSE implementation"

[KI, CSE implementing CSO.]

4.7 Extent of CSE content influence on young people's agency⁴⁹ and choice in uptake and/or access to SRHR information and services

This study examined the extent to which sexuality education, as currently offered, has influenced young people's agency and choice in uptake and access to sexual reproductive health and rights information and

services. Generally, respondents felt that CSE empowers the youth and contributes positively to young people's agency. The following sections highlight the findings from the study on how the content influences young

people's self-confidence, attitude and abilities with regards to sexual and reproductive health and related choices.

4.7.1 Better personal decision-making regarding sexual and reproductive health

The findings show that study participants in the different youth categories FGDs viewed CSE as an empowerment program that enables young people to better understand their bodies, emotions and self-esteem, and which shapes their decision making on many life issues, including relationships and sex, gender roles and norms. Explaining, an out of school youth noted:

"[in guidance and counseling] you also learn a thing or two maybe how you interact with the ladies, more so coming to their sexual reproductive health system that their own and ours are very different. So I think also this space has given me a chance of learning, I think I've gathered information here and there about both genders and how to relate more so on sexual reproductive health." [FGD Participant -out of school youth]

Respondents felt that CSE topics were selected to impart knowledge to the youth to understand their body and puberty changes such as menstruation and to build their skills and confidence to express themselves and seek help or health services. Youth respondents in FGDs said exposure to sexuality education in school enabled them to make better decisions regarding their lives and relationships.



"Now I know how to plan myself not to get early pregnancies, maybe even those unplanned, I know how to plan myself and to be responsible, not to get into drugs and into bad company and also resist peer pressure. It has also helped the others too, especially those who are still in school. Like the ones in high school know that peer pressure and early pregnancies are not good things." [FGD Participant -AYWD]

"[The training] has also made me want to better my own sexual health. Nowadays, it's not always easy obviously; I'll go whenever I want to engage in sex, I'll always ask myself some of these questions. Is the person I'm having sex [with] a person I can trust? Do I really have access to condoms whenever I want to engage in sex? So to me it [CSE] has just exposed me to have a more responsible sexual life" [FGD Participant - LGBTQI youth]

In school youth respondents mentioned being more aware of issues such as consent and boundaries in relationships, and how to deal with mental health, refraining from substance abuse, and measures to take in case of any kind of gender-based violence:

Out of school youth said that the SRH training they received has sensitized them to be more respectful of other people and their choices and to not discriminate people based on their gender.

4.7.2 Empowerment to seek for more information to address their SRH issues or choices

The young people interviewed reported that the skills and information they had received through exposure to SRH education had given them knowledge on where to go for more information, and assistance if they needed it.

Respondent in the FGD with adolescents and youth with disabilities (AYWD) pointed out they had become aware of their rights and what to do when they needed help:

"Individually the training has helped me a lot especially in the area of GBV. Right now, I know how to go about it if at all someone violates me; be it a husband, boyfriend or just someone in the community."

[FGD Participant - AYWD]

Another youth in the same group said:

"With the information you become enlightened, you become empowered, and you are able to empower other people in the community who do not have those skills or knowledge. For example, access to services. Like currently, most of the people with disabilities do not know the importance of the national card for persons with disabilities. ... But with the information, now we know that card can help in [opening doors] for medical and school matters" [FGD Participant - AYWD]

Another FGD respondent reported that they also learnt where and how to access more information on SRH and rights issues – getting into chat boxes and obtaining answers to

SRHR-related questions; undertaking more research on topics covered during training – e.g. reading the Kenya Constitution and other relevant policies to learn more about rights that are guaranteed by the Constitution and policies.

Key informants interviewed also reported having observed increasing interest by young people in sourcing information on sexual and reproductive health and rights. One singled out more interest among the youth in online conversations:

"A good example is the online conversations that we have had. Initially, we didn't have so many young people participating but recently we did one, we made a call, we had over 40 young people signing up for that online conversation."
— KI CSO/CSE implementer

4.7.3 Empowerment to access SRHR services:

CSE programme is being implemented so as to give information and to also build young people's confidence/agency in seeking needed health care services. The program is intended to create demand for services, by equipping young people with SRHR education and information on types and quality of services, where to go, when to go, and the services to inquire about. Respondents felt that CSE has impacted on them positively because they now know what types of services

to access and where to go for the different services:

"CSE education has provided knowledge on access to health services; for instance, now I know that with a disability card, one can acquire the needed help at health facilities, and APDK" [FGD Participant - AYWD].

Participants in AYWD and out of school youth FGDs felt that the training had helped them to become more

confident in demanding for health services, as illustrated in the following quotes by two respondents:

"It has also helped us on how to access services in the health facilities. When you go there, you know what you want and you know your rights, how to demand for services and how you ought to be treated. You will be able to tell whether the services are friendly, and, in the event, they are not, you know where to report" [FGD Participant- AYWD].

"I'd say personally, okay, I get moral support from my educator. She left her contacts in case of any queries, you just dial and also there's a VCT Centre where you can go for free testing and stuff." [FGD Participant -out of school youth]

However, representatives of LGBTQI youth were concerned that fear of harassment, discrimination, and stigma from health care workers still undermined their ability to easily access health care services confidently, as expressed by one participant:

"No, I don't really think [training] has helped as much. Because take for instance, the LGBTQ youth, in an event where one has been raped or something, and they go and report the case, and probably to the police station, it won't get as much attention as a straight person would. Because maybe, considering the laws of our country and everything, it's illegal. So, justice in most cases, it won't be served, it will, be neglected, you know, like, go sort your issues out we can't deal with such issues kind of thing" [FGD Participant- LGBTQI youth]

A key informant from Nairobi County government gave credit to the various sexuality programs being implemented in the county and reported that there has been an observed increase in young people taking up contraception:

"If you look at the trends of up-take of family planning, there's been an increment. If you look at the teen pregnancies for the last three years, there's actually been a decrease. And so these policies have been able to assist, give information and reduce the burden on that, for HIV, it seems that we are still having a high number of infections. However, in the last three years, there's been a slight drop. So these policies have enabled us to see a change in the indicators." [KII, Nairobi County government staff]

Other key informants implementing CSE also felt that the program had improved young people's acceptance and access to important services, including HIV prevention and contraception because CSE is *"not only knowledge based, but also attitude and skills based; CSE tackles attitudinal is-*

sues with regard to e.g. contraceptives. In terms of skills, we give you negotiation skills to apply in a relationship – e.g. to negotiate condom use with your partner" KI, CSO/CSE Implementer

The 2 teachers interviewed in the case narratives affirmed that the delivery of SRHR information to in school youth has made the students to be more sexually responsible and able to make better informed decisions. Elaborating: one of the teachers observed that his students had become

"sexually responsible": "Yeah, they don't just engage in sex ... They cannot do it some of them, there are some of them that will abstain, others use protection" - Case Narrative- Teacher. He further stated: "they even actually tell you, [...] they tell you teacher, I was doing 1,2,3, now I have changed. Now I'm transformed". "Most of them are able to make correct decisions". He also said he had ob-

served an improvement in academic performance, especially among girls.

Overall, respondents seem to agree that exposure to the SRHR education has been highly beneficial to young people, and has equipped them with important information and skills to have more control over their choices. All the CSOs interviewed affirmed that with the SRHR knowledge imparted to the youth, they are able to actively claim their SRH rights. They further affirmed that CSE content encouraged young people in all their diversity to stand for their own rights and even the rights of others.



4.8 Extent to which CSE delivery methodology/pedagogy have influenced the young people's agency and choice in the up-take and/or access to SRHR information and services

The analysis of the responses given by CSE implementers and peer educators on CSE content delivery affirmed that the preferred methods/pedagogy used in the delivery of CSE to young people was the blended/ Mix methods approach. They said this ensures that the information reaches the young people in all their diversity in the most convenient and appropriate manner. They further noted that the different methods of CSE content delivery complemented each other and none was better than or superior to the other. The peer educators pointed out that the shaping of the messages varied according to the media/mode of delivery for instance Facebook could accommodate use of Kiswahili and Sheng, videos, songs.

"I would say there will never be one appropriate channel because youth are diverse in one way or another so these channels will always complement each other. Still we will use face to face that is one on one, then now go to things like TikTok, Facebook, twitter chats, and webinars to get others that we cannot get on one-on-one basis".

[FGD Participant- Peer Educators.]

Can the identified barriers to CSE provision be overcome or addressed by combining both offline and online approaches?

CSOs Implementers:

The CSOs implementing CSE were asked to state whether the use of blended/combined online and offline methods in CSE content delivery has enabled them to navigate some of the barriers identified in the implementation of the CSE program. Responding, one respondent stated that a blended approach ensured you reach more youth and online modes of CSE content delivery were more detailed and not censored.

*"The challenge with online is that it is not reaching everyone, so if you combine with off-line, you can reach the target groups that do not have access to internet. For online, it helps to address the barriers for being able to ensure that information can be given to people without it being censored". **KI, CSE implementing CSO.***

"I would say a bit of both because like I mentioned, there are those young people that you will find online but there are those that you will also not find unless you use offline platforms. So, the offline ones are the ones that we meet during community engagements like the outreaches, they don't even have access to a smartphone so how are you going to reach them via online platforms?"—

KI, CSE Implementing CSO

On how the programs ensured that all the young people in all their diversity are reached by the CSE program activities the implementers stated that they achieved this through partnering with other organizations – e.g. those in legal/rights advocacy who target young LGBTQI people and those like DAYO that target young people living with disabilities; those like CSA who train youth advocates, teachers, parents and peer educators to be able to reach in and out-of-school youth with SRHR information.

In-school youth:

pointed out that for the LGBTQI it was appropriate to use blended/combined modes as they could get general information offline but access online to address sensitive issues related to their orientation to guard against victimization and discrimination. Three (3) out of 10 in-school participants recommended blended modes to help confirm information obtained from online sources. Two out of 10 stated that combining facilitated access to more content and addressed the varied needs and contexts of young people; for instance, those with online compliant gadgets and those without.

On the issue of youth involvement in the design of the CSE curricula in use by the implementing CSOs, only 3 out of the 10 in-school FGD participants affirmed having been involved. Affirming, a participant stated:

"I've been involved in [development of] such curriculums with Positive Young Women Voices, they took us for a seminar in Arboretum and they asked us some questions about what the young girls are going through in communities where they live in. And we were many and every one of us gave them the points and that's how they started the project." - **FGD Participant-In-School youth**

With regard to youth involvement in delivery of offline/online SRHR information, seven out of the 10 in-school FGD participants reported being involved in delivery of CSE in various contexts including churches, communities and peer to peer sessions. One participant commented:

"I have taught about the SRHR to various clubs in Makueni county, football clubs, girls". **FGD Participant-In-School youth.**

The youth in school were also asked about the most appropriate strategies for empowering young people to deliver offline and online SRHR information to each other and to the duty bearers (policy/decision makers). Their various responses to this were: Make the life skill classes consistent in school and have them taught by specifically trained teachers selected and trained to do that work; be provided with Guidance and Counseling sessions by our parents; carry out research to find out what is happening to youths in the locality; promote the formation of school clubs and use their sessions/meetings to pass SRHR information better; during sports activities, include SRHR information-sharing sessions and train peer to peer counselors and invite motivational speakers, mentors and peer counselors.



4.8.1 Sources of SRHR information

Out-of-School Youth:

The youth out of school stated that they got information from online and offline sources in the ratio of 50:50. For offline sources, they mentioned accessing information through TOTs, meetings, murals, brochures, posters, banners and from face-to-face modes like meetings organized by various organizations. For online sources, they cited twitter, radio,

GBV hotlines which were common during the peak of Corona, Google, Instagram, Facebook, YouTube, zoom and website in general (*See Fig. 4.5*). They pointed out that organizations do not show bias and they are inclusive of SRHR issues affecting young people with disabilities LGBTQI.

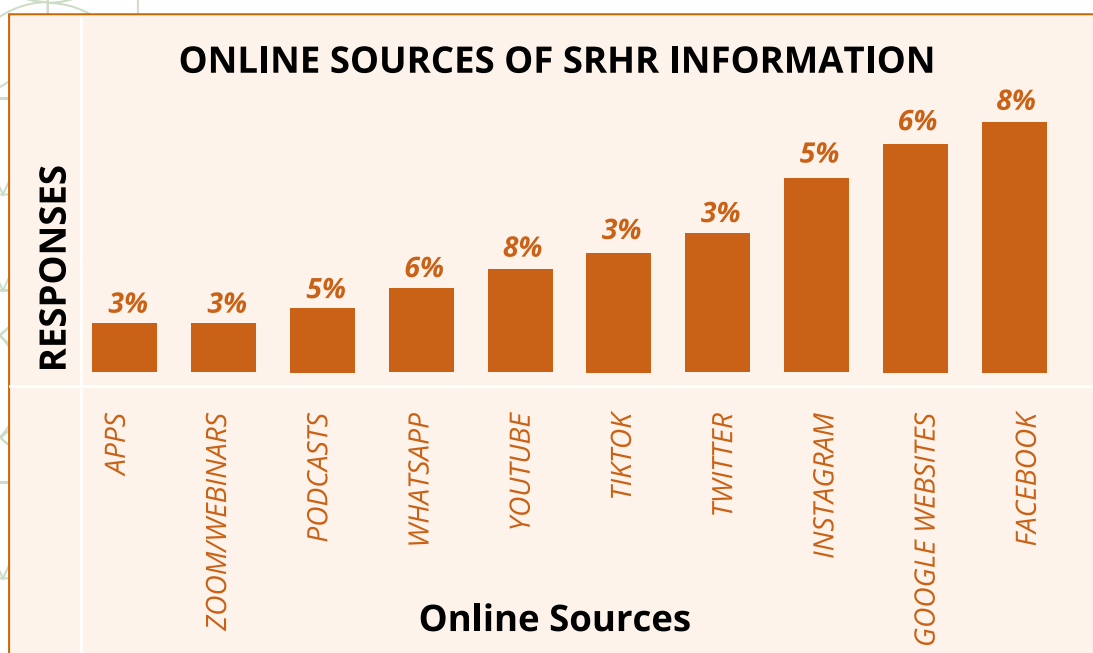


Figure 4.5:
Cited Online sources
of SRHR information
for Out-of-School
youth

Peer educators also reported accessing SRHR information from both online and offline platforms. They were, however, divided on whether they preferred online or offline platforms. They cited the use of outreaches to

pass SRHR information and services to young people, face to face training, online platforms like Webinars and WhatsApp, plays and skits and games. Responding participants stated:



Figure 4.6: Sources of SRHR information for young people according to the Peer Educators

"I think social media works better for me, I follow I think love matters Kenya on Facebook, Instagram, aah there is this lady, aunty Jane, so aunty Jane speaks about sexuality. ... there is an app called one to one; I think it also talks about sexuality..."
- FGD Participant-Peer educators.



"For me I love using skits, short plays, songs because it is much easier for participants to relate to different kinds of topics" **-FGD Participant-Peer educators.**



In-school youth:

2/10

GOT INFORMATION FROM
CHURCH SEMINARS

7/10

FROM SCHOOL LIFE
SKILLS PROGRAM DELIV-
ERED BY THEIR TEACHERS.

Two out of the 10 respondents in the interview with in-school youth stated that they got information from church seminars; while 7 out of the 10 respondents cited getting the information from school life skills program delivered by their teachers. Also cited by one respondent each is the use of zoom and mentors from the DREAMS project.

Out of school youth:

They reported getting information from mixed/blended sources. In terms of offline modes of CSE content delivery, they cited group discussions, creative activities through artwork, songs, plays, poems, articles, and games, outreaches in the community, workshops, Trainers of Trainees (ToTs). Figure 4.7 shows main offline sources of SRHR information. It is clear that SRHR programmes top the list as the main source, followed by life skills lessons and community forums.

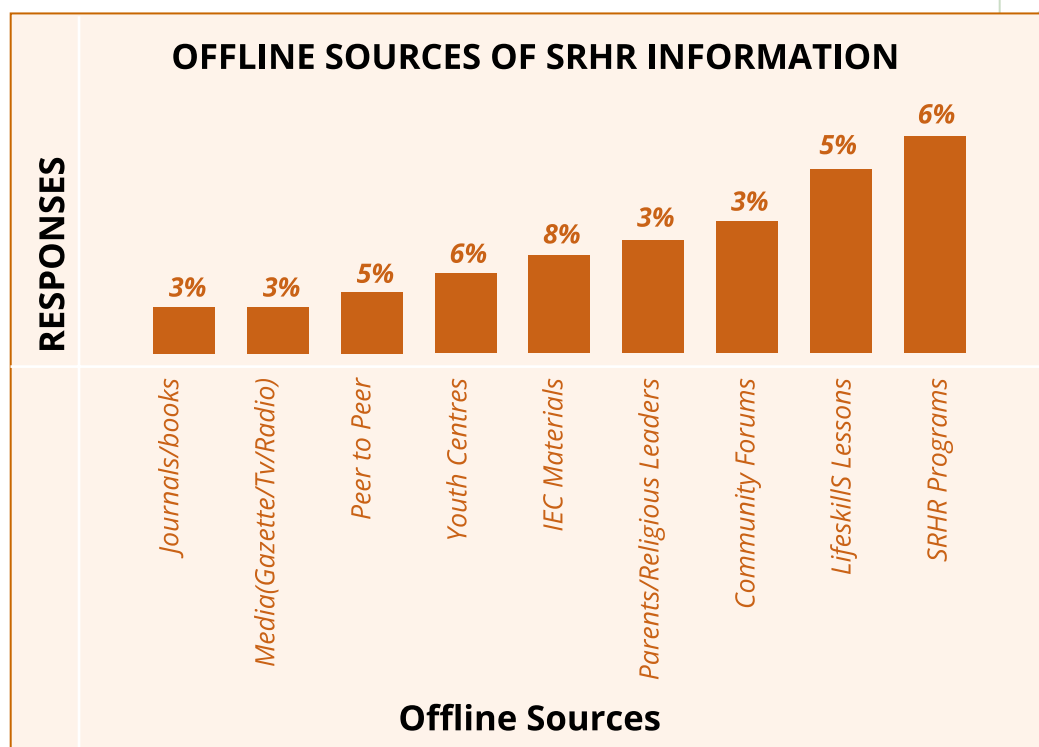


Figure 4.7: Offline Sources of SRHR information

4.8.2 Suggestions on ways for improving CSE content delivery

Suggestions for improvement of CSE content delivery were made as outlined below:

Youth out of school: Efforts should be made to reach the youth in-school through school club sessions/meetings; CSE should be included as a subject in the school curriculum.

"I think in school we need to have it as a subject in the curriculum the way we have PE [Physical Education] also sexuality education is important".

-FGD Participant-Youth out of school

Youth with disabilities:

Use community resource persons and disability-friendly IEC materials (posters, leaflets, manuals etc.) and organize road shows. The use of community resource persons (e.g. CHVs, CHEWs) was recommended because they can reach everyone in their locality, while disability-friendly materials would ensure that the SRHR information is packaged to respond to specific types of disability. They gave the example of the need to develop SRHR materials in Braille for the visually challenged.

Youth in school:

Felt that using print materials was more effective in improving CSE content delivery. They noted that teachers are not free and open to discuss with them all the contents of CSE. They proposed the use of peers and external mentors to pass the information other than their regular teachers. They suggested the need to organize for more zoom classes, create safe spaces where open and personal conversations on SRHR issues can take place and establish links with providers that go beyond student-teacher relationship on SRHR matters.

Parents:

They stressed the need to train the parents and use community agents as the best strategy to reach young people with SRHR information. They also suggested the need to train young people to act as TOTs for other young people and establish youth centers where youth can access SRHR information and services. This was to underscore the importance of using peer educators as expressed.

"I feel we need to train young people with disabilities to act as ambassadors who can help pass SRHR information to other youth not reached by the program and we can create a youth Centre where any youth can go and get services and information". FGD Participant - Young Mothers 20-29 years. This is further reiterated by the following: "Peer education is okay. Because with peers they are free for instance I got to know about 'Always'[sanitary] pads at 20 because my parents could not call them by name but referred to them as a loaf of bread...."

- FGD Participant-Parents 30+ years.

Peer Educators:

This group felt that face-to-face sessions tend to be long and may get boring, and thus proposed the integration of offline games and ice breakers to break the face-to-face monotony and make the sessions interesting and lively. Other proposals included: hold outdoor face-to-face sessions; arrange for sessions with a health care provider when training on issues like contraception and mental health; prepare documentaries on experiences of other young people; use dance to pass SRHR information; use Tiktok and other social media; integrate young people abled differently and work on

designing a curriculum that flows well and is universal for all young people. They further suggested that when dealing with young people 10-15 years it is important to include games, videos and animation in their sessions to keep them engaged.

CSE implementing CSOs:

They felt that to use or not to use online or offline for CSE content delivery depended on the situations of the young people/beneficiaries of the programme. For instance, online/digital mode of CSE content delivery is most ideal for the young people who can access devices such as phone, tablets and computers. Uses of face-to-face/Offline modes of CSE content delivery are appropriate for those not able to access digital devices. For instance, they observed that Trainer of Trainees (TOTs) mode has proven to be cost-efficient if well executed in terms of ability for the trained trainers to cascade the knowledge.

"It's like a classroom method you know, where we have trainers who have been trained and we assign them to various community groups to pass the information. The second is using like the one we are using currently, the Diverse Vibes, we are having online conversations. It helps young people to have conversations around their sexuality."

— KI, CSE implementing CSO.

3/5 CSO's

EXPLAINED THAT OFFLINE IS GOOD AS IT ALLOWS FOR A ONE-TO-ONE CONVERSATION, EASIER TO MODERATE, AND ITS BETTER WHERE PHONES AND NETWORK COVERAGE ARE INACCESSIBLE.

Three out of the 5 CSOs implementing CSE preferred the combined/mixed/blended methodology options. They explained that offline is good as it allows for a one-to-one conversation, easier to moderate, and its better where phones and network coverage are inaccessible. In essence the programs need to undertake critical analysis of the participants' social demographic characteristics in order to determine the best delivery methodology.

An example of online ways for implementing CSE



4.9 Advantages of Online and Offline Mode of CSE content delivery

The study respondents were asked to provide their opinions regarding the advantages of using both online and offline methods of CSE content delivery. The results are outlined in sections 4.9.1 and 4.9.2 below.

4.9.1 Advantages of using Online mode for CSE Content deliver

CSE program implementers stated that online methods of CSE content delivery works better as confidential spaces. This was affirmed by the peer educators, youth in school, out of school and teen mothers. The implementers further affirmed that sensitive and controversial topics are better discussed online because of limited censorship and restrictions in delivering SRHR information. However, another CSO implementer interviewed reiterated that even when the predominant mode of CSE delivery is online, this has to be combined with face to face content delivery modes because one-on-one conversation is essential when using offline methodology.

Out-of-school youth expressed the view that because CSE/SRHR information is available on social media this has particularly been instrumental in reaching the LGBTQI community with SRHR information. They also revealed that online content creators bring on board creators who are sexually diverse. Such online methods of CSE content delivery were said to be ideal and mostly targeted LGBTQI who in most cases can't access these services because they fear discrimination.

Peer educators: They cited the following advantages of online methods of CSE content delivery: it caters for a larger crowd, promotes easy accessibility to CSE content and is more confidential.

In-school youth said that the Online modes of CSE content delivery exposed young people in all their diversity to a wide array of information from different sources; offered real time/current source of information and had safe spaces where young people would be guaranteed confidentiality and non-judgmental interactions. This view is illustrated by the following quote:

"One of the advantages for using an online platform is that it is just you and your mentor alone...it is private.... so you can just be open to her/him." [FGD Participant –in-school youth].

This is further reiterated as expressed in the following quote:

"I wanted to talk about online services by 'Aunty Jane' and 'Love Matters'. For privacy and referral purposes I love what aunty Jane does. For example, if I have an STI and I do not want to go to a resource Centre and face somebody, I just make a phone call, tell them where I am and then they will

4.9.2 Advantages of using Offline mode for CSE Content delivery

CSO respondents: They stated that one-on-one discussion enables both the trainer and the youth to interact in a robust manner; presents the chance to bond and read body language to check the progress towards comprehension of the content covered.

Peer Educators: They said that the offline CSE content delivery methods had several advantages including: it promotes face-to-face interaction with the audience; has the ability to elicit immediate feedback when questions are raised; is more evidence based and solution based; is interactive, more involving and engaging; can be combined with edutainment to make it more effective.

In-school youth: Mentioned that offline mobilization was ideal as it enabled them gain valuable CSE insights through learning, strengthened knowledge, youth engagement – by addressing issues and easily coordinating referral to health services. Just like the peer educators, this group of youth also agreed that offline/face-to-face enables immediate and accurate feedback, promotes interaction with peers and helps to provide social support for victims and/or survivors of abuse or alcohol and drug use. Offline modes of CSE content delivery promotes integration of information with service provision e.g. used for distribution of condom and/or sanitary pads. Affirming this one participant stated:

"The social mobilizers make someone feel safe and accepted. You can also get SRHR services, information and commodities free of charge in the outreaches." - Participant FGD - LGBTQI

One Youth with disabilities: They also affirmed that through offline **engagements**, youth are able to access the support and services needed to deal with issues they could be going through - like GBV. As espoused by a participant in the focus group:

".... So since we are talking about Gender Based Violence, there is maybe someone who has gone through it and is very emotionala person who has been through it normally has a lot of hurt and pain. The trainer or the facilitator can come one on one and talk to this person. when she comes and talks to me, it makes me feel better and encouraged, there are things that are best said physically" - FGD Participant, Youth with Disability.

give me two options; first visit a health Centre which is youth friendly, two I can talk to a doctor and then the medication is sent at a small fee. It promotes discussion of any other issues; it is not time consuming like lining up in a clinic together with the older women. And then there is always a follow up with Auntie Jane. They will follow up on how you're doing, and if things do not work, they will now give you a referral." **-FGD Participant-Peer Educator**

An example
of offline
ways for
implementing
CSE



4.10 Challenges of Using Online and Offline Methods

When asked to state the challenges they experience using online and offline methods to deliver or receive CSE content, the study participants provided responses as outlined in the following sections 4.10.1 and 4.10.2.

4.10.1 Challenges with Online methods

CSO respondents: They had a lot to say about the myriad challenges of using online platforms in delivery of CSE content to youth in their diversity. The respondents stated that reaching the youths in informal, rural, and marginalized regions is a challenge because of lack of access to mobile phones and limited internet coverage, lack of electricity/pow-

er source and lack of technological knowhow or skills to navigate the virtual space. Other challenges mentioned included lack of accessibility to online materials by some categories of youth especially the marginalized ones like those on the streets, those in orphanages, and those residing in informal settlements, among others. Furthermore, the way

online content was packaged was envisioned to present a challenge for young People with Disabilities (PWDs) based on the type of disability in accessing information in the online mode.

"For online, is you're trying to reach young people, but then sometimes we assume and think everybody has a smartphone or a gadget that you can reach them with. And the truth is like, it's not everybody, if you're trying to reach the children in informal settlements, not all of them will have. And there's a group of children we miss in our programming who are really in dire need of SRHR like the street children. They don't have phones; if you enter an orphanage, the children don't have phones".

— KI, CSE Implementing CSO

Peer Educators: They felt that online modes for CSE content delivery are impersonal. Therefore, the youth being targeted with the information may not want or feel the need to relate to the content. There is also lack of follow up after activities have been undertaken and not all youth have access to smartphones, laptops and internet.

In-school- youth: They noted that there was a lot of online information and without proper guidance young people could access the wrong content online like pornographic sites.

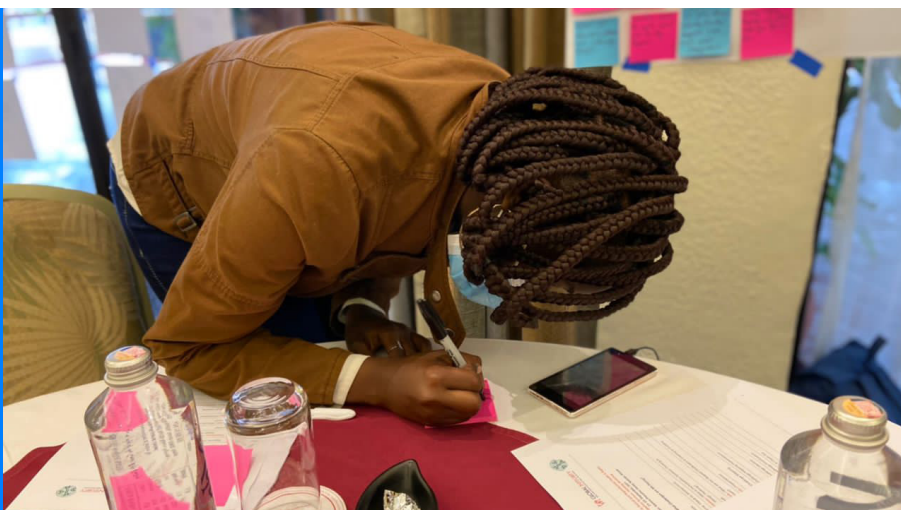
"The disadvantage is, you may get access to the wrong site or page ... when you get it online and you get wrong information and/or get wrong ideas."
[FGD Participant -in school youth].

In addition, one has to purchase bundles to access the information and some of the sites offer biased information. Access to online channels is also restricted as captured by the following quote:

"..... some of us can't access these online forums ..., you find that maybe in your family they have raised you in such a way that you believe you can't access a phone until you finish form four. So, you see getting these online forums is so hard for some teens or some youth in the society"

[FGD Participant -in school youth]

An example
of online
ways for
implementing
CSE



4.10.2 Challenges with Offline methods of CSE content delivery

On the challenges of using offline methods for the delivery of CSE content, the various categories of the respondents expressed their views.

CSO implementers: they stated the challenges they encounter in accessing the in-school as their efforts to interact with youth in school is restricted by MoE guidelines.; competing engagements among both in and out-of-school youth (school activities and/or household chores) which re-

sults in low turn-out for CSE/SRHR education sessions and outreaches. About 3 out of 5 respondents in this category mentioned hostility from some communities who accuse them of 'sexualizing' their youth. Another challenge mentioned was the costs involved in implementing offline/

face-to-face CSE interventions. Four out of the five of the respondents interviewed in this category decried the high cost of implementing offline CSE content delivery modalities – transport allowances, cost related to venues and printing materials.



“There is the issue of funding. You cannot have meetings even in the communities when you call people without facilitating their transportation to that place also providing refreshment, and printing hard copies of training materials is also costly.”

— KI, CSE implementing CSO

Out-of-school youth: 3 out of the 10 out of school FGD participants observed that face to face/offline methods were presumed to be counter-productive in situations where the young person is shy and not able to face the trainer.

In-school youth: They agreed with the out-of-school youth on the above view saying that during offline sessions some young people are often afraid/shy to open up on what they are going through especially on issues of rape or SGBV they may have experienced. Other challenges men-

tioned by this group included: censorship of offline information; lack of confidentiality; trainer bias and judgmental attitudes from both trainers and other learners; inadequately trained teachers to deliver CSE content and offer support needed by the learners limited time set aside to handle sexuality issues affecting the learners; parents who are not empowered enough to address SRHR issues with their children and parents give appropriate information; some schools do not offer CSE at all or if they do it lacks consistency.

“I think that the judgement mindset that people have, should really be toned down because people are having challenges to come out with their issues because you don't know how people will view you or react to you after the session.”-Participant FGD- Young person in School

“The challenge is that the life skill classes are not consistent, they're not taken seriously. Maybe if they start taking it seriously like the other subjects in school it might help a lot of people.”-Participant FGD- Young person in School.

Peer educators: cited the inability to reach large masses of young people at a given instance or at once. They also mentioned that a lot of resources is required for instance to host trainings and outreaches; inadequate of follow up after activities have been undertaken; inadequate community support; negative attitude and views toward SRHR by the community.

An example
of offline
ways for
implementing
CSE



4.10.3 Mitigating online challenges

The respondents were asked to suggest ways of mitigating the challenges they had identified. The following sections outline their views.

CSO respondents: They said creation of awareness among the youth on what kind of information is available online, where to find it and how they could access online CSE content would improve its effectiveness. This can be realized through collaboration and partnerships where all stakeholders working on SRHR issues are able to contribute and sensitize the youth on the use of online content. They also suggested that young people should be given more training opportunities in digital skills to be able to access SRHR information online.

Out of school youth: They observed that CSE should be made culture sensitive. *“As much as we are talking about CSE, we should also incorporate our culture and make the audience know that we are giving this information, and not trying to run away from our culture”*, quipped the out-of-school FGD participant. The use of diverse platforms by organizations was also mentioned to ensure many young people receive sexuality education. Three out of the ten participants in the out-of-school FGD pointed to the need of concerted efforts of different stakeholders in the delivery of CSE to

make it more effective – including religious or faith institutions to take advantage of their many young followers. They also suggested that the community stakeholders like chiefs and parents should be equipped with correct information and be encouraged and empowered to pass it to young people within their reach. Finally, they proposed that the Ministry of Education (MOE) and Ministry of Health (MoH) should lead in ensuring development of sexuality education curriculum for use.

4.10.4 Most appropriate channels for effective reach to young people with SRHR information

The respondents were asked to state what they considered to be the most appropriate channel(s) to effectively reach the young people in their diversities with SRHR information and education. Responses are presented in Table 4.2.

Table 4.2: Respondents' perceptions on most appropriate channel for reaching young people with SRHR information/CSE content delivery in different circumstances

	Respondent category	Most appropriate channel	Reason/explanation
1.	In-school youth	Offline/one-on-one	<ol style="list-style-type: none"> Most appropriate to deliver factual SRHR info e.g. on condoms because of demonstrations Also for GBV, suicidal issues, relationships, abstinence, STIs and pregnancy Provides opportunity to interact with mentors on one on one basis (2 out of 10 participants) Most appropriate to teen parents and youth with disabilities (4 out of 10) Most appropriate for those with no access to mobile phones, internet and skills to navigate digital platforms
		Online	Most appropriate: <ol style="list-style-type: none"> for education on contraception – including condoms - because can easily be combined with videos on how to use for CSE targeting LGBTQI youth because it is delivered anonymously; addresses discrimination they may face in offline platforms and accords them privacy and confidentiality (6 out of 10)
		Combined online/offline	Most appropriate for the young people with disability (2 out of 10)

	Respondent category	Most appropriate channel	Reason/explanation
2.	Peer educators	Online	Most appropriate to deliver sensitive CSE content
3	CSOs	Offline	<ol style="list-style-type: none"> 1. Suitable when one desired personal physical interaction; 2. Allows for organization of group discussions and role plays which are deemed best suited for CSE content delivery 3. Is better/most appropriate if a curriculum is being used in the CSE content delivery
		Combined Online/Offline	<ol style="list-style-type: none"> 1. Most effective to deliver SRHR information and education since different target groups have different needs 2. Provides opportunity to reach a broad group of young people with CSE 3. Provides opportunity to cover a wide geographical space 4. Mode of delivery of CSE content depends on what the CSE message delivered aims to achieve. 5. The type of content to be delivered, the setting, the type of young people, the age (range) of the target group determines the method to be used for delivery.

In general, nearly all the respondents were in agreement that irrespective of the mode of delivery used there is need to create safe spaces for young people to be able to easily express themselves without discrimination or prejudice.

4.11 Combining Offline and Online methods

Is it more effective to combine offline and online methods to deliver SRHR information and education to young people in all their diversity?

CSO Implementers: Majority of the CSO implementers felt that blended or combination of offline and online methods was most effective to deliver SRHR information and education since different target groups have different needs. Combined offline and online methods provides opportunity to reach a broad group of young people with CSE and cover a wide geographical scope. Majority (4

out 5) of the CSO implementers reported that online platforms presented easy access for the youth who have internet connectivity, enabled reach to a larger audience and presented less restriction in coverage of sensitive topics. On the other hand, they elaborated that offline platforms were suitable when one desired personal physical interaction and allowed for organization of

group discussions and role plays which are deemed best suited for CSE content delivery. In addition, for offline engagements, questions can be asked, and immediate feedback given and different approaches like games can be introduced in face to face sessions. One of the program implementers interviewed noted:



“When you use digital platforms like twitter you reach a large group of young people even outside your coverage. But when you go to those communities like the health facility, we are only reaching those young people in that locality.”

— KI, CSE implementing CSO.

Essentially, it was generally agreed that the type of audience and environment determines the methodology that is most suitable for CSE content delivery. Therefore, the trainer has to assess the audience and environment and decide on the method that is best suited. For instance, if individuals do not have digital skills to navigate the digital space or have no access to internet, then offline methodologies would be the most appropriate. On responding to the question to state an instance when their organization has had to use blended/combination of both online and offline methods, one of the program implementers stated:

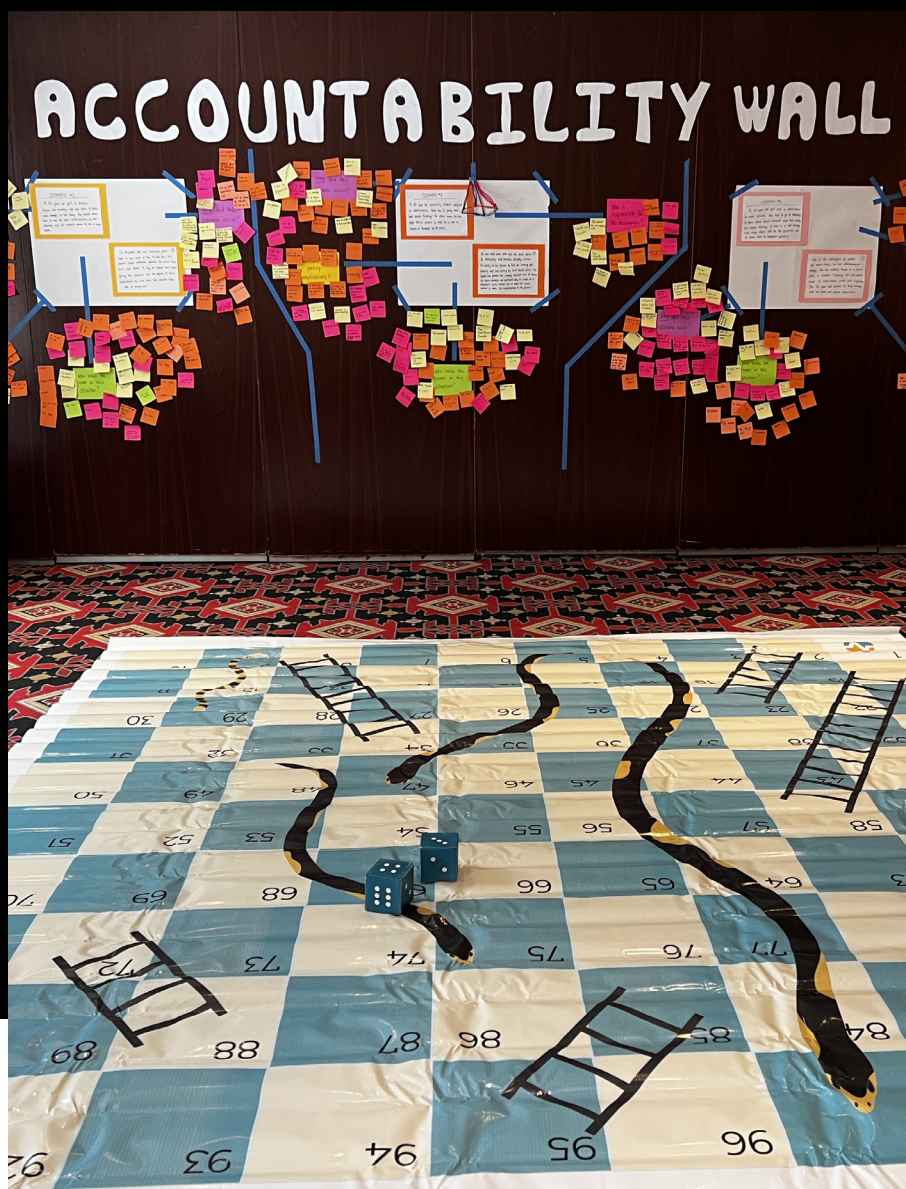


"For all internal SRHR activities we normally have our webinar chat, and then we have something on the ground, so like this year in December, we are planning an activity in Kisumu with the Department of Health and on the same day, we'll have tweet chats."

— KI, CSE implementing CSO.

"Depending on how the content is packaged, it can be delivered both offline and online. For example, if you wanted to unpack CSE and you are dealing with the physical changes that occur in boys, you would do that in both online and offline modes. But if you are doing a one on one you can easily sit with a boy or a girl and have a discussion on issues affecting them"

— KI, CSE implementing CSO



4.12 Gamification of SRHR Content Online

All the CSE implementing CSOs included in the study were conversant with gamification of CSE content online. However, the majority of the

youth in and out of school interviewed were not aware of any gamification of CSE content online or ever interacted with any. Only one out of

school noted ever hearing about gamification of CSE content from a friend.



"I have a friend who has been part of the 'Right Here Right Now' forums and meetings and whenever he goes to those meetings when he comes back, he's always like, 'oh my God, today we have played a good game'. So I don't know if those games exist. Maybe they're different from what we have outside here."

- Participant FGD-Youth out of School.



On whether the use of the gamification enhanced CSE content delivery, 3 out of the 5 CSE implementing CSOs clarified that it does not but rather it

was just one interesting way of CSE content delivery to young people. They expounded that gamification of CSE content online made the delivery

of CSE content interactive and fun. One said:



"It is fun and it has interactive ways; it is a fun way for young people to get information directly without an intermediary so they can be able to learn while having fun."

- KI, CSE implementing CSO



On how to ensure effective application of gamification, the CSOs explained that young people like games, films and animations. They proposed that the approaches can be mixed. For example, using anima-

tions or on PDF depending on context. They further affirmed that the approach would be interesting to the young people. This view was supported by the out-of-school youth who proposed that for the gamification to

be effective in delivery of CSE content, they should be simple, inclusive, fun and interesting, playable on all gadgets and available offline (e.g. in form of cards). To drive this point home, one out-of-school youth said:



'I would say [gamifications] be accessible in all gadgets because there are games that one cannot play on a Techno phone, but are playable on a Samsung phone.'

- FGD Participant, Youth out of School.

The implementers further clarified that because the youths vary a lot in terms of socio-demographic characteristics, it is important to use various strategies such as animations, role models or games. This would reach a large majority of the youth depending on their circumstances or contexts.

"Young people are diverse. Some may respond to music better than gaming, while others respond better to gaming. So it is one of the methods of sharing SRHR information."

— KI, CSE implementing CSO

They further suggested that when using gamification, it's better to have an abridged version of the same either on PDF or print out so that somebody can follow the game whether they are online or offline. They categorically stated that gamification of CSE content online should culminate in a face to face/offline engagement for instance a symposium to further the discussions which they thought would accentuate the learning. The respondents stressed the need to research on CSE content to include in the games, contextualize the gamification content to respond

to issues in a particular geographical coverage, identify with characters that are real or rather characters that young people can relate to and know about.



4.12.1 How gamification of CSE content online can be most effectively applied for young people's knowledge acquisition and retention

On how gamification of CSE content online can be most effectively applied for young people's knowledge acquisition and retention, the CSOs observed that this can be achieved by making sure they are fun, interesting, interactive, have in-built incentives and build the capacity of the young people in all their diversity to access the games. They further stressed on the need to carry out a needs assessment in order to design games that are responsive to the context and ensure they respond to the SRHR needs of young people in all their diversity. For increased effectiveness gamification of CSE content online should consider integrating an audio component, a video component and certainly add a sign language interpreter on the screen to address young people in all their diversity and also ensure that the material is widely accessible such that once downloaded, it can be played offline.

4.12.2 Challenges with gamification of CSE content

A number of challenges were cited in the use of gamification in the delivery of CSE information to young people. Key among them are: the inaccessibility to devices, lack of knowledge/skills and literacy on gaming among young people and physical disabilities especially visual impairment which disadvantages some youths from utilizing gaming to access CSE information. *"Some of the youth may not have access to devices hence unable to participate in gaming activities. Not all the youth may also be having the necessary skills to navigate through the games. This calls for some training. Youth who are visually impaired may also have challenges with gaming as they may not be able to see what games are available."* - **KI, CSE implementing CSO.**

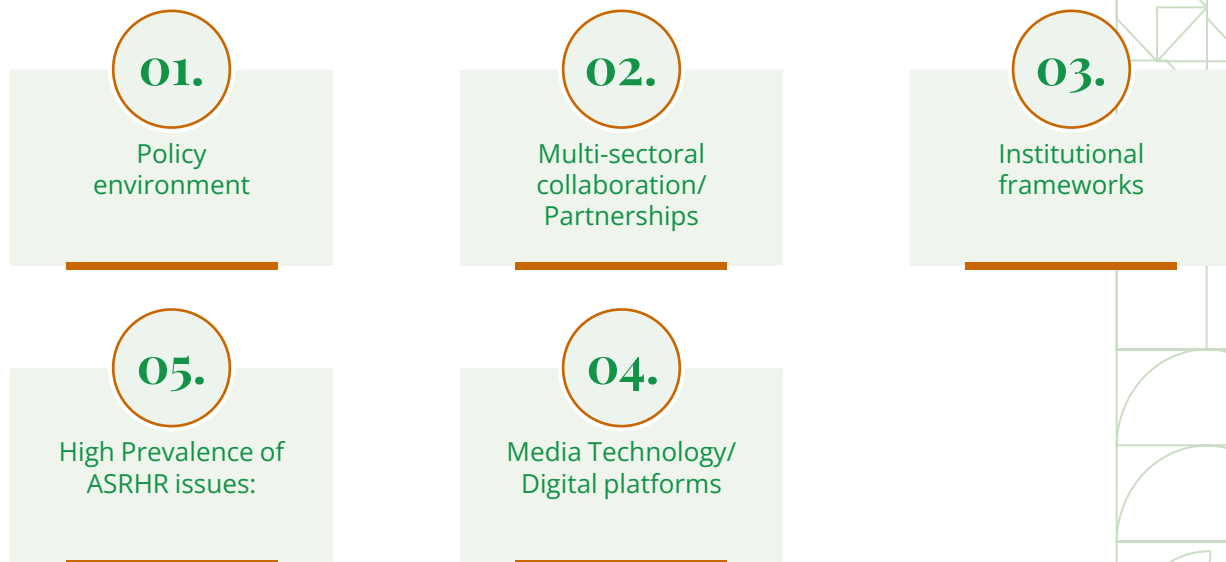
The respondents further affirmed that gaming is quite resource intensive and requires that there is financial input and research to ensure that the content is relevant to the beneficiaries. It is also easy for the young people to lose track of the SRHR objective of the game and keeping them on track can be a challenge.

4.12.3 Mitigating the challenges gamification of CSE content

Most of the CSO respondents were unsure of how to overcome challenges in use of gaming for CSE content delivery. However, the following were highlighted as possible mitigation measures: providing both online and offline or downloadable versions to improve access to the games; making the gaming activity time convenient considering the short concentration spans of young people in all their diversity and increase resource base which can be attained through multi-sectoral collaboration to help pool the requisite resources needed to develop appropriate games.

4.13 Opportunities for CSE implementation in Kenya

Despite the many challenges and barriers identified in the implementation of CSE interventions in Kenya, there are also many opportunities that exist within the landscape that can be tapped on, to improve the delivery of SRHR information and services to adolescents and youth in the country. The following sections highlight the key ones cited by the study respondents.



1. **Policy environment:** The fact that there is some degree of a generally supportive policy environment presents an opportunity to push for expanded rollout of CSE in the country. This presents an opportunity to leverage on the existing policy frameworks. *"The revised ASRH policy is going to run for close to 10 years. In as much as its development was not as consultative as we would have wished, it has provisions for sexual reproductive health, which gives a leeway of sorts, to what we call comprehensive sexuality education. We are also leveraging on the international level policies such as the SDGs and that has worked well for us."* [KI, CSE implementing CSO]
2. **Multi-sectoral collaboration/ Partnerships:** - Stakeholder participation and resource pooling is key for implementation of CSE. Working with different stakeholders from community level is critical in ensuring that roles and responsibilities are shared. Further, this allows for resource pooling and integration of activities. Government institutions and agencies as well as private sector including civil society have critical roles to play in ensuring that CSE activities are implemented effectively. The implementers can take advantage of and use on-going drives and initiatives in the community to create awareness about CSE. This view was expounded on in the FGD for youth with disabilities who reiterated the importance of collaborating with other existing or start up organizations with the same objectives. *"In the event that such organizations exist. There are times you find that there are certain drives ongoing maybe for distributing sanitary pads. I remember there was a time there was a shortage of condoms and there was also an issue with sanitary pads. The items were not reaching people especially during the time of COVID-19, so there were organizations that would come to the people at community level. So as Youth Advisory Council we took advantage of this the way you are saying to distribute the items and at the same time, pass information on sexual reproductive health [Participant, FGD-YWD].* The need for the government to also take advantage of and complement on-going efforts by organizations implementing AYSRHR programmes was also expressed.
3. **Institutional frameworks:** Other opportunities for CSE implementation include the existence of institutions in the government that are responsible for guiding development of education curricula such as the Ministry of Education and the Kenya Institute of Curriculum Development (KICD) as well as the Ministry of Health through the Department of Family Health. The departments have in place relevant technical working groups and task forces that provide platforms for engagement on CSE. CSOs such as those currently implementing CSE programmes can exploit invitations that are extended to them to sit in such platforms. The fact that the CSOs are invited by government bodies to join such platforms presents a great opportunity for advocating for scale-up of CSE implementation in the country. Peer-to-peer SRHR education can also be promoted using such fora. As one youth advocate/peer educator observed: *"In some schools and universities, we have health days/medical camps, where people come to test for different diseases, different problems that people have. I think we can take advantage of such fora and maybe*

put up a stand or just some posters around during that day that can help educate other people on AYSRHR, so that when people pass around, they can pick those fliers, the posters and read and ask questions."

[Participant, FGD – Youth Advocate/Peer educators]

4. **Media Technology/Digital platforms.** Taking advantage of the media – especially the social media was a constant theme with nearly all the study respondents/participants. *"I believe the opportunity is there. But of course, the message depends on the messenger. So, we need the right messengers to be passing all this information. Of course, we have the social media, you know platforms. And I bet if we got very good sites that young people can engage in. You remember that book that was called 'Shujaaz' that used to be disseminated in schools. I think it was a trusted source. If we got to now*

take advantage of the media, and especially the social media, trusted places where young people can get information, can have their questions answered, and can, you know, really engage, I think that will go a long way, in ensuring that we help our young people get the right information. So, the opportunities are there, but we need the right messengers, and I mean, coming from the faith communities, faith leaders are one of such, e.g., Chaplains in schools. We need to create trusted social media platforms and publicize them. We need to ensure we also have Champions at the community level, be they cultural leaders, the chiefs or whoever, but someone who is trusted by the community."

[Key informant – Christian faith leader]

"Young people are reached on these platforms because of the advantages they provide such as wide reach.... WhatsApp groups have

come in handy, which help ease passing information without having to incur expenditure moving to our facilities. And even you know some of those services that they seek were in facilities which were transformed into COVID treatment centres. The platforms provided instant information on the COVID pandemic, HIV, and other ASRHRs issues."

[Key Informant – Decision maker, Nairobi County Health Department]

5. **High Prevalence of ASRHR issues:** The high prevalence of key SRHR issues affecting the adolescents and youth in the country calls for and provides an opportunity to accelerate implementation of CSE. *"The parents we have interacted with and trained are receptive because they are beginning to see the importance of CSE".*

[KI – CSE implementing CSO]

4.14 Case Narratives – Providing Deeper Insights into CSE delivery in Kenya



Teacher Francis, High School teacher, Nairobi

Teacher Francis is 27 years old and has been teaching for two years now at a girl's only secondary school in Nairobi County, where he teaches Chemistry and Mathematics. He has been involved in youth and adolescent issues for the last five years. Long before he joined teaching, he had been conducting educational forums with young people in churches, which covered relationships and issues to do with sexuality. *"We have such forums in churches where we educate young boys and girls on how they should relate, and their sexuality,"* he said in an interview with the research team.

In his current role as a teacher, he teaches two to three classes on sexual and reproductive health each week in his school as part of life skills training. He does not have a specific curriculum to use, but relies on some learning materials that he has collected over time:

"I have some learning materials, but I don't have a specified curriculum for that matter... I teach topically, I can teach something like relationships... so I prepare some materials, learning materials about relationships. So, I find them from like the content I was given from CSA, sometimes from the internet, sometimes from reliable sources like experienced counselors".

He only teaches in-person classes, not online. Besides lectures, he also uses charts, cards, and demonstrations in his classes, as well as engaging students in interactive learning activities such as songs in class.

On his learners: *"... the learners, they actually accept, most of them are very positive. And they're finding it very enjoyable."*

On how he copes with community sensitivities around teaching sexuality education:

"It is very, it's a very sensitive area, and it requires a lot of wisdom so that you do not interfere with the administration. You cannot teach what they (administration) don't want you to teach. Some children even the learners, most of them have some cultural beliefs. So, it is very hard to actually teach them a new concept, because of what they have been told/taught in their communities. So, it becomes a big challenge."

He cited the learners' social and cultural backgrounds as a key impediment to teaching about sexuality.

"[...] you'll find that some of the communities they would not accept a man like me to go and teach something like menstruation to girls. You'll find also others will not be comfortable telling them that they can change their identity or even talk about sexual orientation and about LGBTQ. So most of them because of their beliefs, they don't accept, they don't agree with that content"

In his opinion, cultural backgrounds and values also make some teachers uncomfortable teaching the subject: *"Some of the seniors [teachers], they don't want to teach such. They feel offended when you teach certain topics, especially on sexuality"*. On working with the church to teach about sexual and reproductive health, his experience is that while faith leaders are hesitant, they nevertheless allow him to reach out to young people through their congregations:

"In church, they are very hesitant. They will allow you for some time. And they also give you the parameters on what you should tell their children."

"... They sit you down later on, they tell you, , ... those are things from the western, they are trying to impose on us".

How does he balance respect for the local community's social, cultural values and the need to deliver sexuality education? He said that sometimes he skips topics he considers sensitive: *"[...] when I find myself in such a community, I sometimes get silent about it. Maybe later on I can speak about it, but not at that forum. Or sometimes environment is very hostile, and I am still young, you can see that. Yes. So, you can't be able to contain such heat"*

On how he includes sexual minority youth and those with special needs, including teen mothers, in his outreach sessions, he said by trying to be inclusive, and avoiding discrimination. He also follows up with individual training where he thinks it is needed:

"[...] I take some time to teach in the normal class ... I teach them together, but sometimes you may find, I can narrow down to the disabled one. So, I give them some special treatment on that matter".

He sometimes invites other resource persons to come speak to his students on topics related to life skills and reproductive health. These resource persons include religious leaders and staff of programs such as DREAMS project.

During time he has been teaching, Teacher Francis said he had observed that his students had become "sexually responsible": *"Yeah, they don't just engage in sex ... They cannot do it some of them, there are some of them that will abstain, and others use protection"*

"They even actually tell you, [...] they tell you teacher, I was doing 1,2,3, [but] now I have changed. Now I'm transformed". "Most of them are able to make correct decisions". He also said he had observed an improvement in academic performance, especially among girls.

On recommendations he would make to enhance the delivery of CSE content and services to in-school adolescents, Teacher Francis proposes building more public awareness of the need for such education and provision of appropriate materials, for both teachers and learners.



TEACHER GEORGE,

High School Teacher, Nairobi

35-year-old Teacher George has been teaching Biology for 13 years in Nairobi County. He participated in this study and shared his insights on sexuality education. The high school teacher said he teaches sexuality and reproductive health integrated in his Biology lessons. He teaches 21 lessons a week in-person: *"learning is face to face. Our school background and catchment [area] are not that affluent so if you go online you will not have anyone to teach, they cannot access the internet that easy."*

He uses the KICD syllabus, in which sexuality education is integrated in Biology and other lessons: *"we don't have a specific subject called sexuality and health [...] according to the Ministry [of education] there is no sexuality and reproductive health as a topic. It is mainstreamed into other topics". "It is just integrated, so you have bits and bits"*.

In addition, as per the Biology curriculum, he teaches reproduction in Form 3, where students *"learn about the reproductive system of male and female. They will learn secondary sexual characteristics, they also learn process of fertilization, pregnancy, delivery, STIs, and how to prevent them"*

He confirmed that he also received a guidance document from CSA (*one of the organizations implementing CSE programme*), which offers other information including how to deliver age appropriate sexuality and reproductive health information to the learners and which he uses to supplement his Biology lessons:

"What CSA gave us through the training and the materials is more detailed and more comprehensive. So, if you go through it, you are able to add more details into the Biology lesson. So, for example this term I was teaching Form 3 a few weeks ago on STI's, and I was able to add so many other details that are not in the [school] curriculum."

On the tools that he uses to teach the students, Teacher George said besides in-class lessons, he also uses organized debates through the school's debating club: *"in a way they integrate some of these issues. So, for example, there are rights, early pregnancy and all those. So, when the learners hold their club debates, those rights could come out, those health issues will come out, they will understand themselves better."*

Ever tried teaching online? *"Yes, we tried during COVID-19 but it was not working very well" due to challenges with access to the internet and related equipment: "Challenge is the access of the learners to gadgets and the internet itself. If it is a homestead maybe there is only one cell phone which is with the parents, so if the parents have gone to work the student cannot access the phone, if the phone is available maybe there is no sufficient internet bundles."*

On sexuality education and community sensitivities: *"There are students that when you go to teach this, you can feel some [of them are] excited and some are embarrassed. Then there is the age difference... in Form 1 when you mention anything to do with sexuality to them, it looks strange; actually if you mention [sexuality], they will laugh. If you go to Form 3 or 4, if you mention sexuality to them that laughter of surprise is no longer there, it is different. So, I think the issue is, how you as a facilitator do it."*

Is teaching sexuality education difficult for him? *"For me it has not been difficult, it has been easy because I have done it for quite some time. The fact that it is integrated in what I teach, makes it a bit easier but I know to some teachers it is quite challenging yes".* He added that there are no topics he is uncomfortable teaching about.

"I'm alive to the fact that there are different cultures and some of them have limitations of what can be taught and who can teach it. I have taught in schools before I came to Nairobi; where a male teacher cannot teach reproduction to girls. The girls want to be taught by a female teacher, so that is the influence of culture but in Nairobi it is not that, it's not there. Even if it is there, it is not so much pronounced"

How does he balance respect for the local community's social, cultural backgrounds and values, with the need to teach reproductive and sexuality education? *"Once you understand your locality and you understand your learners age, it is simpler to know what to do and what not to do, so that you do not infringe on a person's rights and liberties and as you interact with the student you will know who or how far you can go."*

Asked to make recommendations on how sexuality education can be improved, he suggested integrating ICT into in-person classes, to supplement teaching, especially on sensitive topics: *"Let me give an example. If you're talking about STIs and, their symptoms... if you just mention the symptoms and they don't see, then it is a bit abstract to them, okay? But if you can give them a specific website where they can go and access and see, now you see at that point, the learner will go to that at their own discretion. Because in the school system there is how much we can show them, there are restrictions. I cannot go to Form 1 and display a picture of the genitalia there, it is not allowed. I cannot go to Form 4 and display the process of abortion, it is not allowed. So, there are some contents that will be difficult to deliver face-to-face"*

He said that the school collaborates with the local health clinic to give talks on reproductive health to students. *"We have collaboration with the government clinic that is in the neighborhood and they come regularly and give talks to the students. They talk about pregnancy and all those issues of sexuality." "The reason is that they are experts, they have more knowledge, more content, more experience and because it is their line of work, they will be able to tackle issues especially of health and reproduction far much better than I would."*

On changes that he may have observed among the youth in his community that he can attribute to exposure to sexuality education:

"I have mentioned the issue of lesbianism and the fact that a girl could feel comfortable to come and talk to me, I think it is due to the training that I got, I am able to relate easier with them than with others."

He also recalled an incident in his school where in a debate session on contraceptives, some teachers and students felt that one of the girls went too far while describing the male and the female condom:

"There were some teachers and students who felt that the girl should be punished, and I was able to protect the girl, because she came to me and told me because I teach them the same in class. You see as a teacher you have to teach them how to protect themselves, so I have to tell them this is how you protect yourself using a female condom because this is a girl's school [...] that girl was able to come to me because she felt I can understand what she is saying and I can be able to protect and explain to others."

To enhance the delivery of CSE content and SRHR services to in-school adolescents, he suggested that the KICD and Ministry of Education should provide a standardized comprehensive curriculum to ensure that all youths everywhere receive the same content:

"Because right now what is happening is, some schools have, some schools don't have. You get some of the youth, or most of the youth will not gain this information or gain this knowledge. So, if you can be able to have it implemented country wide and that is through content development at KICD and the Ministry of Education, it will be more effective"



Sandra, Youth Champion

22-year-old Sandra, currently out of school and a member of Rovers Club, discussed her experience with sexuality education in an interview.

She recalled that in primary school, she never had any lesson on sexuality. But in high school, their class was taught life skills as a class lesson, taught by one specific teacher. The teacher was very open and talked about sexuality issues easily and answered any questions the students had. She also recalled that although the school is mixed (boys and girls), the classes were held separately for the two genders, and never together. However, she recalled that unlike other lessons on the curriculum, life skills were only taught in some days and had no exams.

She also noted that sometimes, teachers would discuss sexuality during other lessons, if the students had questions: *"We had one specific teacher who was not even a life skills teacher, alikua wa Kiswahili (was a teacher of swahili language) and when she came and that day we felt that we had just had enough with life, or maybe boys, we would just start talking about our sexuality and maybe throwing questions and getting some answers back".*

The class also occasionally had guests who came to talk to them about sexuality: *"It was people from different programs so maybe say "world starts with me" programme would have trainers or peer educators, the senior peer educators come in to give us information, tackle some of the obstacles that we have ... I think it used to happen once every year."*

Outside of class, she got more information on sexuality and reproductive health from a club in their school: *"The first time that I was really exposed to information, in-depth information was when I joined the club called "World Starts with Me", which met once in a week". She also got more lessons on reproduction and sexuality in biology, but these were "little snippets of that topic but not in-depth like the way I used to get involved in the club".*

Of all the people that taught her class about sexuality, Sandra felt that the teachers were better and the right people to do it because they were always available and easy to follow up with, if the student had further questions: *"the teachers that we had definitely we would feel like they were the right people than the guests that we used to have...it was easier because this person [guest] does not even know you and this person will not interact with you afterwards. So yes we would get the information, but when it came to what happens to you after they've gone that was now the part where we would really feel stranded "kiasi" (a bit). So we would have them, have information that is very helpful but now when it comes to follow up, you cannot follow up with a teacher because whatever you discussed to this particular peer educator isn't the same thing as you discuss with your teacher".*

However, the students also valued the anonymity that came with interacting with the guest speakers, because they could ask about anything: *"You could talk about everything more freely as compared to the teachers [...] with the guests you would talk about issues you normally wouldn't talk about, then with the teachers you would talk about things that you go through every day".*

On materials used in these sessions, she recalls that there were none: *"I never saw a curriculum. Like there was no specific guide. Like it was just 'let's talk about this' and they do".* She said that the topics covered in these talks were about relationships, boy and girl relationships, sex and sexuality, contraceptives, abortion, prevention of HIV and STIs.

On the topics she was uncomfortable hearing about in these sessions: *"At first, abortion was a very hard topic to hear because the way we are raised, the way we have been taught as we are growing up that abortion is a crime. There is even a song for it. That was one of the first uncomfortable topics, another one was drugs and substance abuse."*

She believes that she benefited from this education that she received in high school and that the lessons were very useful: *"I am more informed, I am skilled to train and I can be able to help anyone out there. That is how useful they are to me".*

With the added information and training, she became a member of Rovers Club. Sandra feels confident in seeking information or services relating to sexual reproductive health

and rights: “It is so much easier for me to walk into any hospital and get a service. This is because one, I know my rights. Being part of or being educated as a Rover gives you that opportunity to even go through policies. You get to know what your county allows, what your country allows to different regions and even the whole world what does the law say about this. So it is so much easier for me even if a place is not youth friendly or marked as youth friendly I can easily walk in and demand for my right to service and I can be able to even help another person to access the service”.

Nowadays, she also relies on her friends and the Internet for more information on sexuality and reproductive health.

Asked how she would have preferred to be taught sexuality education, if she had a choice, she preferred in person classes:

“Face to face in school, definitely. I don’t think most young people have [...] access to phones so offline would be better for them and I don’t think there is a parent who will allow their child to use the phone to attend a class on sex and sexuality. So this is mostly offline”

She also recommended combining offline methods and games: “I would combine offline with games [...] Let us say for example the game of cards that we currently have. Like if we play here and then we leave them with one bunch of cards that they can use then you will see that they will be able to reach five other people and then from there maybe we have enough resources to reach the five, the five each have their own cards and they also go and reach their own five. So, for me I would combine the offline and the games just for that purpose”.

5.0 Discussion of the Findings

The following sections present a brief discussion on the key findings in terms of: the policy environment for CSE implementation; CSE implementation scope (*i.e. geographical coverage and target populations*); SRHR issues being addressed by CSE; Activities and interventions; CSE curriculum (content and relevance); CSE delivery methods - Offline and online, effectiveness and the application of games/gamification); CSE enablers and barriers; Opportunities and lessons learnt.

5.1 Policy Environment:

Kenya like many other countries in Sub-Saharan Africa (SSA) have realized the need to have CSE programs to address young people's negative outcomes in their SRH [50]. This has resulted in the development and enactment of several relevant SRHR-related policies which are adolescent friendly. As a result, countries Kenya is part of the countries that have signed on to regional and international commitments to address young people's SRH needs, including their need for CSE services⁵¹. So there is some degree of a supportive policy environment which presents an opportunity to push for expanded or rollout of CSE in the country and leverage on the existing policy frameworks. However, gaps remain and the current policies are not fully adequate to address the AYSRHR in the country. There is support for sexuality education from the Kenyan government, but education sector policies have largely promoted an abstinence-only approach⁵², which has resulted in a lack of comprehensiveness in the range of topics offered in the curricula. Evidence from literature indicates that the life skills

curriculum and topics integrated into compulsory and examinable subjects are limited in scope, and there is little incentive for teachers and students to prioritize them which impedes the effective implementation of CSE. Some of the gaps or inadequacies identified include: The policies do not address the diversity of young people including their diverse SRHR needs be they teenage mothers, LGBTQI, young people with disabilities, in-school, etc. Some aspects of the policy are also contradictory about issues around access to contraception for young people. There is no clear road map on how to translate the policies into practice. The restrictions on CSOs implementing CSE programs into schools has curtailed the delivery of CSE content in school settings which were the main catchment zones for many agencies. Since sexuality education is guided by policies at multiple levels—from national laws to local school administrative guidelines—there is need for political goodwill, resourcing, advocacy, collaboration and social leadership to support implementation.

we Evidence from literature indicates that the life skills curriculum and topics integrated into compulsory and examinable subjects are limited in scope, and there is little incentive for teachers and students to prioritize them which impedes the effective implementation of CSE.

5.2 CSE Implementation Scope

5.2.1 Target populations:

CSE programme targets a wide range of beneficiaries with its interventions, the primary ones being the diverse segments of adolescents and young people - i.e. those with disabilities, teenage mothers, LGBTQI youth, in and out-of- school youth. However, given the varying needs of populations and the need to capture population categories that influence young people's decisions, CSE interventions have targeted age limits beyond adolescents and youths - thus including parents, teachers. The other target population categories which have an influence on the effectiveness and success of the CSE interventions are: Community leaders/gatekeepers, policy makers at national and county levels and other influencers like religious or faith leaders. To be able to influence policies that would be supportive of the programme activities and interventions, it is imperative that the programme implementers work closely and engage with government policy making forums such as the technical working groups and task forces at both national and county levels. The design of CSE programmes, therefore, has had to prioritize both the demand and service delivery sides as a continuum of SRHR programming. However, there exists the risk of possible duplication of efforts as there are no clear demarcations of the sites per each CSO implementers.

Adolescents and young people - i.e. those with disabilities, teenage mothers, LGBTQI youth, in and out-of- school youth.

5.2.2 Issues affecting target populations:

Research indicates that young people face myriad as they try to navigate their sexuality and this has brought the need for CSE at the fore front. Most countries in SSA have realized the need to have CSE programs to address young people's negative outcomes in their SRH⁵³. Top on the list is to avert the challenges posed by HIV, including high rates of new infections among young people. Challenges facing young people in all their diversity can be classified as socio-economic and includes lack of and/or inadequate access to information, high levels of poverty, disabilities, lack of and/or limited engagement in productive activities within the society. Evidence continues to show that adolescents in Kenya lack adequate knowledge and skills to help them live healthy sexual and reproductive lives⁵⁴. The study found out that there are many perpetrators or individuals within communities who negatively influence young people. For example, *boda boda* (commercial motor-cycle) riders have been accused of sexual harassment and drug peddling. It is clear that lack of meaningful engagement of the youths in income generating/economic activities renders them idle and vulnerable hence susceptible to drug abuse, early and unsafe sexual activities. This is exacerbated by lack of communication between adults and young people to be able to understand issues affecting them and to mitigate them. Provision of timely and age appropriate sexuality education can greatly help young people make informed decisions and navigate these challenges. This is in tandem with evidence from literature that indicates that timely provision of accurate and comprehensive information and life skills training regarding sexual and reproductive health and rights (SRHR) is essential for adolescents to achieve sexual health and rights and to avoid negative health outcomes [⁵⁵, ⁵⁶, ⁵⁷].

Challenges facing young people in all their diversity can be classified as socio-economic and includes lack of and/or inadequate access to information, high levels of poverty, disabilities, lack of and/or limited engagement in productive activities within the society.

5.2.3 Programme Activities and Interventions:

It is apparent that the focus for CSE programmes in Kenya is on reproductive health and rights for adolescents and youth. These programme also targets services such as post abortion care (PAC) and comprehensive abortion care (CAC). These programmes are mainly involved in social behavior change communication, training (SBCC) and advocacy using various channels and modes of communication - videos, print and electronic/digital IEC materials, commemoration of international days, community outreaches and online or web-based conversation fora. These varied channels are geared towards

These programme also targets services such as post abortion care (PAC) and comprehensive abortion care (CAC). These programmes are mainly involved in social behavior change communication,

improving access to SRHR information and services. This approach of a combination of communication interventions is applied to respond to the need for innovation and creativity that appeal to young people. With majority of young people being techno-savvy, it is important to consider utilization of digital SRHR interventions. These are convenient modalities that enable the programme to reach the young people in an easier and appealing way. However, while at it, there is need to consider their appropriateness to the young people being targeted, available infrastructure needed to support access to them; the objectives and the context of the engagement. From the findings the young people expressed that online platforms were suitable for sensitive issues and were the ideal methods for young LGBTQI as they helped navigate their barriers SRHR services and information specifically fear and discrimination.

5.2.4 Training curriculum:

The study established that there is no standardized universal CSE curriculum being used to implement CSE programme interventions and activities in the country. Although the implementers of CSE programmes are focused on the same sexual reproductive and rights issues for adolescents and young people in their various diversities, it is possible that there a standardized approach to this. CSE activities are not implemented uniformly which may result in disjointed program implementation. This makes it difficult to carry out standard monitoring of CSE content delivery efforts and mechanisms. This was apparent from the two case studies with high school teachers involved in providing sexuality education. Whereas both of them were teaching in the same ward/zone, they used different references to deliver on sexuality education – with one using the government syllabus and the other using his own materials collected overtime teaching and counseling young people. The need for a standardized way or mechanism of delivering the CSE contents and other interventions cannot be overemphasized so that all the targeted beneficiaries can benefit uniformly and equally. Development and or implementation of such a curriculum would largely benefit from inputs from the young people themselves so that whatever is provided to them in terms of information is relevant, realistic and understandable.

The curriculum by the government has included human sexuality education, which is taught in a class setting, but the relevant policy lacks processes of getting the community and the parents engaged.

According to literature, the messages conveyed in this curriculum are often conservative and focused on abstinence. There is increased awareness about the CSE curriculum that was developed by the KICD with input from stakeholders to make it culturally sensitive to the country's context. It has been rolled out and is being used by school health teams – particularly in Nairobi - to reach out to adolescents in school. However, it also emerged that not all schools have received it. It is also apparent that CSE is implemented with some degree of caution. This has been demonstrated by the way SRH messaging is packaged under the school health programme. School health teams are often careful about how they package SRH messaging because it has to be guided by the KICD curriculum. This practice was confirmed by the teachers who teach sexuality education in their respective schools as demonstrated in the teachers' case narratives. This is because CSE is perceived to be associated with training about sex – encouraging young people to engage in sex. Policy guidance on this is inadequate. It is therefore important to agree on what messages are appropriate within the school environment, and which messages should be given within the home environment. The sexuality education programs need to revamped, content covered expanded and teachers trained to deliver the same. Evidence from research shows that in countries where CSE is integrated into schools, young people delay their sex debut; have lower teenage pregnancy and abortion rates; have higher rates of contraceptive use; and report less discrimination based on sexual orientation and gender differences.^{58, 59}

training (SBCC) and advocacy using various channels and modes of communication - videos, print and electronic/digital IEC materials, commemoration of international days, community outreaches and online or web-based conversation

5.2.5 Content of Curriculum:

Even though CSOs implementing CSE have made efforts to offer almost similar contents covering a range of SRHR topics, it is clear that they are guided by many different curricula developed by various stakeholders implementing AYSRH programmes in the country. Published reviews of the Kenyan life skills curriculum cited the use of fear-based or negative frames to introduce sexuality; a weak focus on gender and human rights; missing information in a number of key topic areas, including contraceptive methods, sexuality and abortion; lack of responsiveness to emerging societal issues and focus on abstinence. Studies show that programmes that focus exclusively on abstinence for prevention of pregnancy and STIs (including HIV) are not effective at improving adolescents' and young people's SRH. This is because the young people are already sexually active, and they need the correct and accurate information and skills to keep themselves and their partners safe. Ideally, they should have this information before becoming sexually active.

In addition, the lessons are delivered in a classroom setting, focusing mainly on lecturer methods with very little emphasis on practical skills. There is need to infuse non-formal teaching methods that involve students as active participants—such as group learning, peer engagement and learner-centered methodologies that aim to build students' values and critical thinking skills—as it is increasingly being recognized for the positive influence on learning and education broadly, suggesting that reliance on lectures alone may be insufficient to effectively impart knowledge in a classroom. Some CSOs (*like NairoBits*) have an additional component of digital competency or awareness. This allows the young people to access information using available digital devices and platforms. Having a standardized curriculum would be critical in harmonizing the information being delivered on both digitally and face-to-face. An area of concern is the definition of CSE. While most people interviewed in the study had general ideas about what CSE is and to define it, used words that fall within the ambit of its international definition; much still needs to be done to ensure the beneficiaries understand what CSE is. The young LGBTQI-18+ and youth with disabilities have the least clarity of what CSE really means. This situation points to the need for targeted interventions to equip them with CSE information. Moreover, this group faces a lot of significant barriers in accessing CSE information which need innovative approaches to address.

There is need to infuse non-formal teaching methods that involve students as active participants—such as group learning, peer engagement and learner-centered methodologies that aim to build students' values and critical thinking skills

5.2.6 Relevance of the curriculum to target population segments:

It would therefore be important for the KICD to bring stakeholders around the table and guide the process of customizing and developing a Kenya-specific CSE curriculum.

Relevance refers to whether the curriculum is meeting the information needs necessary in addressing AYSRHR issues and/or choices and whether the implementation of the curriculum is empowering enough to contribute to positive change in uptake and/or access to SRHR information and services. Research shows that the comprehensiveness of policies and curricula has continuously fallen short because of challenges posed by highly conservative societal norms and cultural sensitivities regarding the inclusion of topics such as contraception, abortion and sexual orientation. Currently, it is not easy to implement CSE because of the perceived notion that most NGOs implementing CSE are picking westernized CSE curricula and 'forcing' these into the Kenya situation. It would therefore be important for the KICD to bring stakeholders around the table and guide the process of customizing and developing a Kenya-specific CSE curriculum. There are issues around religious affiliations, beliefs and cultural contexts about people's upbringing as well as diversity in the norms where the young people come from, making standardization of the curriculum difficult. The language to put the SRHR messages across, in the context of CSE, is also problematic. There are also very many young people who are out of school or in other informal education systems that have not been reached with SRHR information.

5.2.7 CSE Delivery methods:

Various methods i.e. digital interventions and use of Training of Trainers (TOTs) are being used to deliver the CSE content to the young people in their diversity. This ensures that information reaches the young people in the most convenient, appropriate and realistic manner.

A mixed methods approach is being used whereby various methods are being used to deliver the CSE content to the young people in their diversity. This ensures that information reaches the young people in the most convenient, appropriate and realistic manner. For those who can access devices such as mobile phones, tablets and computers it is critical to consider digital interventions. The study established that use of Training of Trainers (TOTs) approach has also proved to be cost-efficient if well executed in terms of ability for the trained trainers to cascade the knowledge. In essence the programme implementers need to undertake critical analysis of the beneficiaries'/participants' social and demographic characteristics and context in order to determine the best delivery methodology.

5.2.8 Offline and online methodology/pedagogy:

Combination of the 2 modes was necessary to ensure that young people in all their diversity are reached with SRHR information

The CSOs felt that combination of the 2 modes was necessary to ensure that young people in all their diversity are reached with SRHR information and could be used to navigate some of the barriers to the implementation of CSE. The key informants observed that one-on-one conversations are essential to complement online methodology. One on one discussion enables both the trainer and the youth to interact in a robust manner. It provides for the ability to bond and even read body language and gauge whether or not the young person is understanding the content. However, it could be counter-productive in situations where the young person is shy and unable to face the trainer and express themselves openly.

5.2.9 Online messaging/education:

The main challenge with online CSE/SRHR messaging is lack of or inadequate accessibility to online materials for some adolescents and youth. This is especially true for the young people who do not have mobile phones and/or the appropriate devices. Internet connectivity is also still limited or completely unavailable for the majority of young people. In 2019, 23% of Kenya's population had access to the internet (KNBS 2019)- the majority of whom are aged 18+. By 2021 the country had reached an internet penetration of 40%. People with disabilities especially the visually impaired would have challenges with online content delivery. Creating awareness and stakeholder engagement is key to tackling the challenges with the methodology of CSE delivery. If awareness is created, for example among the youth, on what kind of information is available online, where and how to find it, then there could be increased accessibility. However, this calls for multi-stakeholder engagement to ensure that all stakeholders working on SRHR issues of youth contribute and sensitize the youth on the use of online content.

The main challenge with online CSE/SRHR messaging is lack of or inadequate accessibility to online materials for some adolescents and youth. By 2021 the country had reached an internet penetration of 40%.

5.2.10 Offline messaging/education:

Physical access to children is a challenge when it comes to the use of offline method of delivering CSE. This is because offline (or face-to-face) methodologies require that the subject matter/topic expert be physically available. In addition, this methodology has cost implications - transport, logistical requirements, materials production, etc. The young people are also highly mobile-some are in school while others are engaged with other activities at home or at places of work. Such situations make it difficult to physically find and engage young people - especially the adolescents.

Physical access to children and In addition, this methodology has cost implications are the two major challenges for this methodology

5.2.11 Combination – Online/offline:

Key issues to be considered when deciding the CSE/SRHR information delivery methodology are: subject matter/content, audience and the environment. All these factors will help the trainer to decide whether to use online, offline or a combination of both. The trainer has to assess the audience and the environment and determine the most suitable methodology to apply. For example, key questions would include whether the target audiences have: digital skills, access to the internet, have a disability, etc. Therefore, to use or not use online or offline platforms for CSE content delivery would depend on the situations of the young people/beneficiaries. And, irrespective of the mode of delivery used, there is need to create safe spaces for young people to easily express themselves without discrimination or prejudice.

when deciding delivery methodology: subject matter/content, audience and the environment are vital.

5.2.12 Gamification of content:

The use of games in CSE or to pass SRHR information can be attractive to majority of young people. This is because young people like games, films and animations. They also prefer role plays and the use of celebrities they can identify with. All these methods can be mixed depending on the diverse socio-demographic characteristics/situations and contexts of the young people being targeted. However, challenges to the gamification of CSE content exist - e.g. lack of access to the gaming devices; lack of knowledge and literacy on gaming among the young people - i.e. not all youth may have the necessary skills to navigate the games which may require training; and physical disabilities such as visual impairment which would disadvantage such youth. At the same time, gaming/gamification is resource intensive, sometimes even requiring research to gain more insights on design and implementation. While how to overcome the challenges in gamification of CSE content delivery is still a gray area, some of the suggested mitigation strategies for the cited challenges are: making efforts to improve accessibility to gaming activities

The use of games in CSE or to pass SRHR information can be attractive to majority of young people. This is because young people like games, films and animations.

by ensuring that the activities are convenient in terms of time, providing both online and offline or downloadable gaming versions and increasing resource base for gamification of CSE/SRHR information through multi-sectoral collaboration. Another important factor to consider is the length of gaming sessions. This is because young people have short concentration spans.

5.3 Enablers of CSE implementation in Kenya

1. Various enablers of CSE implementation exist within the Kenyan context. The existence of policies provides opportunities that can foster collaborations in addressing SRHR issues facing adolescents and youth in Kenya. Structured discussions with the Ministries of Health and of Education has led to the development of policies and guidelines that have promoted discussions about the SRHR for young people.
2. The collaboration among the CSOs implementing CSE and community based partners, religious/fair groups, government agencies and other CSOs working in ASRHR has promoted the mobilization of target groups and increased the reach of the program.
3. The existence of digital platforms has made SRHR/CSE more attractive and accessible to many young people. This has helped to create safe spaces for reaching young people with SRHR information including undertaking sensitive discussions and helped reach the marginalized youth such as LGBTQI youth, youth with disabilities and teen mothers who face stigma and discrimination accessing SRHR information through offline modes of content delivery.
4. The existence of alliances and collaborations with other like-minded CSOs has promoted concerted efforts and greater reach of young people in CSE content delivery. At the government level, the existence of a government constituted Youth Advisory Council (YAC) which has representation of various categories of young people to bring out the youth voices in the SRHR conversation in the country.
5. The availability of reliable data from government and research institutions has provided evidence that has informed development of SRHR policies and advocacy messages.
6. The formation of support groups for teen mothers that has enhanced their socio-economic indicators and stigma reduction and helped to link them to the education teams to be able to facilitate their return to school in line with the government 'return to school' policy.

5.4 Barriers to CSE implementation

1. These include **beliefs, myths and misconceptions** about CSE programme itself and CSE content. For example, some parents and community gate keepers in society do not believe that youth should have access to SRH information and services. They think that by accessing more information, the youth could be exposed to even more risky sexual and reproductive health behaviors. This suggests that there is a need for the programme implementers to target and sensitize the parents and community leaders on what CSE is all about - what the programme does and the benefits to the youth.
2. **Patriarchy, Culture and Religion** were also cited as a barrier to CSE implementation. Women in society are neither respected nor accorded the space to bring change in society. Some cultures do not allow women to talk about some issues such as FGM and child marriage. This means that only men who in such cases are the perpetrators are the only ones allowed to give opinions on these issues. Some religious beliefs/teachings do not allow interventions on young people's SRHR. Instead, such religions prioritize abstinence, sex after marriage even as some advocate against modern contraception.
3. **Stigma and discrimination** creates fear and perpetrates a culture of silence among people and family members thus contributing to low or limited access to CSE/SRHR information and services. Some subcultures such as LGBTQI community are not given the freedom to access information and services. Stigma towards disability is also still common in society. This makes it difficult for affected individuals to freely access services for the fear of stigmatization and discrimination.



5.5 Opportunities for CSE Implementation

As already outlined in detail in the foregoing section 4.13, the opportunities can be summarized as:

1. *Supportive policy environment:*
Given the supportive policy environment for example school health policy provides the legal framework for implementation of the CSE interventions
2. *Multi-sectoral Collaboration:*
Stakeholder participation and resource pooling is key for implementation of CSE. Working with different stakeholders from the community level is critical in ensuring that roles and responsibilities are shared. Further, this allows for resource pooling and integration of activities. Government institutions and agencies as well as private sector including civil society have critical roles to play in ensuring that CSE activities are implemented effectively
3. *Institutional frameworks:*
Relevant government structures exist to engage and work with on this subject matter
4. *Media Technology:*
to be taken advantage of in both AYSRH advocacy and programming
5. *There are many AYSRHR issues*
that need to be addressed for the adolescents and youth to access information and services.

6.0 Conclusions & Recommendations

6.1 Conclusions

1. Kenya is dynamic. What works in one part of the country may not work in another. This makes it imperative to understand the cultural, the social and the economic context in which we are delivering our messages.
2. There are a variety of sources of CSE/SRHR information to the youth currently. For successes to be achieved in CSE and SRHR programming for adolescents and young people, implementers need to work within the framework set up by the government and ensure CSE/SRHR information comes from a trusted source. It is therefore imperative that stakeholders work together in order to create an enabling environment for young people to access the right CSE/SRHR information and quality services. This calls for wide consultation about CSE/SRHR programming.
3. CSE continues to be a controversial topic or subject in the country making it difficult to get everybody on the same page. However, it is because of this that makes it even more urgent to keep tracking and influencing policy.
4. There is a lot of power in working in a consortium or as a group of organizations working as a movement on SRHR because it brings more voices on the table to influence the relevant policies that contribute to each other's work. It also ensures that you have different diversities and strengths within the consortium or on the table to discuss different issues for different diversities of people so that no one is left behind when it comes to SRHR.
5. Working with allies within the policy space is very important because you cannot just work with anyone. There is need to create that relationship that will be continuous and need for consistency in engagement and pushing agendas.
6. It is critical that policies and programmes address the adolescent health in totality to not ignore other concerns the young person may have and miss the opportunity to address those other concerns when the adolescent presents with SRH issue at a facility or before a health care provider. This is because there could be other issues affecting the young individual that may not be seen – e.g. mental wellness, oral health, etc.
7. Young people are yearning for SRHR information but they don't have it. Yet we assume that they have it. They
8. There are learnings from partners who have implemented CSE so that there is no need to reinvent the wheel. At the same time, it is important to recognize that the Ministry of Education has the greatest say when it comes to anything related to education and currently the opposition to CSE is more organized than the CSE implementers who tend to be reactive and not proactive in their messaging and in conveying what CSE is.
9. The use of online modes like text messages, Facebook and other forms of social media provides innovative opportunities for the effective delivery of sexuality education as well as for advocacy.
10. Sensitizing the community, policy makers and parents on CSE and promotion of parental involvement makes curriculum-based CSE programmes more effective.
11. Ensuring CSE content is adapted to the local culture and context and tailoring CSE to the needs of all young people in all their diversity including LGBTQI, youth with dis-

ability and those who are marginalized and most vulnerable, is imperative in successful CSE implementation.

12. CSE needs to be analytically understood by varied stakeholders such as parents, community members, religious leaders and politicians so as to promote common understanding of the SRHR issues affecting the young people and importance of CSE.
13. To promote practice, CSE should integrate nurturing of practical skills; however, these receive little attention in the curriculum content and delivery approach and this may negatively impact the positive outcomes of the information delivered.
14. There is support for sexuality education from the Kenyan government, but education sector policies have largely promoted an abstinence-only approach, which has resulted in a lack of comprehensiveness in the range of topics offered in the curricula.
15. The comprehensiveness of policies and curricula has continuously fallen short because of challenges posed by highly conservative societal norms and cultural sensitivities regarding the inclusion of topics such as contraception, abortion and sexual orientation.
16. Use of Gamification to pass CSE is an interesting and interactive way of SRHR information to young people in all their diversity.
17. Young people are minimally involved in the development of CSE content.

6.2 Recommendations

The study recommends the following based on the results:

1. ***Carry out local, national and global Advocacy on CSE***

- This will help to demystify CSE and to promote countrywide acceptability of CSE.
- Target policy makers, religious leaders to translate the existing policies into practice and create an enabling environment for CSE implementation.
- Local research to ensure evidence based programming and advocacy that is based on local context.

2. ***Policies:***

- There is still need for continued and consistent advocacy for development and/or revision of policies as SRHR keeps evolving and community and young people dynamics and trends continuously change.
- Advocacy and lobbying on the government ban of CSOs from implementing CSE in schools should be reinvigorated now that the country has new leadership.
- Development of comprehensive policies and programs and their implementation need to be improved for the full benefits of CSE to be reaped by adolescent

3. ***Resourcing for CSE content delivery*** since delivery of CSE is high resource based, donor dependency to support CSE/SRHR programmes is not sustainable. Therefore, there is need to:

- Urgent domestic resourcing, especially for SRHR of adolescents and young people in Kenya.
- Multi-sectoral collaborations in CSE delivery can lead to consolidation of large resource base for CSE implementation.

- Advocacy can amass necessary national and local government support for CSE implementation.

4. **Teaching methods:**

- The CSE implementers including teachers in schools need to adopt use of non-formal teaching methods that involve students as active participants—such as group learning, peer engagement and learner-centered methodologies that aim to build students' values, skills and critical thinking skills.
- Irrespective of the methods of CSE content delivery used to reach young people there is need for implementers to create safe spaces for people to be able to easily express themselves without discrimination or prejudice and guard against their occurrence during implementation.
- Blended modes of content delivery are most suitable to cover the varied needs and circumstances of different youth. Choice of offline or online modes of CSE methods should be based on the context, intended outcome, socio-economic status, demographics, and abilities of the targeted group.
- When delivering CSE through online platforms/gamification of CSE content online it should be accompanied by clear training of young people on how to navigate the digital platforms; available offline/without internet connection; be accompanied by clear hard instructions on how to navigate the content; be combined with offline sessions; be monitored and integrated with activities and incentives.
- During offline facilitation sessions on topics like Family Planning and Contraceptives, Mental health the program implementers should be accompanied by a Health Care Worker/ Professional to clarify the issues and offer support when needed.
- The improvement, systematizing and scaling up of teacher training are essential to ensure that sexuality education is delivered accurately, appropriately and effectively.

5. **Curricula:** The comprehensiveness and lack of a standardized curriculum on CSE calls for:

- Collaboration among the different stakeholders (CSOs, parents, religious leaders, teachers, policy makers and government agencies) to define/harmonize definition of CSE and come up with a universal definition that denotes this concept in the Kenyan context.
- Collaboration among the different stakeholders (CSOs, parents, religious leaders, teachers, policy makers and government agencies) to develop standardized universal curriculum, pilot, train implementers and implement it among youth in all their diversity in the country.
- The content covered in the curriculum should be comprehensive enough based on research evidence to enable attainment of expected positive SRHR outcomes among young people.
- Exercise inclusivity in the CSE content development and delivery to ensure it addresses the needs of youths in all their diversity.
- Research on CSE needs of special groups like youth with disability, LGBTQI youth and avail disability friendly IEC materials when delivering CSE.
- Development of a curriculum for parents, training them on CSE and encourage their involvement in training on CSE to change their perception.

- Ensure the CSE content/curriculum is adapted to the local culture and context and tailored to the needs of all young people in all their diversity including LGBTQI, youth with disability and those who are marginalized and most vulnerable.
- Research in CSE content delivery to ensure responsiveness to the needs of youth in all their diversity.
- CSE curriculum implementation should integrate monitoring program, following up and providing feedback to continuously improve the expected outcomes.
- Meaningful involvement of young people in the design, implementation and evaluation of the curriculum development should be promoted to ensure the curricula of young people in all their diversity.

6. Collaboration/Synergetic approach to CSE implementation

- There is need to focus on empowering parents on CSE and actively seeking for representation from parents, young people, religious/faith leaders and the community gate-keepers in policy and CSE materials development.
- Appropriate coordination and synergy are also needed among the different CSOs, government agencies and other stakeholders involved in CSE content delivery efforts in the country to ensure greater impacts are attained, wider reach in terms of coverage, uniformity in delivery, and better utilization of the available resources.

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Comprehensive Sexuality Education in Kenya

**WHAT WORKS AND WHAT DOES
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