

Life Skills Education in Kenya: A Comparative Analysis and Stakeholder Perspectives

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Contents

Table of Figures.....	4
Acronyms	5
Executive Summary.....	6
Background.....	8
Youth Sexual and Reproductive Health in Kenya.....	8
Methods	11
Desk Review	11
Field Work	11
Findings	13
Desk Review	13
History of Life Skills in Kenya and the Current KIE Curriculum	13
Other Curricula	14
Law and Policy	16
Field Work	17
Response to LSE.....	17
Response to Sexuality Education within Life Skills Education.....	18
Student Experiences.....	21
Parent Involvement	25
Sexuality Education Content.....	27
Relationships	29
Values, Attitudes, and Skills.....	31
Culture, Society, and Human Rights	33
Human Development.....	36
Sexual Behavior.....	39
Sexual Health and Reproduction	40
Sexuality Education Content Delivery.....	42
Life Skills Education Implementation	44
Training	44
Materials.....	45
Instruction.....	46
Structural Issues.....	48
Monitoring.....	49

Conclusions and Recommendations	50
Content	50
Implementation	54
Parent Involvement	57
Looking Forward.....	57
Works Cited.....	58
Annex A – Background Information/Genesis of Life Skills Education.....	59
Annex B – Curricula Compendium	65

Table of Figures

Figure 1. Interviews and Discussion Groups Conducted Across Districts	12
Figure 2. Student Responses to “What do students like about Life Skills Education?”	17
Figure 3. Teacher Responses Regarding the Role of LSE in Students' Sexual Behavior	19
Figure 4. Various Stakeholders’ Opinions on When Sexuality Education Should Be Introduced	20
Figure 5. Parent Suggestions for Pregnancy Prevention Topics	20
Figure 6. Parent Suggestions Regarding Topics for Lessons on Sexual Behavior, Sexual Health, and Sexuality	21
Figure 7. Parent Suggestions Regarding Topics for Lessons on HIV and AIDS.....	21
Figure 8. Student and Teacher-reported Sexual Activity in Own School by District.....	23
Figure 9. Teacher-reported Rape and Incest by School and District	24
Figure 10. Student-Identified Examples of Gender Inequality	24
Figure 11. Student Responses to "How do parents feel about students learning life skills at school?"	25
Figure 12. Students Who Report Being Uncomfortable Talking to Their Parents about Sex.....	26
Figure 13. UNESCO <i>International Technical Guidance Key Concepts</i>	28
Figure 14. Relationships Content	31
Figure 15. Values, Attitudes, and Skills Content.....	33
Figure 16. Culture, Society, and Human Rights Content.....	36
Figure 17. Human Development Content	38
Figure 18. Sexual Behavior Content.....	40
Figure 19. Sexual and Reproductive Health Content.....	42
Figure 20. Questions that students do not feel comfortable asking their LSE teachers	43
Figure 21. Schools Receiving Support from Development Partners	48
Figure 22. Recommendations: Key Concept 1 – Relationships.....	52
Figure 23. Recommendations: Key Concept 2 – Values, Attitudes and Skills	52
Figure 24. Recommendations Key Concept 3 – Culture, Society, and Human Rights.....	52
Figure 25. Recommendations: Key Concept 4 – Human Development	53
Figure 26. Recommendations: Key Concept 5 – Sexual Behavior.....	53
Figure 27. Recommendations: Key Concept 6 – Sexual and Reproductive Health.....	53
Figure 28. Implementation Recommendations	56

Acronyms

ACU – AIDS Control Unit

AIDS – Acquired Immune Deficiency Syndrome

DHS – Demographic and Health Survey

FGM – Female Genital Mutilation

HIV – Human Immunodeficiency Virus

KARHP – Kenya Adolescent Reproductive Health Project

KIE – Kenya Institute of Education

LSE – Life Skills Education

MOE – Ministry of Education

NGO – Nongovernmental Organization

OVC – Orphans and Vulnerable Children

QASO – Quality Assurance Standards Officer

PLWHA – People Living with HIV and AIDS

PSABH – Primary School Action for Better Health

SRH – Sexual and Reproductive Health

STI – Sexually Transmitted Infection

TOT – Training of Trainers

UNESCO – United Nations Educational, Scientific and Cultural Organization

UNFPA – United Nations Population Fund

UNICEF – United Nations Children’s Fund

USAID – United States Agency for International Development

WHO – World Health Organization

Executive Summary

In Kenya, HIV prevalence is 3.8 percent among youth ages 15 to 24, and nearly 10 percent of girls ages 15 to 19 have had an unplanned pregnancy. Indeed, youth sexual and reproductive health (SRH) education in Kenya requires urgent attention. A school-based, high-quality Life Skills Education (LSE) program that includes sexuality education is one evidence-based approach that can reach a large number of youth with the information and skills they need to achieve better SRH outcomes.

At the international level, sexuality education is attracting attention as a platform for HIV prevention among children and other youth. In Kenya and many other countries, components of sexuality education (including HIV prevention) are integrated into school-based LSE or similar programs.

This analysis is part of an effort supported by USAID and implemented by FHI, the Kenya MOE, and UNESCO to enhance the LSE program in Kenya through the domestication of the *International Technical Guidance on Sexuality Education* (UNESCO, 2009). By undertaking this analysis, the team hopes to better understand what is currently being offered in LSE programs; the level of need for LSE information among Kenyan students; and the views of various stakeholders on LSE. The overall purpose of the project is to identify and strengthen components of the current LSE course offerings that address sexuality education to improve students' SRH outcomes.

This analysis includes both a desk review and field work. The desk review was conducted through informal interviews and a scan of the LSE materials currently available in Kenya. Field work included interviews and group discussions in urban, peri-urban, informal settlement, and rural private and public primary and secondary schools. Local MOE officials, parents, teachers, and students participated in the field component.

Life Skills Education provides a strong foundation

Results from the analysis showed that LSE is a necessary source of information for Kenyan students and the curriculum is strongly supported by a wide variety of stakeholders. A school-based curriculum is vital because few parents talk to their children about the topics covered in LSE, and students have responded enthusiastically to learning life skills. Research suggests that LSE can help to guide student sexual behaviors in Kenya, and even without a thorough implementation, LSE has already made inroads by positively affecting a range of student behaviors and improving knowledge levels on a wide variety of SRH topics. Changes in the way that LSE is implemented could allow for an even greater impact, and there is near unanimous agreement among stakeholders that LSE in schools should be strengthened. Notably, many participants advocated that the subject should become examinable.

Sexuality education, a vital part of Life Skills Education

Sexuality education within LSE also was broadly supported by the various stakeholders, and student misconceptions on a range of SRH topics make it clear that an accurate source of information is necessary. Parents, teachers, and education officials felt that students needed sexuality education in school from an early age to overcome the life challenges they face, including sexual violence, early exposure to sex, and a lack of parental involvement in navigating the changes associated with adolescence. While some stakeholders expressed concern that exposure to certain topics within sexuality education could encourage student sexual activity, this fear contradicts the most up-to-date scientific evidence, and limiting topics in sexuality education causes the loss of critical learning opportunities for children and other youth. UNESCO's *International Technical Guidance* demonstrates that high-quality sexuality education has positive effects on a range of behaviors, such as the delayed initiation of sex, decreased frequency of sex, decreased number of sexual partners, increased condom use, and reduced sexual risk-taking. Secondly, the reality is that students—both those in the analysis and those across the country—are already exposed to sexual information and behaviors. Student responses in the analysis make clear that they lack exposure to

correct information, which keeps them from making informed decisions now and in the future. Also, myths about HIV (e.g., the belief that anal sex can be used as an HIV prevention technique, or that it is possible to tell if someone has HIV merely by their appearance) continue to put students at risk.

Parental support for the LSE curriculum is important. Many parents encouraged the teaching of subjects that may be perceived as being controversial by some. The majority of parents are clear in their support for more pregnancy prevention education as well as the provision of information on managing romantic relationships. Parents also identified the specific issues they want addressed in lessons on HIV and AIDS, including condom use.

Recommendations: Strengthen sexuality education content and improve delivery

As LSE is currently implemented in Kenya, sexuality education touches on many of the key topics presented in the *International Technical Guidance*, but some topics require additional content and/or greater emphasis, including: sexual violence, sexual behavior, negotiating romantic relationships, explicitly addressing gender and its impact on health, living positively, ensuring that HIV-positive students have the information they need to make healthy choices, and more open discussion of condoms as a way to prevent both HIV and pregnancy.

Improvements in sexuality education content delivery also would enhance LSE curricula in schools. Unfortunately, some teachers remain uncomfortable with this content; therefore, they may not provide information in a way that students find accessible. Many students reported that they do not ask their teachers sexuality-related questions for fear of being judged. This feeling is perpetuated when teachers use students as examples of poor behavior. If teachers were to address sexuality more frankly and respond to student questions without judgment, students would benefit more from LSE offered at school. Approachable teachers are excellent resources for dispelling harmful myths and misconceptions.

Many more detailed recommendations are contained in the final section of this report.

Background

In December 2009, UNESCO published the two-volume *International Technical Guidance on Sexuality Education: An evidence-informed approach for schools, teachers and health educators* with the support of UNAIDS, UNICEF, UNFPA, and WHO.¹ The *International Technical Guidance* involved consultation and input from a wide range of government and civil society organizations, including FHI. It was developed as a response to the need for evidence-informed international standards on sexuality education, and it emphasized the information, skills, and values needed by children and young people (ages 5-18 years).

Currently, the guidance is being rolled out at the regional, national, and international levels with support from a range of partners. In June 2010 a concept note was approved by the Permanent Secretary for Education. The note announced full ministry support for FHI, USAID, and UNESCO to work toward the implementation of the *International Technical Guidance* at the country level in Kenya.

This analysis is one piece of a larger effort by USAID, UNESCO, FHI, and the Kenya MOE to domesticate the *International Technical Guidance* for the Kenya context. The main goal of this collaborative work is to strengthen the content and implementation of the existing Life Skills Education (LSE) program in Kenya, with a specific focus on sexuality education. The ultimate goal is to improve Kenyan students' ability to protect themselves from poor health outcomes, including HIV infection.

This analysis examines the current LSE landscape, the community response to LSE and sexuality education, the sexuality education content in LSE courses and the delivery of that content, and the implementation of LSE in Kenya. The *International Technical Guidance* is used throughout the analysis as a global benchmark on content and implementation for evidence-based sexuality education.

Youth Sexual and Reproductive Health in Kenya

A key reason for implementing the *International Technical Guidance* in Kenya is due to the severity of the sexual and reproductive health (SRH) issues—especially HIV infection—faced by Kenya's youth, and the impact that these issues can have both on individuals and the country as a whole. High-quality LSE content, when implemented well, can influence youth behaviors in a way that improves SRH outcomes. Poor youth SRH outcomes can stifle growth

¹ *International Technical Guidance on Sexuality Education: An evidence-informed approach for schools, teachers and health educators*, Vol I & II, UNESCO, 2009.

both for individuals and nations. Because young people make up a large percentage of Kenya's population—43 percent are below the age of 15—the choices they make as they mature will affect the country's future (Central Bureau of Statistics 2006). Thus, quality LSE can play an important role in Kenya's national development.

Past and extensive research undertaken in Kenya documents both the nature and the scale of the SRH issues experienced by young people. According to the most recent *National AIDS Indicator Survey*, the median age for sexual debut in Kenya is 17.5 among men and women ages 15 to 24, and more than 20 percent of this group reports having had sex before the age of 15 (Ministry of Medical Services 2009). These early sexual debuts make HIV infection and unplanned teen pregnancy common. HIV prevalence is 3.8 percent among those ages 15 to 24, with young women four times more likely to be infected than young men: 5.6 and 1.4 percent, respectively (Ministry of Medical Services 2009). The 2009 *Kenya Demographic and Health Survey* (DHS) reports that 17.7 percent of young women ages 15 to 19 surveyed either already had a child or were pregnant (Kenya National Bureau of Statistics (KNBS) and ICF Macro 2010). Of these women, 47 percent either wanted to have a child later or did not desire any more children at the time they became pregnant.

Unplanned pregnancies lead many Kenyan women, including young women, to seek illegally procured and often dangerous abortions. There are roughly 29 abortions, spontaneous and induced, for every 100 live births in Kenya, and of the women seeking care for abortion-related complications, 16 percent are teens (Guttmacher Institute 2008).

Recently published peer-reviewed journal articles provide additional information on these phenomena. A 2009 study by Chiao and Mishra examined DHS data from 1993, 1998, and 2003 to determine primary and secondary abstinence trends among Kenyan youth (Chiao and Mishra 2009). They found that never-married male and female youth in school were four to five times more likely to abstain from sex compared to those who were not in school. However, there were important gender differences among those surveyed. For example, female youth who had a secondary (or higher) education were much more likely to abstain from sex than male youth with the same educational background. These findings demonstrate the protective effects of school attendance for women, but they also show that this effect varies by gender.

Articles written to examine the context in which sexual activity occurs provide more clarity on statistics. A 2005 article from Maticka-Tyndale and colleagues describes the sexual scripts of young Kenyans (Maticka-Tyndale,

Gallant et al. 2005). Their study found that the majority of youth believed that sexual acts are inevitable. Therefore, they felt little or no personal responsibility for their sexual behavior. Also, both youth and adults reported that boys could not control their sexual urges once they reached puberty, and myths about negative consequences of delaying sexual debut (e.g., that boys' sperm will be ruined and girls' vaginas will be blocked) reinforced the perceived need for early debut. For their part, girls reported feeling that sex was an obligation to boys or men, not something they could abstain from or even negotiate. The phenomenon of transactional sex (i.e., providing gifts in exchange for sex) was widespread, and girls often dated older boys in order to receive better gifts. At the same time, boys often chose younger girls because they could be more easily persuaded to have sex than their age-mates. The notion that it was a boy's right to force a girl to have sex if she had already accepted gifts from him was generally accepted among both boys and girls.

A 2004 article by Nzioka provides additional information on the persistence of unprotected sex in Kenya (Nzioka 2004). Nzioka conducted eight focus groups with girls ages 15 to 19 in a rural area of Kenya's Eastern Province and found that although girls knew the dangers of unprotected sex, felt that premarital sex was not acceptable in their communities, and understood that condoms could help to protect them from HIV and unplanned pregnancy, they continued to engage in risky sexual practices. The girls listed lack of access to condoms, embarrassment when purchasing condoms, fear of the side effects of contraceptives, a desire to remain obedient to their religion, and an inability to negotiate condom use as the main reasons for not using protection.

Studies focused on youth in school offer an especially relevant perspective. A 2008 study by Kabiru and Orpinas examined the sexual behavior of students in Nairobi schools (Kabiru and Orpinas 2009). They found that 11 percent of females and 50 percent of males reported ever having sexual intercourse. The mean age of sexual debut was 13.7 for girls and 12.5 for boys, and the mean age of one's first sexual partner was 17.7 for girls and 13.4 for boys (note that girls' partners at first sex were substantially older than the girls themselves). Nine percent of females and 26 percent of males with sexual experience reported having five or more sexual partners.

Knowledge of risks is related to choices regarding sexual activity. A recently completed SACMEQ study shows that in the area of HIV prevention among children and young people, the knowledge gap is vast and shows signs of worsening. In a study of more than 60,000 students in East and Southern Africa, only 36 percent of pupils reached the "minimal" knowledge level, and only seven percent of pupils reached the "desirable" level (Dolata and Ross

2010).

These facts underscore the importance of equipping large numbers of youth with the information and skills they need to protect themselves from poor SRH outcomes. Because LSE can reach students in schools throughout the country, it represents one method to accomplish this goal, and this report is part of an effort to ensure that LSE is reaching its maximum potential in preparing youth to face the challenges before them.

Methods

The analysis was conducted in two parts: a desk review and field work.

Desk Review

The desk review had three discrete goals: 1) to obtain information on the background of LSE in Kenya, 2) to describe the roll-out of the national LSE course, and 3) to create a compendium of currently implemented LSE programs. During June and July 2010, informal interviews were conducted with current and former officials from USAID-Kenya, the Kenya Institute of Education (KIE), and the Ministry of Education AIDS Control Unit (ACU) staff. The information obtained from these interviews was supplemented by peer-reviewed journals that described implementation and an official report provided by KIE. The interviews provided information on the history of the national LSE program and its current roll-out. The compendium was compiled by USAID-Kenya staff in the Office of Education. All of the curriculum materials reviewed are currently used in Kenyan schools.

Field Work

The field work analysis was conducted in June and July 2010 in four provinces. In each province, an urban, peri-urban, rural, or informal settlement school district was selected. The urban site was located in Rift Valley Province; the peri-urban site was in Eastern Province; the rural site was in Coast Province; and the informal settlement was in Nairobi. Field teams were accompanied by national and local MOE officials as they visited public and private primary and secondary schools to gather views from stakeholders.

In each location, analysis teams interviewed local district MOE officials at their offices. Next, the teams visited each selected school—generally, three secondary and three primary schools. Local MOE officials chose schools that would provide a representative sample while avoiding disruptions among students and teachers. At each school, teams interviewed either a guidance and counseling teacher or the head teacher and conducted a group discussion

with students who were selected by the head teacher. In primary schools, students in the discussion groups were in standards 7 and 8 (ages 12 to 15), and participating secondary students were enrolled in forms 1, 2, and 3 (ages 15 to 17). Also, two schools in each location—one primary and one secondary—were chosen as locations to conduct parent group discussions. These schools were chosen on the basis of parent availability. All group discussions consisted of between five and 12 participants. In the majority of situations, student discussion groups were mixed gender at the students' request; all parent groups were mixed gender. In a few settings—either due to the make-up of the school or because of student discomfort with mixed-gender groups—discussion groups were single gender.

Figure 1 shows the number of interviews and discussions conducted. For each area visited, the goal was to have a similar number of private and public schools. However, because accommodating student and teacher needs was a priority, this was not always possible. Additionally, the team conducted more discussions and interviews with parents, teachers, and MOE officials at the urban site in order to accommodate local needs.

Figure 1. Interviews and Discussion Groups Conducted Across Districts

Interviews and Discussion Groups	Primary School Student Discussion Groups	Secondary School Student Discussion Groups	Parent Discussion Groups	Primary School Teachers and Head Teachers Interviews	Secondary School Teachers and Head Teachers Interviews	Local MOE Official Interviews
Site						
Urban public	2	1	4	5	3	5
Urban private	1	2	2	1	2	n/a
Peri-urban public	2	2	2	2	2	3
Peri-urban private	1	1	0	1	1	n/a
Rural public	2	1	1	2	1	3
Rural private	1	2	1	1	2	n/a
Informal settlement public	3	2	2	3	2	2
Informal settlement private	0	1	0	0	1	n/a
Total	12	12	12	15	14	13

Tools for the analysis were developed to correspond to the content areas described within the UNESCO.

International Technical Guidance. The key concepts were: relationships; values, attitudes, and skills; culture,

society, and human rights; human development; sexual behavior; and SRH. All tools were created with feedback from the MOE's AIDS Control Unit. Feedback from all informants was anonymous.

Findings

Desk Review

The desk review uncovered a history of MOE innovations intended to address changing student needs. The review documented evidence of the impact of past in-school HIV prevention efforts as well as a wealth of LSE resources in Kenya. Laws and policies pertaining to sexuality education content were also reviewed.

History of Life Skills in Kenya and the Current KIE Curriculum

LSE as a stand-alone subject is a recent addition to the curricula in primary and secondary schools in Kenya.

However, LSE has been infused in various subjects since 2003. The move to a stand-alone subject came after LSE was recognized as an important tool that could bridge the gap between students' knowledge and behavior regarding HIV prevention. Also, Kenya MOE officers who traveled to Zimbabwe and Malawi on an LSE study tour witnessed the power of LSE, and shortly after the tour a consensus was reached on the need to teach LSE as a stand-alone subject in both the schools and the teacher training colleges. This consensus was presented at the national Life Skills Stakeholders' Forum in 2006. After debate, delegates determined that LSE should be taught as a stand-alone subject in both primary and secondary school levels, as this approach would ensure that specific time is allocated for LSE in the school time table. In order to move forward, KIE organized an orientation to LSE for several groups that were involved in the development, implementation, assessment, and quality assurance of educational programs. Next, KIE wrote a concept paper detailing MOE strategies for the establishment of LSE as a stand-alone subject. A situational analysis was conducted to determine the level to which knowledge is being applied among primary and secondary school learners, and the results of this analysis underscored the importance of teaching LSE in a more consistent way.

After the need for LSE as a stand-alone subject had been thoroughly established, KIE, supported by USAID, worked with experts to develop the current LSE course content. In the syllabus that was released in 2008, KIE defines LSE as the "abilities which enable the individual to develop adaptive and positive behavior so as to deal effectively with challenges and demands of everyday life"(Kenya Institute of Education 2008). Course objectives range from

appreciating oneself to participating in community development.²

The syllabus describe three main categories of life skills: knowing and living with one's self, knowing and living with others, and making effective decisions. Within these skill sets is information designed to prepare students for the choices they face in sexual relationships. Placing sexuality education³ within LSE is a natural fit, as many of the topics covered in LSE—assertiveness, self-esteem, and good decision making, among others—are necessary for the promotion of positive SRH outcomes. However, it is important to note that because the LSE course syllabus covers a wide array of topics, sexuality education is not covered each time LSE is taught. Additionally, some sexuality education content continues to be offered in other courses such as Science, Social Studies, Religious Education (at the primary level), and Biology and Religious Studies (in the secondary curriculum).

When the new LSE syllabus was released, KIE mandated that the course be taught once per week in all primary and secondary classes. KIE relied on cascade training to reach teachers with information on the LSE syllabus. Through the use of trainings of trainers (TOT), KIE taught individuals at both the national and provincial levels between 2008 and 2009. The MOE recommended that two teachers with Guidance and Counseling certificates be trained from each school, and that they go on to train their colleagues. However, due to a lack of funding for training, the MOE acknowledges that not all schools have even one trained teacher. There is no official estimate of the number of teachers who have been trained or the number of schools lacking a trained teacher.

For a detailed history on the genesis of LSE in Kenya, see Annex A.

Other Curricula

While KIE developed its HIV and LSE courses, other organizations—responding to the same perceived need for instruction on these topics—were creating their own programs. Nongovernmental organizations (NGOs) have

² General Primary LSE Course objectives are: 1. Appreciate self as a unique human being; 2. Demonstrate ability to relate amicably with others; 3. demonstrate ability to make informed and rational decisions; 4. Demonstrate ability to participate in community development; 5. Acquire attitudes, values and develop psychosocial competences that promote responsible living; 6. Demonstrate ability to cope with everyday challenges. General Secondary LSE Course objectives are: 1. Acquire values, attitudes and develop social skills that will enable him/her to operate effectively in the society; 2. Appreciate the importance of life skills in everyday life; 3. Appreciate self as a unique human being, and develop self-esteem; 4. Develop and demonstrate ability to cope with stress and emotions in everyday life; 5. Appreciate the need for peaceful coexistence and demonstrate ability to apply the acquired skills to relate and coexist peacefully with other people; 6. Develop skills that enable him/her to make informed and appropriate decisions in life; 7. Demonstrate ability to apply the relevant life skills in dealing with emerging issues and other challenges effectively; 8. Develop and apply life skills that enhance performance in education; 9. Develop and apply life skills to enhance positive behavior formation and change; 10. Appreciate his/her rights and responsibility and demonstrate ability to respect other people's rights

³ Sexuality education is defined by UNESCO in the *International Technical Guidance* as "An age-appropriate, culturally relevant approach to teaching about sex and relationships by providing scientifically accurate, realistic, non-judgmental information. Sexuality education provides opportunities to explore one's own values and attitudes and to build decision-making, communication and risk-reduction skills about many aspects of sexuality."

developed and implemented several different LSE and sexuality education programs in Kenya. A detailed review of the content of more than 30 programs is provided in Annex B. Following the release of the KIE syllabus in 2008, each new NGO LSE program implemented in Kenyan schools is expected to cover the topics described in the KIE syllabus at a minimum. Some PEPFAR partners went a step further and worked with district education officials to distribute the Education Sector Policy on LSE, train teachers in the instruction of LSE, and orient them to the new KIE content. Estimates show that development partners have supported LSE through the training of teachers and young leaders in at least 5,000 schools across the country.

Some of the programs developed by NGOs have been evaluated with published results in peer-reviewed journals. Two of the most thoroughly evaluated and highly influential are the Primary School Action for Better Health (PSABH) HIV prevention and education program⁴ and the Kenya Adolescent Reproductive Health Project (KARHP). While it is beyond the scope of this report to provide evaluation information from multiple programs, the results of the PSABH and KARHP interventions are important to share, as they give a sense of the impact that education on sexuality-related topics has already had in Kenya.

PSABH was implemented in Classes 6, 7, and 8 (ages 10 – 16 years) in 2002. During the initial data collection to determine the impact of the intervention (2003), the study authors found that the program increased HIV knowledge, communication with parents and teachers about sex and HIV, self-efficacy related to abstinence and condom use, and assistance to peers in avoiding sexual activity. Furthermore, program exposure was associated with later sexual debut, decreased sexual activity overall, and increased condom use. The program's impact did differ by age and gender—younger girls benefitted most, and there were greater gains for sexually inexperienced youth than those who were not virgins at the beginning of the program (Maticka-Tyndale, Wildish et al. 2007). A follow-up study of the youth exposed to the program (2006) showed that they continued to benefit years later (Maticka-Tyndale 2009). According to the study authors, the PSABH program was incorporated into the MOE's approach to handling HIV after such positive results were achieved (Maticka-Tyndale, Wildish et al. 2007).

KARHP differed from PSABH in that it coupled a curriculum-based, in-school intervention with a community-based component to affect student sexual behaviors and parent-student relationships. The group receiving both

⁴ PSABH was developed and implemented prior to the 2008 KIE LSE syllabus, thus its contents are in line with the earlier HIV content officially supported by the MOE.

community and school-based components of the intervention experienced an increase in delayed first sex, a decrease in the prevalence of nonconsensual first-time sex, and an increase in parent-child communication (Askew, Chege et al. 2003). The curriculum used by KARHP, *Tuko Pamoja*, informed the creation of the current KIE LSE syllabus.

Law and Policy

There are both international and national laws and policies that influence sexuality education in Kenya. Unfortunately, there is a history of misinterpretation and misunderstanding that limits efforts designed to protect students from poor SRH outcomes.

Three legal documents guide the ministry approach to sexuality education in schools. The first two, the *Children's Act* and the *African Charter on the Rights and Welfare of the Child*, seek to protect children from sexual exploitation and coercion, terms which are broadly defined to include encouraging children to have sex. Kenyan law also dictates that the age of consensual sex is 18; thus, most students cannot engage in sex legally. Taken together, these laws mandate that the MOE must not provide any information that is interpreted as endorsing or encouraging sexual activity among students. Given that the interpretation of what "encourages" sex varies widely, even information about condom use for safer sex is judged by some ministry officials to be illegal.

However, there are a number of reasons that this interpretation on teaching condom use is inaccurate. First, research all over the world has shown that offering young people comprehensive sexuality education, including information on condoms, does not encourage sex (Kirby, Obasi et al.). Moreover, failing to provide this information can harm children instead of protecting them. For example, fertility rates in Kenya show that sexual activity among youth is common. Specifically, more than half of provinces report that more than 15 percent of 15-19 year-old girls are pregnant, mothers, or both (Kenya National Bureau of Statistics (KNBS) and ICF Macro 2010). These rates have consistently risen over the last 10 years, increasing both the country's population and drop-out rates for girls in secondary school.

Many policies exist across government ministries to support life skills and HIV prevention for young people. However, details on their content, especially as it relates to sexuality education, are often unavailable to implementers who are left to rely on their own perceptions. To address this gap and unify the school response, the Ministry produced the comprehensive *Education Sector Policy on HIV and AIDS* (Republic of Kenya 2004). Given that HIV transmission in Kenya occurs primarily through unprotected sex, special attention was given to the need to

address condom use in schools. This policy unequivocally recommended that teachers provide life-saving information and skills to reduce risk—including instruction on the use of condoms—to colleagues and students in schools, in addition to using co-curricular activities such as clubs for information dissemination.

Field Work

The findings of the field work portion of the analysis show that LSE is highly valued by students, teachers, and parents. The potential for LSE to have a positive/significant impact on young people’s knowledge, attitudes, and behavior is also evident. The analysis demonstrates that the information provided to students includes topics recommended in the UNESCO *International Technical Guidance*, but not all recommended subjects are covered and the degree to which each is addressed varies. Also, the analysis shows that, despite the positive support for the program and the existence of an endorsed syllabus, the rollout of LSE in schools is uneven and several barriers to effective and full implementation exist.

Response to LSE

Throughout each district, the support for LSE was unanimous. Although LSE classes have not been fully

I wish [the Ministry of Education] would continue with Life Skills. This is a new beginning for Kenya. We might have lost our values, but we can easily get back to them, through the children learning them. These are norms of the society.
— Public primary Head Teacher in informal settlement school

implemented in many locations, all of the analysis participants from each visited site were positive about what LSE could do. Schools that had implemented LSE reported many positive changes in their students and, occasionally, in the teachers and parents as well. Even in cases where LSE courses had not been formally

taught, teachers shared positive changes they had experienced in the student body that they felt were attributed to life skills instruction.

Some positive changes were location-specific; others were seen in each district. The urban, peri-urban, and informal settlement communities included in the analysis had all experienced significant post election violence, but each location reported more cohesion and fewer ethnic conflicts among the student body since the introduction of LSE. Improvements in academic performance and attendance were reported by teachers in the urban and informal settlement schools.

Student hygiene improvements were observed by teachers in urban and peri-urban schools. Also, in the peri-urban

Figure 2. Student Responses to “What do students like about Life Skills Education?”

We get information on how to handle the challenges we face.

By sharing our experiences we get to learn from one another's mistakes.

We have learned to communicate our problems and concerns. Our teachers and parents now listen to us.

It helps us get rid of anxiety, for example, about puberty when [one is] experiencing body changes.

Students are better able to control their sexual behaviors.

It encourages us not to lose hope.

area, students were reported to be more proud of their culture, and in rural schools, students were seen as better able to respond to emergency situations since the introduction of LSE. Students in all districts reported having more respect for their classmates, and teachers in each district reported seeing improvements in discipline and in student self-esteem. In one district in which school-burning was common, a recent dramatic drop in arson was attributed by teachers and MOE officials to life skills instruction.

According to several reports, both teachers and parents benefitted from LSE, especially in informal settlement schools. For example, one Head Teacher who had overseen the teaching of LSE in her school since 2003 (with support from UNICEF) reported improved communication skills and peaceful conflict resolution among the teachers at her school following the introduction of LSE. The Head Teacher also heard from her students that their parents were benefitting from information on peaceful conflict resolution that the children had given them following the post-election violence.

Students themselves enjoy LSE and believe that it is giving them information and skills they need to cope with adversity (Figure 2). Stakeholders in all districts enthusiastically endorsed life skills instruction as one of the best opportunities to prepare students to respond to life's challenges.

Response to Sexuality Education within Life Skills Education

Sexuality education within LSE also had high levels of support and was often seen

as a critical response to challenges in students' lives. The majority of teachers felt

that they had already seen changes in their students' sexual behavior. Teachers in the

The sexual behavior of a child who has been taught life skills is informed—so at least the child will know the dangers and the consequences. And maybe knowledge of those dangers and consequences will make the child control his/her behavior. Others, who aren't informed, may not think of the consequences—like pregnancy and HIV. Also, those in life skills have set goals, so they will see that certain behaviors will mess up their goals. So, the ones who have been taught life skills stand a better chance than those who haven't [been taught].
— Public Primary School Teacher in peri-urban area

urban, peri-urban, and informal settlement communities noted that students began reporting incidents of sexual violence and had become more assertive saying “no” to unwanted sexual advances following the introduction of LSE. Less sexualized behavior among students was also reported in these three districts, and fewer student pregnancies were reported by teachers in the peri-urban and informal settlement schools. These results fostered unanimous teacher support for sexuality education. The top four

Many students are not able to say 'no' to anything, but with life skills they are able to be assertive. That is why this skill, if inculcated early in a child, leads to good sexual behavior.
— Public Primary School teacher in rural area

teacher responses, in primary and secondary schools, to the question of how LSE, including sexuality education, can shape students' sexual behaviors are shown in Figure 3. Additionally, 12 of the 13 MOE officials interviewed supported teaching sexuality education in schools; the remaining official stated that puberty should be taught, but that students should not learn about sex until college.

Figure 3. Teacher Responses Regarding the Role of LSE in Students' Sexual Behavior

Primary School Teachers	Secondary School Teachers
Learners who have had LSE will: <ul style="list-style-type: none"> • Be assertive/have the ability to say 'no' • Have decision-making skills • Have defenses against/ability to report instances of sexual violence • Be knowledgeable of the consequences of sex 	Learners who have had LSE will: <ul style="list-style-type: none"> • Have the knowledge necessary to make informed choices • Can handle peer pressure • Understand what responsible behavior is • Be assertive/have firm convictions

Teachers, MOE officials, and parents were asked when students should be introduced to sexuality education. The responses varied, but there were three main groups: those who felt that very early exposure was ideal; those who encouraged waiting until closer to the onset of puberty; and those who felt that sexuality education should begin when students start to ask questions about sex. The respondents who preferred earlier exposure (between the ages of 3 to 6) cited sexual violence against children, early exposure to sex through the media or personal experience (i.e., seeing a parent have sex), and the fact that children have questions about their bodies from a very young age as their reasons for favoring early sexuality education lessons. Those who felt that sexuality education was better suited for older children (generally, those ages 10 to 14) explained that the information becomes necessary at this time because of the onset of puberty and the sexual urges that come with it. The group that encouraged the introduction of sexuality education on an individualized schedule cited two main reasons for their belief: variation among students' exposure to sex and maturity levels. Thus, they concluded that a one-size-fits-all approach was inappropriate. (Figure 4 shows the age suggestions of each group of stakeholders.)

In every level of the class there are challenges of their own nature. So challenges of those in standard one are not those of class 8. So [sexuality education] should start as early as possible.
 – Primary public school teacher, peri-urban area

Figure 4. Various Stakeholders' Opinions on When Sexuality Education Should Be Introduced

	Urban	Peri-urban	Rural	Informal Settlement
	Range and Mean Years	Range and Mean Years	Range and Mean Years	Range and Mean Years
MOE officials	5-16 (9)	8-12 (10)	8 - 9 (8.5)	9-11 (10)
Teachers	4-12 (8.4)	3-10 (7.2)	6-12 (8.3)	6-14 (8.3)
Parents	5-10 (7.5)	6-10 (8)	5- 12 (9.5)	10-12 (11)

Parents also specified what should be taught within various sexuality education topics. For example, many parents were interested in the ability of LSE to reduce teen pregnancy, and they often made suggestions as to the content of pregnancy prevention lessons. Figure 5 illustrates which topics parents suggested that teachers discuss when describing ways to avoid unplanned pregnancy. Although abstinence was the only method of prevention mentioned in every setting, condoms and/or contraception were also discussed in more than half of groups. In almost every case, parents qualified the suggestion to teach condoms and contraception with the caveat that abstinence should be the primary message. As the parent of a secondary student in a rural private school succinctly stated, "for those who cannot abstain, they should be taught how to use a condom." There were also gender-specific suggestions for pregnancy prevention messages. Generally, these suggestions indicated that girls had most to gain from pregnancy prevention. An example of this perspective comes from a secondary school parent in the peri-urban area: "Girls should abstain from sex. Boys should be aware of upcoming responsibilities when they impregnate a girl, and in case it happens, they should be responsible."

In extreme cases where the students are exposed [to sex] from the family level, the issues of correct and consistent condom use should be addressed; but abstinence is the primary prevention strategy for students.
 – Primary school parent discussion group, urban area

Figure 5. Parent Suggestions for Pregnancy Prevention Topics

Topic	Urban	Peri-urban	Rural	Informal Settlement	Total
Number of discussion groups	6	2	2	2	12
Abstinence	4	2	2	2	10
Condoms	3	0	2	2	7
Contraception	0	1	2	1	3

Parents also gave their suggestions regarding what students should learn about sexual behavior and health, HIV/AIDS, and sexual rights. (Figure 6 describes the most common parent responses to the question of what students should be taught about sexual behavior, sexual health, and sexuality generally.) Parents highlighted

assertiveness as the most important topic, especially for girls. Parents in the peri-urban area stated that learning how to say “no” to transactional sex was especially important for their children. Messages that advocated for modest dress as well as sex as being an acceptable behavior only within marriage were popular in the majority of districts. (Figure 7 shows the most frequent parent recommendations regarding the content of LSE lessons on HIV/AIDS.) Parents suggested that abstinence and condom use be taught within prevention, and that caring for the infected/affected and learning all of the modes of transmission should also be incorporated into these topics. When parents were asked whether students should learn about sexual rights, defined as including “the right to choose one’s sexual partners, the right to decide when and if to have children, the right to decide whether or not to have sex, and the right to make decisions about your body and to say ‘no’ to unwanted sex,” 11 of the 12 parent groups responded, “yes.” Parents’ stated reasons for teaching sexual rights included helping students to choose a partner, giving students the knowledge that no one should sexually harass or abuse them, and informing students that they should never have to marry against their will, especially at a young age.

Figure 6. Parent Suggestions Regarding Topics for Lessons on Sexual Behavior, Sexual Health, and Sexuality

Topic	Urban	Peri-urban	Rural	Informal Settlement	Total
Number of parent groups	6	2	2	2	12
Sex is for those who are married	1	1	1	0	3
Importance of modest dress (for girls)	1	1	1	0	3
Assertiveness (saying no)	3	2	2	2	9

Figure 7. Parent Suggestions Regarding Topics for Lessons on HIV and AIDS

Topic	Urban	Peri-urban	Rural	Informal Settlement	Total
Number of parent groups	6	2	2	2	12
Modes of transmission	3	1	0	2	6
Caring for infected/affected	3	0	0	2	5
Prevention: abstinence	5	2	2	2	11
Prevention: condoms	4	0	2	1	7
Prevention: be faithful	1	0	1	0	2

Student Experiences

The widespread support for sexuality education seen in this analysis comes largely from the collective acknowledgment that students today face many obstacles when trying to achieve positive SRH outcomes. Because LSE must be responsive to students’ particular needs, this analysis includes information on student experiences and challenges related to SRH. The student experiences outlined here were described by parents, teachers, and students

themselves.

Students are exposed to sex and sexuality from a young age, both from the media and via personal experiences. As access to the internet and other media increases, so does their collective exposure to information about sexual behavior. Unfortunately, much of this information includes

pornography and inaccuracies, if not outright myths. The impact of the media on students—most of it negative, but with some positive results—was described in each district. Student belief in misinformation was traced back to media sources by teachers and MOE officials. In the informal settlement, students reported that it was difficult to avoid

Sex should be taught as early as possible because even a child of 6 years old knows something about sex, especially those who come from families that live in single rooms. These children are exposed to sex early in life because they see their parents having sex and some children copy that.

— Secondary Teacher in a private rural school

pornography because of its ubiquitous nature. The internet was seen as a threat to students' innocence in the urban, peri-urban, and rural schools. Family behavior was also described as a source of early exposure to sex. In urban, rural, and informal settlement schools, teachers and parents reported that children were exposed to sex by their parents because whole families share single-room homes where privacy is not available. In single-mother households, sex was occasionally transactional. Younger students also imitated the actions of older students and siblings; in the urban area, a girl in an Early Childhood Development class was discovered performing oral sex on a boy in her class. When questioned about this act, she said that she had seen older children engaged in this behavior. Students are engaging in romantic relationships and sexual activity.

Students in every school were aware of condoms, and in many schools others forms of contraception—usually injections or emergency contraception—were mentioned. However, students were often unaware of how to use the method; students in one rural secondary school described the dangerous practice of putting a condom over both the penis and testicles for maximum protection, and several students in the same group discussion reported experiencing condom breakages – a sign of misuse. Students in every district had misconceptions about side effects and efficacy. There was a widely held belief that injections and pills could cause birth defects, and in the peri-urban district students reported that condoms cannot protect against HIV infection. Students also had inaccurate information on the risks resulting from various sexual acts, and one student group in the rural area reported having unprotected anal sex in order to avoid HIV transmission – a behavior that is significantly more risky than unprotected vaginal sex.

Figure 8. Student and Teacher-reported Sexual Activity in Own School by District

The numbers below describe the number of schools (the numerator) in which either teachers or students reported that students at that school were engaging in sexual activity over the entire number of schools (the denominator) included in the analysis.

	Primary	Secondary
Urban	1 of 4	2 of 4
Peri-urban	1 of 3	3 of 3
Rural	2 of 3	3 of 3
Informal settlement	3 of 3	3 of 3
Total	7 of 13	11 of 13

In each district, sexual debut occurs early among some students. Teachers reported that primary students, especially in the rural and informal settlement schools, were having sex (Figure 8). Related to early sexual debut, sexually transmitted infections (STIs) were reported as an issue in the peri-urban and informal settlement school populations; student pregnancies and associated drop-outs were reported in every district. In the rural and informal settlement schools, student pregnancy was reported in both primary and secondary schools. By the time students are in secondary school, sex is almost ubiquitous. As one public secondary student in the informal settlement said, “If you are not dating, you are living in another century.”

Sexual violence, intergenerational sex, and transactional sex were also reported. Incest affects young students of both sexes in every community, and sexual assault by other members of the community is also common. Older female students are often sexually harassed, and many schools reported assaults that occurred as students made their way to and from school, especially in the urban and informal settlement schools. Public schools had more reported cases of both incest and rape. Figure 9 enumerates schools at which rape (including incest) and incest (defined as sexual abuse by any family member) were reported as an issue by a teacher. Abortion, often connected to rape, was described as a widespread problem in both the informal settlement and the rural schools. Intergenerational sex, including student-teacher relationships, was reported in the peri-urban and rural communities. Transactional sex is also common, especially in the informal settlement where students are reportedly engaging in sex in exchange for sanitary towels (an item that students in all but rural schools reported to be in inadequate supply).

Figure 9. Teacher-reported Rape and Incest by School and District

School type	Public		Private	
	Rape	Incest	Rape	Incest
Urban primary	3 of 3	3 of 3	0 of 1	0 of 1
Urban secondary	0 of 2	0 of 2	0 of 2	0 of 2
Peri-urban primary	2 of 2	1 of 2	0 of 1	0 of 1
Peri-urban secondary	1 of 2	0 of 2	0 of 1	0 of 1
Rural primary	0 of 2	0 of 2	0 of 1	0 of 1
Rural secondary	0 of 1	0 of 1	1 of 2	0 of 2
Informal settlement primary	2 of 3	1 of 3	n/a	n/a
Informal settlement secondary	2 of 2	1 of 2	0 of 1	0 of 1
Total	10 of 17	6 of 17	1 of 9	0 of 9

Other factors provide additional challenges to student health. Teachers in each district reported that some or many of their students are OVCs and/or living with HIV. Early marriage was described as an issue in the informal settlement, urban, and peri-urban schools, and female genital mutilation (FGM) was reported in the informal settlement and urban schools. Drug and alcohol abuse was reported in each district, and teachers noted the impact of these substances both on students and on other community members.

Both drugs and alcohol were seen as encouraging poor student choices regarding sexual

Figure 10. Student-Identified Examples of Gender Inequality

When a boy does not sleep at home there is less trouble and concern, but if it's a girl she might even be chased away from home.

— Rural primary school discussion group

In the community the boy child is more favored than the girl; a girl will do all the house chores while the boy is just playing and even if the girl is sick the boy will still not do much.

— Informal settlement primary school discussion group

behavior. Strict gender norms that are associated with gender-based violence

continue to be upheld, especially by parents. For example, while almost all parents supported their children learning about human rights, parents in one group opposed this instruction because they were worried that it would cause their daughters to become bad wives. However, students seem to be both noticing and questioning the inequality that these norms promote (Figure 10). Finally, poverty and

[The main issue is] drug and substance abuse. This is mainly from the community surrounding the school and it trickles into the school easily. These contribute to irresponsible sexual behavior.

— Head Teacher, public primary school peri-urban area

the additional burden it places on families and children was widely reported. Poverty exacerbates many of the other

issues described in this section.

Parent Involvement

Based on the description of issues that students face, it is clear that they need information and skills to protect themselves from poor SRH outcomes. This information can and should come from a variety of sources, including

Life Skills is a very nice thing that has been introduced to the system because it is going to help the youth very much and the parents too. They will learn that they should participate in bringing up their children.
— Public secondary teacher, peri-urban school

parents. However, the analysis found that parents are not talking to their children about life skills, generally, and are communicating even less about sexuality education, specifically. Thus, the need for high-quality LSE in schools is urgent.

In group discussions with parents and interviews with local MOE officials and teachers in every district, the lack of parental involvement—specifically, the lack of needed parental guidance—was discussed. The reasons that parents are not providing their children with life skills at home are varied. One of the major reasons given was a changing family structure. In the past, instruction on life skills—specifically, the information related to adolescence or sexuality—would be provided by extended family members. As the family has become more nuclear, these structures are no longer common. Also, single parenting has become quite common, and single parents who are responsible for providing for their families are less likely to have time to spend with their children. In most of the areas included in this analysis, single parents were women; however, in the informal settlement, many children were raised by their father while their mother stayed at the family’s rural-area home. Fathers were described by both parents and teachers as especially unwilling or unable to talk to their children about sexuality.

Beyond the changing family structure, cultural taboos, a lack of information, and fear about giving their children the wrong messages often keep parents from talking to their children about sexuality or puberty. In general, parents seem to feel uncomfortable talking to their children about something that they have grown up believing is

Figure 11. Student Responses to "How do parents feel about students learning life skills at school?"

Happy that despite them not getting the time to teach their children life skills, they are learning them at school.

Parents feel relieved from the burden of talking to us about private issues.

They are ignorant about life skills and some don't even know what to say about it.

They appreciate it because they are shy and we learn what they cannot be able to tell us at home in school.

Parents are happy because back in their days they did not have anyone to tell, them but we are being taught life skill.

taboo, and often parents do not know enough about the topic to share information with their children. Students perceived their parents' discomfort and reported that their parents are happy not to be those teaching life skills (Figure 11). Moreover, in some cases students are happy not to go to their parents for information (Figure 12). Some students reported being afraid to go to their parents to ask about sexuality-related topics because said they would be beaten.

Parent and student discomfort with parents delivering information creates a larger role for teachers. The suggestion that teachers should instruct children in life skills instead of parents came up in one discussion group in each district. Parents' reasons included: teachers spend more time with children, children take teachers' instruction more seriously than parents', and teachers are often better role models than parents. Other parent, teacher and student responses clearly demonstrated that students are already going to their teachers instead of their parents to discuss a wide variety of topics—often without their parents' knowledge. One mother from an informal settlement community reported that she did not know that her daughter had begun to menstruate for several months after the daughter's first period. The daughter's teacher had provided her with the necessary information on hygiene and the girl had received sanitary towels from the school.

Figure 12. Students Who Report Being Uncomfortable Talking to Their Parents about Sex

	Primary	Secondary
Urban	1 of 3	3 of 3
Peri-urban	0 of 3	1 of 3
Rural	2 of 3	3 of 3
Informal settlement	1 of 3	2 of 3
Total	4 of 12	9 of 12

Although parents recognize teaching life skills as their responsibility, many are not even teaching topics unrelated to sexuality. However, parents in every group discussion except one stated that they would like to know more and become more involved in instructing their children in life skills and those topics related to sexuality. Some parents in the peri-urban, rural, and informal settlement schools decided to speak more openly with their children on these topics simply as a result of their participation in the group discussion. It is also worth noting that students in secondary school are much less comfortable speaking to their parents about sex than are students in primary school

(Figure 12). A few children in primary school specifically noted that they wished they could speak to their parents more often about sexuality. If parents begin to speak to their children earlier, they may be able to obviate discomfort later on and open the channels of communication throughout adolescence.

Participants in this analysis had several recommendations on how to get parents more involved. Teachers felt that they could discuss LSE topics with parents during “parent days” at school, or they could send written materials home with students to be provided to the parents. These materials would provide information on a school’s LSE topics so that parents would feel knowledgeable about what students were learning, allowing the parents to continue conversations at home that had begun at school.

Let’s admit the only time we want to talk to our children is when they have done something wrong. And this is not talking, it is instructing harshly, scolding, or even punishing. We mostly yell at them.
— Parent Discussion Group,
Informal Settlement

Students requested that parents be taught skills on how to listen without judgment. Ministry officials and teachers suggested that life skills could be taught at the Chief’s *barazas* so that the entire community could be informed. Finally, parents felt that conversations with their children would be easier if they knew how to discuss subjects without waiting for a negative impetus; that is, they desired the skills to initiate discussion of a topic rather than to provide a lecture in response to a negative outcome.

Sexuality Education Content

Although this analysis has documented the clear need for school-based LSE generally and sexuality education specifically, it has not yet described the content of sexuality education within the LSE course in Kenya. Because this comparative analysis was designed to examine the topics covered in Kenyan schools as they relate to the *International Technical Guidance*, the arrangement of the content analysis is based on the UNESCO document. (See Figure 13 for *International Technical Guidance* topics.) The key concepts and topics in the *International Technical Guidance* are similar to others used in widely accepted sexuality education curricula.⁵

⁵ See IPPF Framework for Comprehensive Sexuality Education (CSE), IPPF, London, May 2006 and ‘Its All One Curriculum’, IPPF/Population Council, New York, 2010.
http://www.popcouncil.org/publications/books/2010_ItsAllOne.asp

Figure 13. UNESCO *International Technical Guidance* Key Concepts

Key Concept 1: Relationships	Key Concept 2: Values, Attitudes, and Skills	Key Concept 3: Culture, Society, and Human Rights
<i>Topics:</i>	<i>Topics:</i>	<i>Topics:</i>
1.1 Families 1.2 Friendship, Love, and Romantic Relationships 1.3 Tolerance and Respect 1.4 Long-term Commitment, Marriage, and Parenting	2.1 Values, Attitudes, and Sources of Sexual Learning 2.2 Norms and Peer Influence on Sexual Behavior 2.3 Decision-making 2.4 Communication, Refusal, and Negotiation Skills 2.5 Finding Help and Support	3.1 Sexuality, Culture, and Human Rights 3.2 Sexuality and the Media 3.3 The Social Construction of Gender 3.4 Gender-based Violence, including Sexual Abuse, Exploitation, and Harmful Practices
Key Concept 4: Human Development	Key Concept 5: Sexual Behavior	Key Concept 6: Sexual and Reproductive Health
<i>Topics:</i>	<i>Topics:</i>	<i>Topics:</i>
4.1 Sexual and Reproductive Anatomy and Physiology 4.2 Reproduction 4.3 Puberty 4.4 Body Image 4.5 Privacy and Bodily Integrity	5.1 Sex, Sexuality, and the Sexual Life Cycle 5.2 Sexual Behavior and Sexual Response	6.1 Pregnancy Prevention 6.2 Understanding, Recognizing and Reducing the Risk of STIs, including HIV 6.3 HIV and AIDS Stigma, Care, Treatment, and Support

Student and teacher responses were used to document what is currently being taught within each of the topic areas – therefore, the descriptions below of what is taught in each topic areas were derived from student and teacher feedback and not classroom observation. Next, the responses were compared to content descriptions in the KIE syllabus and within the *International Technical Guidance*.

Due to the way that LSE has been implemented (discussed in *Life Skills Education Implementation* later on in the report), it is difficult for students and teachers to describe LSE course content only. Historically, life skills topics have been taught across different subjects, and this integration persists to some extent. Because of this reality, teachers and students were asked to identify what is being taught on various topics at school, and no attempt was

made to distinguish whether this material was delivered within a LSE class, specifically. Indeed, from one school to the next, what students are learning within any one of the topic areas varies significantly. The tables presented at the end of each topic area in this section of the report are meant to give the reader a general sense of the sexuality education that students in Kenyan schools are learning. Significant variations are discussed in the text.

Relationships

Student and teacher reports suggest that students in Kenyan schools are taught about familial relationships from an early age. Some time is spent “normalizing” non-conventional **families**⁶ (e.g., where a child lives with an aunt or grandparents instead of his or her parents), and students reported that these messages were especially meaningful to them. Family dynamics are not discussed in detail, although students learn that when they go through puberty, there may be an increase in tension within the family as students become adults. Instruction on skills for communication within the family was rarely reported and communication around potentially difficult topics (e.g., an unplanned pregnancy or the need to disclose one’s HIV status) was not reported at all.

On the topic of **friendship, love, and relationships**, messages are not always clear and some topics are not covered at all. In some cases, especially in some rural schools, students reported being taught that laughing with a boy leads to pregnancy. In other cases, particularly in the urban and peri-urban settings, teachers reported handling the issue of sexual relationships by encouraging boys and girls in the same schools to think of one another as brother and sister. In almost every case, students reported being told that they should not engage in romantic relationships while they are in school, because such relationships invariably lead to sex. With friendships, students reported being encouraged to evaluate the benefit of the relationship to them and to consider whether the friend is a good or bad influence. However, within romantic relationships, there seems to be very little conversation about what is healthy or unhealthy. Teachers noted that they encourage students to report relationships that could harm them (e.g., teacher-student relationships or incest), but there were no reports by teachers or students of discussions of unhealthy characteristics within an otherwise appropriate romantic relationship. Thus, students do not seem to know about abuse or coercion between partners, nor do they seem to have the skills to identify signs of an unhealthy romantic relationship.

Teachers and students reported that students are encouraged to be **tolerant and to show respect** to others. They are

⁶ Bolded words throughout this section of the report correspond to the *International Technical Guidance* topics described in Figure 13.

taught that all persons are valuable, regardless of their tribe, socioeconomic status, or gender. There was an especially strong focus on ethnic tolerance reported in areas highly affected by post-election violence. Messages about gender—that boys and girls are equal—are reportedly given in each location, although they seem to be internalized by students and teachers to varying degrees. Most students agreed that boys and girls are equal, although boys in all areas were more likely than girls to disagree with this statement. Importantly, students are able to look critically at their lives to point to ways in which boys and girls are not treated equally inside and outside of school. Although equality between boys and girls is emphasized, tolerance of those who do not fit rigid gender roles is not taught. Furthermore, bullying does not seem to be explicitly discussed, and neither teachers nor students reported instruction on defending those who are being harassed by others.

The topics of **long-term commitment and parenting** are also touched on in schools. Students commonly mentioned that they learn that forced marriage and child marriage are violations of their human rights. Some students remarked that they found it difficult to reconcile what they learned at school and at home on child marriage, because some girls are still taken out of school to be married at a young age. The right of all persons to become a parent does not seem to be taught as it was not reported by teachers or students. Students did describe learning that parents have certain responsibilities, but these focus more on material provision such as food and education as opposed to care or guidance. Students seem to be able to apply this knowledge; in some cases, teachers reported students, especially girls, demanding that their parents allow them to go to school because they know it is their right. In the rural areas, the fear of children rebelling against their parents and demanding their rights was described by both parents and teachers as a reason to restrict which rights children are taught. In discussions about parental responsibilities, teachers reported addressing the issue that parents may not act as role models when they are engaged in alcoholism or sexual relationships outside of marriage. Neither students nor teachers described any instruction on parenting skills. However, teachers did note that they hope that teaching students life skills will cause them to share such instruction with their future children.

Figure 14. Relationships Content

UNESCO <i>International Technical Guidance on Sexuality Education</i>	Kenya Life Skills Education Curriculum Content (Primary)	Kenya Life Skills Education Curriculum Content (Secondary)	Reported Implementation	Information Found in the UNESCO Guidance but not reported as part of the Implemented Curriculum
1.1 Families	Addressed at various points in the curriculum, but little specific attention paid to parents and adults	Addressed at various points in the curriculum, but little specific attention paid to parents and adults	Non-nuclear families are normalized; potential for conflict with parents during puberty discussed	Skills on how to communicate with parents (generally) or on potentially difficult issues, such as unplanned pregnancy or HIV status disclosure
1.2 Friendship, Love, and Romantic Relationships	Friendship and love addressed as core values, but no specific attention paid to romantic relationships	Friendship formation and relationships addressed in Form 1, Age 14, but no specific attention paid to romantic relationships	Romantic relationships discouraged; evaluation of peer influence encouraged; reporting of inappropriate relationships (e.g., teacher-student) is encouraged	Skills for navigating romantic relationships, specifically, skills for identifying healthy and unhealthy romantic relationships
1.3 Tolerance and Respect	Addressed at various points in the curriculum	Addressed at various points in the curriculum	Importance of not discriminating based on tribe is emphasized; boys and girls are described as equally capable; skills to identify inequality are developed; tolerance is taught as a value	Harassment of those who do not fit gender norms is a harmful behavior that must be addressed; it is the responsibility of everyone to defend someone who is being bullied
1.4 Long-term Commitment, Marriage, and Parenting	Addressed at various points in the curriculum	Addressed at various points in the curriculum	Forced marriage and child marriage are a violation of human rights; parental/caregiver responsibilities discussed	It is the right of all persons, including those with HIV, to become parents; a description of parenting skills

Values, Attitudes, and Skills

When **values and attitudes** are shared in school, the teaching method reported by both teachers and students is often a lecture and not a discussion. Students are able to list general values, such as humility, honesty, and self-esteem, but when asked which values are most important to them—as opposed to those valued by others—they struggle. The roles of parents and the community as **sources of sexual education** outside of school do not seem to be discussed explicitly. Students often knew of places to receive condoms or information but teachers were not cited as the source of this information. Teachers and students reported that students are taught that personal values are to be defended from **peer influence**, especially regarding **sexual behavior**. However, discussions of **social norms** were

reported less often, and none of the students reported discussing the fact that many cultures, including Kenyan culture, promote different sexual behavior norms for boys and girls.

Decision-making is discussed, and both students and teachers report that this is one of the most important topics in LSE. Students referenced weighing the advantages and disadvantages before making a decision and knew that certain decisions, especially those involving the initiation of sexual activity, could have negative consequences. When asked what they learned about the consequences of sexuality activity, students in each school noted several challenges that they (girls especially) could face: unwanted pregnancy, which could lead to abortion, dropping out of school, or even death; STIs, including HIV; and ostracism by one's family and community. The role of alcohol and drugs in impaired decision-making was reported as an area of instruction by teachers, but students tended not to focus on this topic in the student discussion groups. While acknowledging that drugs and alcohol are discussed in classes, some students shared that this topic was one of the most boring within LSE because both are so prevalent in their communities that change is not in their hands.

Reports from both teachers and students state that **communication skills** such as **refusal** of sex are being taught. However, reports also suggest that **negotiation** is seldom taught. Students and teachers in both primary and secondary school reported that lessons simply advocate that students say "no" to sexual activity. This is problematic for those students who are engaging in sex, because they are not provided with information on how to ask their partners to use a condom or how to negotiate in other ways. Not teaching negotiation was shown to be especially problematic when students were asked if what they learned in LSE helped them to defend their decision to be abstinent. Many students, especially boys, said they were more able to say "no" to sex because of what they learned in school. However, when students were asked if they could say "no" to sugar mummies or daddies, they expressed much less confidence. Girls in the rural commonly said that they were unable to say "no" to either their boyfriends or sugar daddies. Moreover, even if the skill of negotiation is not immediately relevant to students, it is likely that both boys and girls will have the need to ask their partners to wear a condom at some point, including during marriage. If negotiation skills are not taught in school, there is the risk that students will not have them when they are needed.

Finding help and support is covered to some extent. Students are encouraged to talk to peer educators when they are available at the school, and some teachers act as resources. However, there were very few reported cases of

linkages being made between health centers and schools. This lack of referrals may be because teachers do not want to refer their students to a place that openly distributes condoms because they view this as inappropriate for students. The development of skills to create a network of support was not mentioned by teachers or students as part of what is learned in school.

Figure 15. Values, Attitudes, and Skills Content

UNESCO International Technical Guidance on Sexuality Education	Kenya Life Skills Education Curriculum Content (Primary)	Kenya Life Skills Education Curriculum Content (Secondary)	Reported Implementation	Information Found in the UNESCO Guidance but not reported as part of the Implemented Curriculum
2.1 Values, Attitudes, and Sources of Sexual Learning	Addressed at numerous points in the curriculum	Addressed at numerous points in the curriculum	Personal values are dictated; discussions of how personal values affect decisions	Skills to develop one's own personal values; parents as a source of sexual education
2.2 Norms and Peer Influence on Sexual Behavior	Addressed at numerous points in the curriculum	Addressed at numerous points in the curriculum	Peer influence can affect choices, including those on sexual behavior; skills in resisting peer pressure; assertiveness	Describing and analyzing social norms, including those around gender
2.3 Decision-making	Addressed at numerous points in the curriculum, but not specifically in relation to sex, gender relations, or HIV	Addressed at numerous points in the curriculum	Decision-making skills, such as weighing the advantages and disadvantages of a choice; alcohol and drugs can impair decision-making; negative consequences of sexual behavior (especially for girls)	None
2.4 Communication, Refusal, and Negotiation Skills	Addressed at numerous points in the curriculum	Addressed at numerous points in the curriculum	Saying "no"; the right to express one's feelings and thoughts through appropriate communication	Negotiation skills, specifically including condom negotiation; refusal with sugar daddies or mummies; communication with romantic partners
2.5 Finding Help and Support	Addressed at numerous points, but not specific to sex, relationships, or HIV	Abortion addressed within the topic of situations that may lead to conflict, Form 1, Age 14	Speaking to peer educators and teachers is encouraged	Linkages between health centers and schools; development of skills to create one's own network of support

Culture, Society, and Human Rights

The origin of societal norms regarding which sexual behaviors are "right" or "wrong" does not seem to be discussed in Kenyan classrooms. The role of **culture** as it may influence **sexuality** norms was also not reported by teachers or

students as a topic of explicit instruction; neither students nor teachers described lessons about the origins of cultural values regarding sexuality, nor the phenomenon of how taboos change over time. Student and teacher reports suggest that there is a much greater focus on what current **laws**, religious teachings, and cultural norms say about various sexual behaviors. For example, students and teachers report that students are taught that homosexuality is immoral and illegal.

Teachers reported attempting to curtail the **media's** influence over students by describing media portrayals as hypersexual, and by encouraging students to view commercials and television shows as depicting fantasy situations. However, there were no reports of time spent discussing what the media presents. Instead, teachers reported telling students to avoid television and radio programs with sexual topics. During interviews, a few teachers complained that students are confused by conflicting messages. For example, students were said to learn from television that sex does not have negative effects (two teachers specifically cited a condom commercial in which a couple has sex without fear of consequences), while schools are saying that sex can ruin students' lives. However, there were no reports that teachers discussed this perceived contradiction with their students. Furthermore, the distinction between sex with and without a condom was not seen by these teachers as a message suitable for their students.

Lessons on the **social construction of gender** and its relationship to **sexual violence and abuse** were not reported by teachers or students. While gender stereotypes that describe boys as smarter or more deserving of respect than girls are challenged by most teachers (especially those in all-girls schools), there was no evidence of conversations that distinguish gender from sex. Thus, there is no discussion of the relationship between rigid gender roles and sexual abuse, despite the fact that sexual violence against boys and girls is reportedly addressed from an early age. Teachers and students referenced a song called "These are my private parts" that is taught in early primary school to let students know that they have a right to decide what happens to their bodies. As described above, students are taught to say "no" to sexual advances. Teachers also reported that they give instruction on how students should avoid dressing and places that they should stay away from in order to decrease their chances of being sexually assaulted. A head teacher at one school reported that both boys and girls are taught that most adult males are potential rapists, including fathers, pastors, and teachers. In other locations, messages that did not malign men as broadly were reported, but there was no evidence that positive masculinity—how men can protect women or children—is being discussed in any of the schools visited. Children described being encouraged to report sexual

violence, but neither teachers nor students reported lessons that explained that sexual violence is never the fault of the victim. Messages on **dangerous traditional practices**, such as FGM and early marriage, were reported by students living in areas where these customs are practiced. Students also reported learning that child marriage violates human rights; however, it was not clear from student reports whether FGM is also described as a human rights violation, but it does seem to be discouraged.

Figure 16. Culture, Society, and Human Rights Content

UNESCO International Technical Guidance on Sexuality Education	Kenya Life Skills Education Curriculum Content (Primary)	Kenya Life Skills Education Curriculum Content (Secondary)	Reported Implementation	Information Found in the UNESCO Guidance but not reported as part of the Implemented Curriculum
3.1 Sexuality, Culture, and Human Rights	None	None	Current laws, religious teachings, and cultural norms regarding various sexual behaviors are described	The origins of societal norms regarding which sexual behaviors are “right” and “wrong”; changing norms over time
3.2 Sexuality and the Media	None	Mass media influence addressed under Effective Decision- Making Skills, Form 3, Age 16	Media’s presentation of hyper-sexualized images and messages is described	Discussion of conflicting messages, especially those from the media
3.3 The Social Construction of Gender	Addressed under the topic of Effective Communication, Standard 6, Age 11/12	Gender bias addressed under topic of Assertiveness, Form 2, Age 15; Gender discrimination addressed under topic of Effective Decision Making Skills, Form 3, Age 16 Gender stereotypes and life partner choices addressed under the topic of Assertiveness, Form 3, Age 16	Gender stereotypes are challenged	The definition of gender; description of the relationship between strict gender roles and violence against women
3.4 Gender-based Violence, including Sexual Abuse, Exploitation, and Harmful Practices	No mention of gender-based violence; generalized references to harmful cultural practices, especially early and forced marriage under the following topics: Self Awareness, Peer Pressure, and Conflict Resolution and Negotiation, Standard 6, Age 11/12; and Self Awareness, Standard 7, Age 13/14	Abuse, Forced/coerced sex addressed and forced/early marriage addressed under Effective Decision-Making Skills, Form 3, Age 16	Sexual violence against boys and girls is discussed and reporting is encouraged; traditional practices such as FGM and early marriage are described as dangerous; “saying no” to inappropriate sexual advances, dressing modestly, and avoiding dangerous locations are taught as methods to avoid rape	Sexual violence is never the fault of the victim; positive masculinity

Human Development

Lessons on human reproduction seem to be taught thoroughly. Students and teachers reported that **reproductive anatomy and physiology** are taught in biology classes, where the focus is on the mechanism of **reproduction**.

Menstruation and hygiene during menstruation are also covered, and many teachers reported that they provided sanitary towels to students, either currently or in the past. The relationship between menstruation and fertility is

reportedly taught, and students stated that they have been exposed to information about “safe days,” or those days that a woman is less likely to become pregnant. However, some students, when asked to describe how to calculate when safe days occur, were unable to do so correctly. There were no reports of lessons on positive behaviors during pregnancy—such as prenatal check-ups or nutritious eating—and lessons on healthy pregnancy for HIV-positive women were also unreported.

Puberty, also referred to as adolescence by students and teachers, is reportedly discussed in every school included in the analysis. Lessons teach students about physical and emotional changes (including sexual urges) that they should anticipate. Many students stated that they really enjoyed lessons on puberty and that these lessons allowed them to feel normal. However, students in each district stated that they wished they had more skills on how to handle sexual urges in order to avoid distraction from one’s studies.

You are taught to accept what you are, and when the body changes come, one is taught to accept them and deal with them positively.
— Secondary student describing lessons on adolescence

Some elements of **body image** and **body integrity** are reportedly discussed explicitly; others seem to be part of the school culture. The message that value is not determined by appearance does not seem to be described explicitly in all settings, but students everywhere report that they are taught that everyone has value. Also, in the few schools that had LSE student books, the book being used plainly addresses issues of appearance, such as the desire that some children may feel to have lighter skin. Harassment of girls during menstruation, an example of violating the principle of body integrity, was not brought up by students or teachers in any school. However, although there is no evidence that teachers are directing their students not to tease classmates during menstruation, it does seem that many teachers make themselves approachable to girls who have begun menstruating, and in several of the sampled schools teachers and students report it is acceptable for students to communicate openly about menstruation to their female teachers.

Figure 17. Human Development Content

UNESCO International Technical Guidance on Sexuality Education	Kenya Life Skills Education Curriculum Content (Primary)	Kenya Life Skills Education Curriculum Content (Secondary)	Reported Implementation	Information Found in the UNESCO Guidance but not reported as part of the Implemented Curriculum
4.1 Sexual and Reproductive Anatomy and Physiology	None	None	Reproductive anatomy and physiology are taught	Distinguishing between the biological and social aspects of sex and gender
4.2 Reproduction	None	None	The relationship between menstruation and fertility is described; students learn the days in a woman's cycle when she is most likely to become pregnant	Positive behaviors during pregnancy; healthy pregnancy for HIV-positive women
4.3 Puberty	Addressed under the topic of Self Esteem, Standard 5 , Age 10/11; Addressed under Self Awareness, Standard 6, Age 11/12	Addressed under the topic of Self Awareness, Form 1, Age 14; Addressed under topic of Coping with Stress, Form 2, Age 15; Addressed under the topic of Self Awareness, Form 3, Age 16	Physical and emotional changes to expect during puberty (including menstruation and wet dreams) are covered; hygiene is taught; information is provided about sanitary pads	None
4.4 Body Image	Addressed under the topic of Self Esteem, Standard 5 , Age 10/11; Addressed under the topic of Self Awareness, Standard 6, Age 11/12	Addressed under the topic of Self Esteem, Form 2, Age 15	Students are told that everyone has value, regardless of their health status	None
4.5 Privacy and Bodily Integrity	Refusal skills addressed under the topic of Assertiveness, Standard 2, Age 8; Addressed under the topic of Assertiveness, Standard 6, Age 11/12; Respect for human dignity and rights addressed under Peaceful Conflict Resolution and Negotiation, Standard 7, Age 12/13	Sexual harassment and bullying addressed under the topic of Assertiveness, Form 2, Age 15	One's right to bodily integrity (i.e., that no one should touch a student sexually without his or her permission) is taught; sexual harassment is described as unacceptable	None

Sexual Behavior

Sex and sexuality are discussed in the classroom, but within narrow parameters. In all schools, sexual desire is reportedly described as natural, but students do not report receiving messages about exploring one's own body or the importance of asking questions about sex. In fact, students often complain that teachers respond to their questions by telling them they will have to wait until they are older to get answers, or they judge the student as immoral for asking the question. This phenomenon is described in greater detail below.

Sexual behaviors are not described explicitly. There is a clear message on just saying "no" to sex. However, what "sex" consists of is not specified, and teachers noted that they do not describe behaviors for fear of inspiring curiosity to try behaviors. As individual sexual behaviors are not discussed, nor are their associated risks. Lessons on non-physical ways to show romantic love were not reported; this is likely related to the commonly reported belief that engaging in any romantic relationship is inappropriate. The majority of teachers report teaching that procreation within marriage is the one legitimate reason to engage in sex. From student and teacher reports, it is unclear if transactional sex is clearly described in lessons. It is clear from student reports that there are lessons that make it clear that no one, including men, must act on their sexual urges. This sentiment is well expressed by one young man in a peri-urban secondary school who said, "You learn that the feelings of wanting to have sex are just part of adolescence, so you won't go out and rape a girl because of them."

Figure 18. Sexual Behavior Content

UNESCO <i>International Technical Guidance on Sexuality Education</i>	Kenya Life Skills Education Curriculum Content (Primary)	Kenya Life Skills Education Curriculum (Secondary)	Reported Implementation	Information Found in the UNESCO Guidance but not reported as part of the Implemented Curriculum
5.1 Sex, Sexuality, and the Sexual Life Cycle	'Irresponsible sexual behavior' is mentioned under the topic of Conflict Resolution and Negotiation, Standard 5, Age 10/11; Sexual activity mentioned under the topic of Conflict Resolution, Standard 6, Age 11/12; Premarital sex mentioned under the topic of Skills for Effective Decision Making, Standard 7, Age 12/13	'Irresponsible sexual behavior' and drug abuse addressed under topic of Self Esteem, Form 1, Age 14; Physical, psychological, hormonal, and spiritual changes that occur during adolescence addressed in Form 1 and Form 3, Age 14	Sexual desire is described as natural; procreation within marriage is given as the reason to have sex	The importance of asking questions; exploring one's own body
5.2 Sexual Behavior and Sexual Response	None	Addressed under the topic of Self Awareness, Form 3, Age 16; Risk-taking behaviors include premarital sex and early marriage; chastity mentioned as a value to uphold during adolescence	All sexual acts are simply described under the umbrella of "sex" and students are instructed not to have sex; sexual response is discussed; no one has to act on his or her sexual thoughts/ feelings	Description of sexual behaviors and the risks they carry; discussion of ways to show love other than sex

Sexual Health and Reproduction

Abstinence is the only method of **pregnancy prevention** reportedly taught in all schools. Teachers who only taught abstinence commonly reported that they believe providing information about other methods of prevention is

In extreme cases where the students are exposed [to sex] from the family level, the issues of correct and consistent condom use should be addressed; but abstinence is the primary prevention strategy for students.
— Primary Student Parent Discussion Group, Urban Area

inappropriate because students will become curious to try these methods and/or will believe that their teachers sanction sex. However, it is clear from student reports that regardless of whether contraceptives are discussed in school, students are aware of a variety

of contraceptive methods. Students simply rely on the information they receive from other sources (e.g., in one school, students reported learning from a religious group that visited their classroom that condoms do not prevent HIV infection). Inaccurate sources of information led to incorrect beliefs, and student descriptions of contraceptive methods demonstrate that myths and misconceptions are widespread. Incorrect information about side effects,

appropriate use, and efficacy were all reported by students – the result being that sexually active students do not have the facts they need to protect themselves. When contraception is taught in schools, this information is reportedly delivered in science classes within the context of human reproduction. Condoms demonstrations, given by an NGO, were only reported by teachers in one school in the informal settlement. Discussions on other safe-sex related topics – such as a couple’s shared responsibility for preventing pregnancy or STIs - were also unreported. Even for students who currently abstain from sex, this information will be useful in the future. Students themselves note the need for accurate information on pregnancy prevention. Many stated that they would prefer not to rely on what they learn from peers or the media on methods, but would instead like to be taught this information in school.

Information to help students **understand HIV and STIs** is not thorough. Students report being taught that sex, deep kissing with someone who has mouth ulcers, and sharing of sharp objects can lead to HIV infection. As described above, types of sex and the risks they pose are not discussed. For both STIs and HIV, the primary risk reduction method being taught is abstinence. Lessons on negotiating for safer sex were not reported, nor was instruction on limiting risk via partner selection (e.g., having sex with a peer instead of an older partner). Student reports suggest that the way HIV affects the body is well-described in some settings, but students in rural and peri-urban schools had misconceptions on the topic. These students reported that once someone had contracted HIV, he or she would die quickly; thus, they reason that it is easy to identify who is infected. Various STIs are reportedly mentioned in classes, often within the context of poor outcomes associated with sex, but neither detection of STIs nor their treatment seems to be discussed.

HIV and AIDS treatment, care, and support are covered to varying degrees. How thoroughly HIV treatment was reportedly discussed depended on the location of the school. Those students in urban and informal settlement areas reported receiving more information on treatment than students in rural or peri-urban schools. Urban and informal settlement schools also focused more on teaching students to empathize with those who are infected with HIV. Students there report being taught that contracting HIV is not necessarily the fault of the infected person and that all people should be supported. However, at one informal settlement school, people living with HIV and AIDS (PLWHA) are reportedly used as a cautionary tale; students describe being taken to visit PLWHA to see their suffering so that they will not engage in sex. Students in a few schools described learning about voluntary testing and counseling (VCT), and one informal settlement school reported having VCT on site during a recent afternoon,

courtesy of a local NGO. There was no evidence in any school of guidance for PLWHA, such as information about how to disclose one's status or ways to have safe sex if one is infected. This omission is especially striking because so many of the schools reported having OVCs and students living with HIV.

Figure 19. Sexual and Reproductive Health Content

UNESCO International Technical Guidance on Sexuality Education	Kenya Life Skills Education Curriculum Content (Primary)	Kenya Life Skills Education Curriculum Content (Secondary)	Reported Implementation	Information Found in the UNESCO Guidance but not reported as part of the Implemented Curriculum
6.1 Pregnancy Prevention	Teenage pregnancy addressed under the topic of Self Awareness, Standard 8, age 13/14 yrs old; No mention of pregnancy prevention	Teenage pregnancy addressed under the topic of Coping with Stress, Form 2, Age 15; No mention of pregnancy prevention, including condoms, contraception, protected, and unprotected sex	Abstinence	Discussion of condoms, including their ability to protect against HIV and how to use them; information on contraceptive methods, such as side effects and efficacy; identifying myths about condoms and contraception; information on where to locate condoms or contraception
6.2 Understanding, Recognizing, and Reducing the Risk of STIs, including HIV	STIs addressed under topic of Self Awareness – Standard 6, Age 10/11; No mention of reducing the risk of STIs, including HIV	Contracting HIV mentioned as a possible cause of conflict under the topic Non-Violent Conflict Resolution, Form 1, Age 14	Methods of transmission of HIV; how HIV works; and ways that HIV cannot be transmitted	Negotiating safer sex; limiting risk via partner selection; treatment options for STIs
6.3 HIV and AIDS Stigma, Care, Treatment, and Support	HIV addressed under topic of Self Awareness, Standard 6, Age 10/11; No mention of HIV and AIDS stigma; No mention of care, treatment and support	Prejudice, stereotypes, violations of human rights, social and cultural injustices are addressed under Non-Violent Conflict Resolution, Form 4, Age 17; PLWHA addressed under the topic of Empathy, Form 1, Age 14 and Form 4 (includes orphans and vulnerable children), Age 17; No mention of HIV treatment	HIV treatment is discussed to some extent; empathy for those with HIV is described as important; voluntary testing and counseling	Guidance for PLWHA beginning to navigate their own sexual lives; how to disclose one's status

Sexuality Education Content Delivery

Many teachers—especially those who are not teaching subjects related to LSE—do not feel comfortable talking about topics related to student sexual behavior. Yet, under the MOE guidance, all teachers must teach the curriculum. A teacher's comfort discussing sexuality education among students is extremely important in

determining how at ease students feel asking questions and, ultimately, how much students learn. Overall, it is clear that teachers need additional guidance to provide students with the information they need.

As described above, there is a concern among teachers that providing too much information may cause students to experiment with sex out of curiosity. Additionally, some teachers do not feel comfortable using explicit language about anatomy or sex, so they use euphemisms instead, referring to the penis and vagina as one's "batteries" or sexual intercourse as "gymnastics" or "bad manners." Students reported that this lack of candor makes LSE lessons confusing and causes them to be less likely to ask teachers questions related to puberty or sex because of the teacher's perceived discomfort.

It is clear that the teachers' attitudes toward LSE greatly affect students' perceptions of their accessibility. For example, some students reported feeling judged by their teachers. Therefore, they did not feel comfortable approaching them with personal questions. Other students said they chose not to ask certain questions (Figure 20) because they thought they would be punished for asking, or that the teacher would respond by telling the students that they can find out once they're older. However, there are teachers who discuss topics freely—some even stay after school to help students deal with personal issues—whom students feel comfortable going to. Some of the teachers who participated in the analysis played key roles in facilitating their students' SRH, from arranging VCT services at the school to helping sexually abused students seek help.

Based on the analysis, demographic factors may play a role in how free teachers are with information. For example, in high-poverty settings (e.g., the informal settlement schools where sexual abuse and transactional sex were more commonly described), teachers seem to discuss topics more frankly than elsewhere. The only school in the analysis at which condom demonstrations were reportedly given was in the informal settlement.⁷

Overall, teachers are providing students with the information they see as appropriate, but what is appropriate is often determined by what they are instructed to teach, or believe they have been instructed to teach. Topics related to sex are very sensitive, and most teachers are concerned about providing unsanctioned information and the risk that

Figure 20. Questions that students do not feel comfortable asking their LSE teachers

How can one handle sexual urges?

How should one respond when someone asks her to prove her love by having sex with a boy?

What are the effects of emergency contraception?

Why do some people not become infected with HIV after having sex with an HIV positive person?

⁷ The demonstration was given by an NGO working within the school.

delivering such information could pose to both their career and students' outcomes. For example, teachers described feeling unsure of which information to give to students who are already engaged in sex when secondary abstinence was not seen as an option. They felt it was inappropriate to discuss condoms with these students, although as described in the section on laws and policy, the national *Education Sector Policy on HIV and AIDS* does not discourage instruction on condoms. (Republic of Kenya 2004)

Life Skills Education Implementation

Because sexuality education is a part of LSE, the way in which SRH content is delivered depends in large part on how LSE is implemented. LSE has been implemented inconsistently throughout Kenya's school system. Some schools are not teaching LSE as a stand-alone subject; others teach LSE without using the KIE-developed syllabus; and still others do not have any regular mechanism for teaching life skills content to the entire student body. When students were asked if they received LSE in any form, all primary school groups and 10 of the 12 secondary student groups responded affirmatively. The two secondary schools stating that they did not receive LSE were private. Many implementation issues come from a lack of teacher training in life skills and the KIE syllabus, but other factors further complicate the delivery of LSE information. As described in the section on community response, the common factor in each setting is enthusiasm for the subject. Thus, those who were interviewed not only shared thoughts on the challenges they faced, but they were also eager to offer suggestions on how to improve LSE implementation. This section outlines both the implementation challenges and recommendations shared by participants.

Training

Almost every teacher and MOE official interviewed stated that more training is necessary if LSE is to be delivered successfully.⁸ At the time of the analysis, fewer than half of the schools visited had a teacher who had been trained to use the KIE syllabus. There was a large training discrepancy between the primary and secondary schools. Among the primary schools visited, only five lacked a trained teacher. By contrast, none of the secondary schools had a trained teacher. Not surprisingly, teachers who were not trained did not feel comfortable teaching LSE. A teacher in one primary school summed up what many others shared during their interviews: "I would wish that we had training for this subject, because we really do not have any skills in teaching it." Even some of the teachers who were trained

⁸ It is important to note that KIE is aware of the need to train more teachers. Their goal is to train at least two teachers per school in the Life Skills syllabus, and they estimate that they are still a long way from this goal. Training of trainers has gone on at a national level, but cascade training has not been completed due to financial constraints.

stated that the training was good but was not thorough enough. One MOE official put it this way: “The teachers are feeling half-baked.” Teachers who were interviewed did state that a few schools had teachers who had been trained by locally operating NGOs, but the training was often not specifically on LSE. The disconnect between what NGOs are offering and what teachers are asking for is related to the use of NGO materials that are integrated under various titles of reproductive and sexual health, HIV prevention, or peer education as opposed to “LSE.” Unless clearly identified, commonalities between NGO and KIE objectives may not be apparent to teachers and opportunities for linkages between school officials and NGOs may be missed.

Those who were interviewed had several suggestions on how to improve teacher training. At the higher level, officials expressed the need to coordinate and harmonize development partners’ contributions and better align with KIE content to extend capacity for delivery beyond their own programs. Teachers expressed the need to continue conducting the MOE’s planned trainings to initiate teachers to the subject and, if possible, to make these trainings longer than 3 days. After this initial training on the LSE syllabus, teachers and MOE officials requested ongoing trainings in order to remain responsive to emerging issues faced by students. Beyond ongoing in-service training, teachers and MOE officials suggested that LSE be taught in teacher training college, with the option to specialize in the subject. Placing a LSE Key Resource Teacher at each school was also recommended, as this person would clearly be in a position to give others guidance on what to teach in LSE courses. The lack of a point person at each school was felt by teachers throughout the districts, and participants believed that a Key Resource Teacher would fill this gap and generate a greater feeling of responsibility for LSE implementation.

Materials

Adding to the difficulty of teaching the topic is the lack of LSE resources for both teachers and students. While more teachers had seen the KIE syllabus than had been trained to use it, it is still not available in each school visited. Only one secondary school had a copy of the syllabus, but many teachers still had never seen the document.⁹ Of the schools that had a copy of the syllabus, the vast majority had only one, although a few paid for additional syllabi so that each grade could have its own. Teachers who had seen the syllabus but had not attended trainings remarked that it was difficult to use without instruction, and both teachers and local MOE officials requested that a curriculum based on the syllabus be made available. The desired curriculum would provide additional information on activities

⁹ It is possible that the syllabus is available at some of the schools in which teachers report they have not seen it. Head Teachers are given the syllabus and if they have not shared it, then other teachers may be unaware of its existence.

that could be used to teach various topics in LSE, as opposed to simply describing the objectives that students should learn in each topic area. The teachers and officials felt that such a curriculum would be easier to use, especially for those without training.

The majority of teachers in each district also reported that they do not have textbooks or other MOE-sanctioned materials to use when teaching. The few teachers who did have a textbook often read to the entire class from one student workbook. Students said they would like to have their own books so that they could continue to read about the topics outside of class. Teachers complained that parents refused to buy LSE books for their students because it is not an examinable subject and was therefore viewed as a waste of money. Providing students with a textbook to take home has the potential to be quite valuable, especially if opportunities to share information with parents and guardians (e.g., through homework assignments) were created. Teachers also suggested that the district ministries invest in audiovisual materials with life skills messages in order to provide students with information in various formats.

Instruction

LSE is reportedly being implemented at least one time per week in all but three primary schools and seven secondary schools included in the analysis; this frequency is meaningful because it is the MOE's recommendation for LSE instruction. However, this statistic does not apply to all classes at each of these schools. Often, instead of all teachers giving instruction on LSE all year, a few teachers take up the task in a few streams. Even among those few, there are many untrained teachers teaching LSE, and some even lack the KIE syllabus. Some of these teachers have no knowledge of what life skills are. For example, one teacher, when asked what had been communicated to her about LSE, said, "We were told that there was a new subject. We were never told how to teach it." This response was not uncommon. In these cases, teachers rely on their own experiences to teach LSE lessons. While LSE may lend itself to this sort of teaching more than other subjects, it can be extremely problematic in cases where the teachers themselves are not role models and/or do not have an understanding of the topics covered in LSE. Finally, the type of teaching methodology recommended for giving instruction in life skills is new to many teachers. The handbook developed by KIE encourages participatory lessons, but it relies heavily on teacher creativity and initiative to be implemented as intended. Teachers with little experience in this new form of instruction fall back on didactic teaching practices - especially if they have not been trained.

Adding to the issue of teacher-generated content and a lack of recommended pedagogy is the fact that, while schools are teaching LSE at least once per week, they are not teaching it in the MOE-recommended format of one Physical Education lesson per week. Many teachers reported fitting LSE topics into other lessons as they were able or taking time out to teach LSE when it seemed necessary to address a student's behavior. This sort of *ad hoc* teaching is problematic. For example, when LSE is taught in response to student behavior—such as boys and girls engaging in romantic relationships, a commonly cited impetus for lectures—it creates resentment among the students who have been singled out, a sentiment shared by students in each district. Furthermore, this form of education creates a culture in which students neglect to raise issues with their teachers because they fear being used as an example of inappropriate behavior in a future lesson. Additionally, students reported censoring themselves in their questions to teachers because teachers were not perceived of as protecting their anonymity and students feared that teachers would share their personal information either with other students or teachers. Even for those students who have not been singled out, *ad hoc* life skills instruction does not create an environment conducive to positive interactions between pupils and teachers. Students in several schools reported receiving LSE only when their teacher was angry. Teaching life skills negatively (i.e., to address poor student behaviors) also means that lectures are used more often than interactive methods. Although the latter method requires more planning, it facilitates skill-building and is recommended in the KIE syllabus. Also, *ad hoc* teaching does not allow topics to be built upon over time, as the KIE syllabus was designed to do. When the content is not built gradually, it is harder to meet all students' needs, as some may have no introduction to the topic being discussed. Finally, evidence shows that sexuality education must be taught over at least 12 lessons to have an impact on students. Given the many competing priorities within LSE itself, teaching without a clear lesson plan only further dilutes the content and reduces the possibility that student SRH outcomes will be improved.

Now that it isn't examinable, you have to force them [the students] to read and remember their notes. The subject isn't taken seriously, even though it is helping them. They want to listen to the teacher in Life Skills, but instead they are finishing their math homework.
— Primary teacher, rural school

Even when LSE is slated to be offered regularly, teachers and students find themselves focusing on other subjects at the expense of LSE. Even teachers who recognized the importance of life skills said that if they found themselves behind in an examinable subject, they used an LSE lesson to teach that subject instead. Teachers also reported that students want to focus on LSE but end up prioritizing other subjects. This sentiment was widely shared among teachers and students who said that they struggled to take the subject seriously when they knew it would not be tested.

Each of these issues—a lack of materials for students, *ad hoc* teaching, and taking time devoted to LSE and using it on other subjects—is connected to whether LSE is examined. When asked how to improve LSE, almost all MOE officials and several teachers and parent groups said that the course should be included in the topics for which there are nationally administered tests. In several cases, teachers and MOE officials suggested that if examining students on LSE required that less time be spent on other time-tabled subjects, making LSE examinable would still be appropriate. Still others recognized that some LSE content may already be examined because it appears in other subjects; these officials recommended that only the information that is not examined elsewhere requires additional testing – and sexuality education will likely make up the bulk of this currently unexamined material.

Some of these issues can be ameliorated with external support. At roughly half of the schools in the analysis, development, academic, faith-based, and health organizations support LSE instruction. As Figure 21 shows, urban and informal settlement schools were much more likely to report that an external organization supported their LSE efforts than the rural or peri-urban schools. Those schools that reported assistance listed local hospitals, universities, and churches as well as local and international development agencies as the providers. The support provided varied from school to school. Some schools received peer education training—the Kenya Girl Guides program was mentioned in the urban and informal settlement schools—while others reported that their teachers were trained in instructing LSE or HIV/AIDS prevention alone. Also, some schools reported that external agencies, especially hospitals, provided lectures or motivational speeches on the topic of LSE during the school day. However, even in those schools with external support, many of the same issues described above were reported.

Figure 21. Schools Receiving Support from Development Partners

As reported by teachers and head teachers in each school

	Public	Private	Total
Urban	3 of 4	3 of 4	6 of 8
Peri-urban	1 of 4	1 of 2	2 of 6
Rural	1 of 3	0 of 3	1 of 6
Informal Settlement	4 of 5	0 of 1	4 of 6
Total	9 of 16	4 of 10	

Structural Issues

Structural issues in schools also make LSE implementation more difficult. Teachers and MOE officials in each district complained that the time table is too full to accommodate another subject. A teacher shortage further exacerbates the problem. Teachers with classes of more than 80 struggle to reach out to individual students,

regardless of their dedication to their pupils. This is problematic because teacher approachability is so vital to successful LSE delivery. Also, the teachers who were interviewed stated that many of their colleagues who are already over-burdened may not have any incentive to teach LSE on top of their other responsibilities, especially if they do not understand how it might benefit their students overall. A lack of private spaces also inhibited teachers' ability to speak with individual students about personal issues. Finally, some Kenyan students are not in the correct grade for their age, making the age range in any one class potentially quite wide. For example, some girls who are old for their grade may begin to menstruate in standard 1 or 2, while others who are in the correct grade for their age do not enter adolescence until standard 7 or 8.

Although many structural issues are beyond the scope of this analysis, teachers and local MOE officials offered suggestions to handle two of these issues. In order to provide teachers with greater incentives, teachers and MOE officials recommended providing them with LSE certificates after completing their training to encourage teacher participation and recognize the additional skills they had acquired. LSE training that emphasized the ways in which the subject can improve both student behavior and academic performance were also suggested. To mitigate the issue of a wide age range in each class, teachers suggested pulling older students aside in order to engage them with emerging issues (e.g., the onset of puberty) prior to teaching the information to all students. This practice is currently being used in some schools and teachers found it very effective.

Monitoring

Monitoring of LSE is severely lacking. Of the four Quality Assurance Standards Officers (QASOs) interviewed for the analysis, only one had attended a training on the KIE LSE syllabus. On the positive side, the QASO who had attended the training stated that it transformed his opinion of the value of LSE from initial skepticism to advocating for LSE. However, even after attending the training, he was unsure how to adjust his monitoring visits to measure the implementation of LSE, because the tools he uses have not changed and he had not received guidance from the MOE. The other QASOs interviewed felt even more unable to measure the implementation of LSE because they were unsure of what it consists. Teachers also requested better monitoring to ensure implementation.

Conclusions and Recommendations

Kenyan students face a variety of issues that Life Skills Education is well situated to address. This comparative analysis highlights key strengths in the existing curriculum and teaching practices as well as opportunities for deepening the content and improving on content delivery.

Content

The objectives of the KIE syllabus are deliberately broad, and they prioritize the development of key attitudes and behaviors, including social relationships and cultural values that are integral to a strong sexuality education program. However, there are areas in which additional content is required, especially as it relates to preparing students for practical situations that they may face in their daily lives. The following recommendations address broad content enhancements to sexuality education within LSE:

1. Sexual abuse and violence are pressing issues for youth (see Fig. 9). Incorporating more gender content into the existing curriculum would allow students to have a more comprehensive view of issues like violence against women and children, as opposed to simply seeing men as potential perpetrators. Positive models of masculinity, especially in relationships and parenting, will make a significant difference. Continuing to share messages on the need to report sexual violence, assertive communication, and avoiding risky situations is important, but this information should always be based on a clear understanding of rights, particularly the protection of the victim, and the fact that the victim can never be at fault. Also, a focus on gender content could help to promote gender equality—especially important in situations where girls have been taught that it is their obligation to fulfill men’s sexual needs (Maticka-Tyndale, Gallant et al. 2005). Taking these steps would improve SRH outcomes.
2. More information on HIV generally, and specifically how to live with HIV, is needed. Students in many areas still have dangerous misconceptions about the virus. For example, some students believe that it is possible to tell whether someone has HIV simply by looking at them, while others are unaware of which behaviors carry the greatest risk of infection. The issue of teaching children to live positively is also key. In 2009, UNICEF estimated that 289,765 young people were living with HIV in Kenya, many of whom are still in school and who need to be supported to remain there. The first generation of children who have grown up HIV-positive

is now reaching sexual maturity, and they desperately need information on how to make safe decisions.

3. Students need more information on sexuality education topics generally in order to make healthy decisions throughout the course of their lives. For example, denying students information on what a healthy romantic relationship looks like because the hope is that they will not be engaged in such relationships at present may mean that they never learn how their partners should treat them. Similarly, not discussing care during pregnancy or treatment of STIs with students while they are in school may mean they do not care for themselves appropriately later on. It is also impossible to counter myths without speaking frankly about sex, and as peer-reviewed research conducted in Kenya and this analysis show, myths continue to be prevalent across the country (Maticka-Tyndale, Gallant et al. 2005).
4. Nuanced messages are the best way to prepare students for the realities they face. It is important to stress the best option for healthy living; however, denying that there may be other ways to reduce harm does a disservice to students. For example, when a student is simply taught to say “no” to sex, he or she does not learn how to negotiate safe sex, which may be the more practical option. As consensual sex is a reality at many schools, it is also important that students are aware of the risks that different sexual acts carry as well as the risks that various partners represent. Students who are having sex may be able to minimize risk, specifically the risk of HIV infection, if they have the necessary information to make informed choices. Also, even those students who know that it is better to say “no” (as in Nzioka’s study) sometimes decide to have sex (Nzioka 2004). Thus, a simple message is not always enough to provide protection.

The *International Technical Guidance* provides a useful yardstick to by which to gauge what additional content is needed to ensure that students have the information and skills they need to achieve positive SRH outcomes. The specific content recommendations presented in Figures 23 through 28, arranged according to the key concepts in the technical guidance, support the broader enhancements suggested above.

Figure 22. Recommendations: Key Concept 1 – Relationships

UNESCO <i>International Technical Guidance on Sexuality Education</i>	Recommendations
1.1 Families	Strengthen content and skills in the following areas: <ul style="list-style-type: none">• communicating with parents on difficult issues such as unplanned pregnancy or HIV status disclosure• understanding romantic relationships; specifically, identifying healthy and unhealthy romantic relationships• recognizing and changing harmful behaviors such as harassment and bullying, including violence against those who do not follow strict gender norms• supporting the rights of all persons, including those with HIV, to become parents• understanding the role of parents and good parenting skills, including the expectations of parents, guardians, and caregivers
1.2 Friendship, Love, and Romantic Relationships	
1.3 Tolerance and Respect	
1.4 Long-term Commitment, Marriage, and Parenting	

Figure 23. Recommendations: Key Concept 2 – Values, Attitudes and Skills

UNESCO <i>International Technical Guidance on Sexuality Education</i>	Recommendations
2.1 Values, Attitudes, and Sources of Sexual Learning	Strengthen content and skills in the following areas: <ul style="list-style-type: none">• developing skills to identify and defend one's personal values• negotiating in romantic relationships• negotiating in sexual relationships, specifically the skills to refuse unwanted sexual attention• identifying confidential networks of information, advice and support on sexual, reproductive, and rights issues, including trusted adults such as teachers
2.2 Norms and Peer Influence on Sexual Behavior	
2.3 Decision-making	
2.4 Communication, Refusal, and Negotiation Skills	
2.5 Finding Help and Support	

Figure 24. Recommendations Key Concept 3 – Culture, Society, and Human Rights

UNESCO <i>International Technical Guidance on Sexuality Education</i>	Recommendations
3.1 Sexuality, Culture, and Human Rights	Strengthen content and skills in the following areas: <ul style="list-style-type: none">• understanding past and current sexual norms and the sources of these norms, beliefs, and behaviors from a rights-based and culturally appropriate perspective• discussing and analyzing the media as a source of ideas about gender, sexuality, and relationships• understanding gender as a social construct and the role of gender stereotypes in violence against women and girls• identifying positive examples of masculinity• identifying all forms of gender-based violence and protection of the rights of victims
3.2 Sexuality and the Media	
3.3 The Social Construction of Gender	
3.4 Gender-Based Violence, including Sexual Abuse, Exploitation, and Harmful Practices	

Figure 25. Recommendations: Key Concept 4 – Human Development

**UNESCO International Technical
Guidance on Sexuality Education**

4.1 Sexual and Reproductive
Anatomy and Physiology

4.2 Reproduction

4.3 Puberty

4.4 Body Image

4.5 Privacy and Bodily Integrity

Recommendations

Strengthen content and skills in the following areas:

- describing sexual and reproductive anatomy and physiology, as well as reproduction in a way that is age appropriate, accurate, and non-judgemental
- identifying healthy behaviors during pregnancy

Figure 26. Recommendations: Key Concept 5 – Sexual Behavior

**UNESCO International Technical
Guidance on Sexuality Education**

5.1 Sex, Sexuality, and the Sexual
Life Cycle

5.2 Sexual Behavior and Sexual
Response

Recommendations

Strengthen content and skills in the following areas:

- providing positive messages about appropriate sexual behavior and healthy sexuality
- describing individual sexual behaviors and the risks they carry
- understanding sexual attraction, sexual emotions, and appropriate ways to demonstrate these

Figure 27. Recommendations: Key Concept 6 – Sexual and Reproductive Health

**UNESCO International Technical
Guidance on Sexuality Education**

6.1 Pregnancy Prevention

6.2 Understanding, Recognizing,
and Reducing the Risk of STIs,
Including HIV

6.3 HIV and AIDS Stigma, Care,
Treatment, and Support

Recommendations

Strengthen content and skills in the following areas:

- continuing to teach that abstinence is the best way to prevent STIs and unplanned pregnancy
- describing methods of HIV and pregnancy risk reduction, such as partner selection, safer sex, non penetrative sex, or condom use
- identifying methods of contraception, including side effects, efficacy, and where to seek advice and obtain contraceptives
- describing male and female condoms and the need for consistent and correct use
- identifying the symptoms of STIs and treatment options
- standardizing content taught on HIV and AIDS so that all students learn about how the disease affects the body, testing, treatment, and the importance of support for PLWHA
- identifying stigma and its harmful effects
- providing information and support needed by young people living with HIV

The sensitive nature of sexuality in Kenya may cause some of the content recommendations above to inspire anxiety. However, many potential concerns among education administrators, school managers, and parents regarding the exposure of children and young people to sexuality education have been addressed in this report.

First, key stakeholders have clearly indicated the age at which they consider it necessary and appropriate to begin introducing sexuality education (see Figure 4). Among parents (the key decisionmakers), opinions range from 7.5 years old in urban areas to 11 years old in informal settlements. Furthermore, peer-reviewed research conducted in Kenya shows that program effects are greater when students receive the information at a younger age.

Second, parents are clear in their support for more pregnancy prevention education, the topics that need to be covered (see Figure 5 and Figure 6), and the skills they want their children to have in managing their relationships. Parents have also identified the specific issues they want addressed in lessons on HIV and AIDS.

Furthermore, fear of exposing students to ideas that will cause them to become sexually active contradicts the most up-to-date scientific evidence and means the loss of critical learning opportunities in the life cycle of children and young people. First, the *International Technical Guidance* demonstrates that good quality sexuality education does no harm – in fact it has positive impacts on a range of sexual behaviors such as the delayed initiation of sex, decreased frequency of sex, decreased number of sexual partners, increased condom use, increased use of contraception, and reduced sexual risk-taking. Second, the reality is that students – both those in the analysis and those across the country (Kabiru and Orpinas 2009) – are already exposed to both sexual information and behaviors. Thus, the lack of exposure to correct material keeps students from getting the information they need to make informed decisions now and in the future. Finally, review of other African nations and their practices in sexuality education demonstrates that many other countries have programs in which condoms are discussed in schools. For example, at a national level, the Government of Namibia has dedicated itself to teaching students about condoms in schools as part of its *Education and Training Sector Improvement Program*, and part of this instruction includes condom demonstrations. (Namibia 2007)

Implementation

Life Skills Education is information for Kenyan students and is strongly supported by a wide variety of stakeholders. Research suggests that LSE can make a difference in student sexual behaviors in Kenya, and even with a lack of thorough implementation, LSE has made positive in-roads by affecting student behavior and improving knowledge

levels on a wide variety of topics. Changes in the way that LSE is implemented could allow for an even greater impact, and stakeholders across the board are in favor of putting more emphasis on LSE in schools.

Recommendations for improving LSE implementation are presented in Figure 28.

Specific issues in the delivery of sexuality education require attention. For example: (i) the need for the Ministry to provide clear guidance on what teachers can say when students ask them questions and (ii) the request by students that teachers speak frankly, avoid euphemisms, and respond to student questions without judgment. However, there are other excellent teaching practices currently in use, such as creating an open environment in which students can come to teachers freely to discuss issues about menstruation, that should be maintained. The International Technical Guidance provides good practical advice on many of these curriculum design and pedagogical issues, which are treated at length in the section on characteristics of effective programs (Volume 1). Curriculum specialists and teacher developers are encouraged to disseminate and operationalize these principles. SRH content delivery can be improved through changes described under “Instruction” as well as “SRH Content Delivery” in Figure 28.

Figure 28. Implementation Recommendations¹⁰

Training

- Continue training teachers to introduce them to the KIE syllabus.
- Continue to offer in-service Life Skills Education training even after teachers from each school have received initial trainings.
- Begin offering Life Skills Education courses in teaching colleges.
- Create a Key Resource Teacher for Life Skills Education who can act as a point person and resource for LSE at his or her school.
- Modify teacher trainings so that they also address the need for a change in how teachers approach the topic. Students need to be able to ask questions and receive straight-forward answers in order to make informed decisions. Young people may not have another adult that they can turn to, so it would be good if teachers can fill that role.
- Encourage teachers to use more participatory methods of teaching, which would go further in helping students' develop skills.
- Increase length of training to address gaps in sexuality education content fit for Kenyan cultural context.

Materials

- Ensure that each school has at least one KIE syllabus and handbook for teaching. If possible, provide the syllabus in a digital format so that it can be easily shared with schools.
- Create a curriculum with step-by-step activities to accompany the KIE syllabus; using a curriculum will also help teachers deliver more participatory lessons.
- Provide LSE course workbooks to students that they can take home with them. Homework activities that students can do with parents may encourage parental involvement in LSE.

Instruction

- Determine existing examinable content linked to life skills; expand LSE examinable content so that it will be offered regularly and in a thoughtful manner that follows the KIE syllabus.
- Encourage teachers to offer more participatory lessons that focus on skills building.
- Move away from didactic lessons that make examples of students and be sure to maintain confidentiality.
- As possible, involve parents in Life Skills Education instruction; engage Parent Teacher Associations and other similar organizations.
- To ensure that sexuality education content is covered thoroughly, increase its emphasis within LSE

Structural Issues

- Give teachers the freedom to meet students' needs individually if those needs differ from their classmates (for example, students who enter adolescence early or begin formal schooling late).
- Provide a certificate to teachers who complete Life Skills Training; it is important to acknowledge their proficiency and accomplishment.

Monitoring

- Train all QASOs in the Life Skills Education syllabus.
- Adapt current monitoring tools to accommodate the Life Skills Education course.

SRH Content Delivery

- The MOE should provide clear guidance on what teachers can say when students ask sexuality-related questions.
- Teachers should speak frankly and avoid euphemisms.
- Teacher should respond to student questions without judgment.

¹⁰ Many of the issues reflected in the implementation of LSE are generic challenges in education when implementing any curriculum reform. For example, training large numbers of teachers in new content and skills is always costly, time consuming and complex, and the issues apply as much to mathematics as they do in LSE. However, in the interest of completeness, and in representing what was shared by those who participated in the analysis, it is important to recognize these implementation issues.

Parent Involvement

Finally, it is clear that parents have an important role to play in LSE and that many are not currently playing this role. Thus, although it should not be the responsibility of an already overtaxed education system to teach parents as well as students, it is important for schools to consider involving parents in teaching life skills to their children, as this could lighten teachers' burden and improve student SRH outcomes in the long run. Previous interventions, such as KARHP, have successfully engaged parents and care givers and may provide information to govern future efforts to reach out to this vital group.

Looking Forward

Addressing young people's SRH needs extends beyond offering quality LSE. However, altering the content and delivery of LSE in education to provide students with both the information and skills they need can move the country toward its goal of a population of young people with positive sexual and reproductive health outcomes and an HIV-free generation.

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Annex A - Background Information/Genesis of Life Skills Education

KENYA INSTITUTE OF EDUCATION

BACKGROUND INFORMATION/GENESIS OF LIFE SKILLS EDUCATION

SUBMITTED TO

FAMILY HEALTH INTERNATIONAL

1.1 BACKGROUND INFORMATION

Education is the means by which individuals are equipped with knowledge, skills and values that enable them to become productive citizens. Education is therefore very important in the development of both the individual and the nation.

Ages 0-19 are critical formative years for the development of behaviour and skills in an individual. In the African traditional society, proper structures and mechanisms had been put in place to help the children and the youth develop and grow as responsible and productive members of the society. Traditional education addressed the holistic view of human personality through the informal education system. However, due to historical reasons, traditional family and educational ties have largely broken down thereby leaving young people vulnerable.

Throughout the Eastern and Southern Africa Region (ESAR) there has been a growing awareness that Life Skills Education for children and adolescents has for a long time been largely neglected in education programmes. The formal education system has to prioritize the imparting of academic knowledge. However, it has become increasingly clear that such prioritization of academic knowledge without acquisition of psychosocial skills is an inadequate way of preparing young people for the complex challenges that exist in our world today. There is therefore a need for the youth to be enabled to develop positive values, attitudes, skills and healthy behaviours in order to help them effectively deal with the challenges of everyday life.

Kenya Institute of Education (K.I.E.) defines Life Skills Education as abilities which enable an individual to develop adaptive and positive behaviour so as to effectively deal with challenges and demands of everyday life. Life Skills Education adopts a comprehensive behaviour change approach that focuses on the development of the whole individual. The Life Skills approach is an interactive, educational methodology that not only focuses on transmitting knowledge but helps the youth to explore their attitudes, feelings, opinions and values thereby developing psychosocial competencies to face life's challenges effectively.

The need to focus on Life Skills as a critical response to the challenges facing young people today is highlighted in a number of international recommendations, including the Convention on the Rights of the Child, the International Conference on Population and Development, and Education for All. An example of one of these highlights is the UNGASS Declaration which states that;

'By 2005, ensure that at least 90% and by 2010 at least 95% of young men and women have

access to information, education, including peer education and youth – specific HIV Education, and services necessary to develop life skills required to reduce their vulnerability to HIV infection, in full partnership with young persons, parents, educators and health care providers.’

The Ministry of Education (MOE) has long been aware of the need to adopt Life Skills Education as a remedy to these psychosocial challenges. Different strategies have been put in place to enable learners to manage these challenges. Examples of such strategies are:

2. 2.1 Establishment of HIV and AIDS project by KIE

The overall goal of the AIDS Education Programme was to prevent the spread of the disease among the youth in and out of school through behaviour change.

During the revision of the curriculum in 2003, Life Skills were integrated and infused into various subjects. Subsequently Life Skills were incorporated into the teaching and learning materials.

2.2 Monitoring of the implementation of HIV & AIDS Education

Subsequent to the implementation of the AIDS Education Programme, monitoring exercises (2000, 2004) on HIV and AIDS project was done by KIE in 2004. The results indicated that there existed a gap between knowledge and behaviour change among the learners. Life Skills Education was seen to be the stop gap measure.

2.3 Development of Life Skills Education Materials

In the year 2002, with assistance from UNICEF, Kenya Country Office (KCO) KIE developed 40,000 sets of instructional materials on life skills education. These materials include:

- Life Skills Education for Lower and Upper primary
- Life Skills Education for the youth
- Life Skills Education – Facilitators Handbook

2.4 Orientation of teachers on Mainstreaming of Life Skills Education to the curriculum.

The aim of this orientation was to build capacity among teachers, Education officers TAC tutors, and District Centres for Early Childhood Education (DICECE) officers on how to mainstream Life Skills Education into the regular school curriculum. Those oriented were drawn from Kwale, Garissa, Nairobi, Meru North, Tana River,

Koibatek, Nakuru, Kajiado and Laikipia districts:

2.5 Participatory story telling initiative

KIE and UNICEF found it necessary to introduce the art of traditional story telling in early childhood development program. A total of 53 trainers of trainers (TOTs) and 400 teachers have been trained on adaptation, dramatization and story telling aimed at instilling the essential values based life skills.

2.6 Study tour by Education officers to Zimbabwe and Malawi.

A team of senior Ministry of Education officers from Kenya visited Zimbabwe and Malawi with a view to familiarize themselves with the implementation strategies of Life Skills Education in learning institution in the two countries. Following the study tour, a strong consensus seemed to emerge on the need to teach Life Skills Education as a stand - alone subject in schools and teacher training colleges. As the delegation returned to Kenya, the challenge to review the current implementation of Life Skills strategy, to allow for specific time in the curriculum became evident. The need to build the capacity of teachers to enable them to facilitate the development of Life Skills beyond 'content teaching' also became apparent. A key recommendation arising from the tour was that Life Skills Education needs to be given the priority it deserves by being taught as a stand-alone subject.

2.7 National Life Skills Stakeholders Conference

In July 2006, a national Life Skills stakeholder's forum was held in K.I.E.; the aim of this conference was to:

- appraise all stakeholders on the findings of the tour.
- give stakeholders an opportunity to share their experiences on the various implementation strategies of Life Skills Education.

The forum provided stakeholders with an opportunity to deliberate on whether Life Skills should be taught as a stand - alone subject or should continue to be infused and integrated into the curriculum. A key recommendation from the national forum was that Life Skills Education should be taught as a stand-alone subject in primary and secondary education levels. The delegates observed that this approach would be ideal in the sense that specific time would be allocated for it in the school time table and designated trained teachers would plan for it in their schemes of work.

2.8 Monitoring Exercise on the implementation of the Life Skills

Education

Monitoring is a very vital element in any intervention programme. It ensures effectiveness and sustainability of the programme

In 2006, KIE conducted a monitoring exercise on the implementation of Life Skills Education in Kwale district, the aim of this exercise was to establish whether the programme is being implemented as envisaged

Some of the recommendations given by the respondents are that:

- The ministry of Education should reassess the infusion and integration method in implementation of Life Skills Education.
- KIE and MOE should explore on the possibility of offering Life Skills Education as a stand-alone subject.
- Life skills Education should be made examinable.

2.9 Orientation of Curriculum Developers, Quality and Assurance Standard (QUAS), Kenya Institute of Special Education (KISE), Kenya Education Staff Institute (KESI) , Teachers Service Commission (TSC) officers

Curriculum Developers, Quality and Standard Assurance (QAS), KISE, KESI, and TSC officers play a very significant role in the development, implementation, assessment and ensuring quality and standards of any educational programme. Consequently KIE organized and conducted an orientation workshop on Life Skills Education for 120 curriculum developers, 30 officers from directorate of QAS, KISE, KESI, TSC officers. The aim of this exercise was to create awareness on how Life Skills Education is incorporated into the school curriculum. The forum also gave the officers an opportunity to understand the concept of Life Skills Education so that at the point of establishing it as a stand-alone subject, it will not be an alien concept.

2.10 Development of the KIE Concept paper on the establishment of Life Skills Education as a subject.

After the national conference, the MOE and KIE perceived the need to develop a concept paper with a view to detailing various strategies that MOE needs to undertake in order to

- Upscale the teaching of Life Skills Education.
- Give the directions on the establishment Life Skills Education as a subject and inform the curriculum process.
- Write workshop to develop Training Manuals
- Produce Training Manuals
- Conduct In-service Workshops

- Build the capacity of KIE and curriculum implementing agencies

2.11. Conducted a situational analysis on the level of knowledge and application of Life Skills among primary and secondary school learners in Kenya

The need to establish the current status of knowledge and application of Life Skills among learners in ECD, Primary and Secondary education levels was based on the strong recommendation given on the need to establish Life Skills Education as a subject.

2.12 Development of the LSE Curricula and Curriculum support materials

The Primary and the Secondary LSE syllabuses, teachers handbooks and a training manual were developed in 2008. Curriculum development process was informed by the findings on the Situational Analysis on the level of knowledge and application of Life Skills among primary and secondary school learners in Kenya.

2.13 Orientation of the National and provincial TOT

Between 2008-2009, the Institute managed to train trainers of trainers (TOTs) at the national and provincial levels. The trainers are expected to orient teachers who will implement LSE in their schools. Orientation of teachers is ongoing.

2.14 Implementation strategy

MOE has provided guidelines on how LSE should be implemented. The subject is supposed to be taught in all the classes in the primary and secondary schools, one lesson per week.

Annex B – Curricula Compendium

	Curriculum Name	Target Group	Content
1	<p><i>Why Wait?</i> Family enrichment curriculum— primary level year 7— part of the CHF international and used by the Anglican Inland church</p> <p>Published by Sub-Saharan Africa Family Enrichment.</p>	Primary school children about age 14 years.	<ul style="list-style-type: none"> • Friendships and other relationships • Role of the family • Preparation for parenting
2	<p><i>Why Wait?</i> Family enrichment curriculum— primary level year 8— part of the CHF international and used by the Anglican Inland church</p> <p>Published by Sub-Saharan Africa Family Enrichment.</p>	Primary school children about age 15 years.	<ul style="list-style-type: none"> • Parental responsibilities • Reasons to wait to engage in sex • Respect • The decision making process • The family • Communication skills
3	<p><i>Why Wait?</i> Family enrichment curriculum— secondary level unit 1— part of the CHF international and used by the Anglican Inland church</p> <p>Published by Sub-Saharan Africa Family Enrichment</p>	Secondary school youth	<ul style="list-style-type: none"> • Reasons to wait to engage in sex • Basic human needs: security and significance • True love provides and protects • True love provides security and significance • Building friendships • The qualities of good friendships • Peer pressure • Is it lust or love? • Love is a choice • Handling peer pressure • Choice and consequences: Pre-marital sex • A clean heart for a new student • Acceptance and forgiveness of the behavior • HIV/AIDS and STDs
4	<p><i>HIV & AIDS Curriculum for Theological Institutions and Bible Colleges in Africa</i></p> <p>Published by MAP International.</p>	Church leaders	<ul style="list-style-type: none"> • Effects of HIV/AIDS pandemic • Human sexuality and HIV/AIDS • Christian response to HIV/AIDS pandemic • Program development and methods teaching • Specialism
5	<p><i>True Love Waits: Leader's guide</i></p> <p>CHF International</p>	Church leaders	<ul style="list-style-type: none"> • Facilitation guidelines • Planning and preparing a workshop • How adults learn • Methods of facilitating a participatory workshop • Introduction, presupposition, and leadership of true love waits • Is it worth the wait? • Information on HIV/AIDS
6	<p><i>Abstinence and Behavior Change (ABY) Programme. Facilitator's/Teachers Manual 2006-</i></p> <p>Kenya Episcopal Secretariat</p>	Teachers/facilitators	<ul style="list-style-type: none"> • Abstinence and positive behavior change • Relating with self and others in a positive way • Respect for self and others • Abstaining from risky behaviors • Facts and information on HIV/AIDS • Decision making process • Care and hope for PLWHA

7	<p><i>The Journey into the Hearts of Young People: A Training Manual for the Youth</i></p> <p>CHF International Apostles of Jesus AIDS Ministries</p>	Training manual for youth	<ul style="list-style-type: none"> • The miracle of adolescence • Sexuality education • Personal, family, and community values • Talking to young people about sex and AIDS • Substance use and abuse • Gender roles and equality • Planning for the future
8	<p>Kenya National Life Planning Skills and Participatory Peer Education, Second Draft, January 2005. Manual for Youth Peer Educators and Trainers. <i>Experiential, Exploratory, Participatory, and Problem Posing Methods</i></p> <p>CHF International</p>	Manual for youth peer education and trainers	<ul style="list-style-type: none"> ▪ Training of facilitators ▪ Values ▪ Adolescent development ▪ Human sexuality ▪ Relationships ▪ Pregnancy ▪ STIs ▪ HIV and AIDS ▪ Gender ▪ Drugs and substance abuse ▪ Life skills
9	<p><i>AIDS Education Syllabus for Schools and Colleges</i>, December 1999</p> <p>Published by the KIE</p>	All schools and college students	<p>Standard 1</p> <ul style="list-style-type: none"> • Myself and others • My body • Learning about diseases • Learning about AIDS • What AIDS can do to us • How to help people living with AIDS • How to avoid getting AIDS <p>Standard 2</p> <ul style="list-style-type: none"> • Myself and others • Learning about AIDS • What AIDS can do to us • Signs and symptoms of HIV/AIDS • What we can do for people living with AIDS • Prevention and control of HIV/AIDS <p>Standard 3</p> <ul style="list-style-type: none"> • Myself and others • Learning about AIDS • What HIV/AIDS can do to us • Signs and symptoms of HIV/AIDS • What we can do for people living with AIDS <p>Standard 4</p> <ul style="list-style-type: none"> • Myself and others • Facts about AIDS • Ways in which AIDS gets into our bodies • Ways in which you cannot get AIDS • Prevention and control of HIV/AIDS • Effects of AIDS on individuals • What we can do for people living with AIDS <p>Standard 5</p> <ul style="list-style-type: none"> • Myself and others • AIDS and STDs • Ways in which AIDS can get into our bodies

		<ul style="list-style-type: none"> • Ways in which you cannot get AIDS • Prevention and control of HIV/AIDS • Effects of AIDS on the family • What we can do for people living with AIDS <p>Standard 6</p> <ul style="list-style-type: none"> • Myself and others • AIDS and STDs • How AIDS spreads • Ways in which AIDS is not spread • Effects of AIDS on the community • Facts, myths, and misconceptions about AIDS • Care and support for people living with AIDS • Time management <p>Standard 7</p> <ul style="list-style-type: none"> • Myself and others • Facts about AIDS • Transmission of HIV/AIDS • Ways in which HIV is not transmitted • Effects of HIV/AIDS on the nation • Beliefs and practices that affect the spread of AIDS • Care and support for people infected and affected by HIV/AIDS <p>Standard 8</p> <ul style="list-style-type: none"> • Myself and others • Stages of HIV infection • Transmission of HIV/AIDS • Ways in which HIV is not transmitted • Effects of AIDS on the nation • Care and support for people infected and affected by HIV/AIDS <p>Form 1</p> <ul style="list-style-type: none"> • Basic facts about HIV/AIDS and STDs • Youth and sexuality • Responsible behavior • Time management • Signs and symptoms of STDs and AIDS <p>Form 2</p> <ul style="list-style-type: none"> • Facts about STDs • Relationship between AIDS and STDs • Youth and sexuality • Responsible behavior • Time management • Factors which make people vulnerable to HIV/AIDS infections and spread <p>Form 3</p> <ul style="list-style-type: none"> • HIV/AIDS infections and control measures • Internal body defense • Religious and cultural rites • Communication skills • Effects of HIV/AIDS on individuals and the family <p>Form 4</p> <ul style="list-style-type: none"> • Internal body defense
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			<ul style="list-style-type: none"> • Religious and cultural practices • Facts, myths, and misconceptions about HIV/AIDS • Effects of HIV/AIDS on the individual, community, and the nation • Communication skills • Care and support for people living with AIDS <p>Colleges</p> <ul style="list-style-type: none"> • Facts about STDs and HIV/AIDS • Modes of STDs, HIV/AIDS transmission • How HIV affects the body's immune system • Practices that affect the spread of HIV/AIDS • Risky behaviors and situations with regard to HIV/AIDS • Facts, myths, and misconceptions about HIV/AIDS • Socioeconomic effects of HIV/AIDS • Prevention and control of HIV/AIDS • Care and support for those infected and affected by HIV/AIDS • Sources of information on HIV/AIDS • Communication on HIV/AIDS issues
10	<i>Tuko Pamoja</i> PATH	Youth	<ul style="list-style-type: none"> • Values • Life cycles • Adolescence and puberty • Male and female reproductive system • Reproduction myths • Healthy relationships • Communication • Friendships • Romantic relationships • Love and infatuation • Managing stress, anger, and conflict • Introduction to gender • Gender stereotypes • Sexuality and behavior • Self-esteem • Being assertive • Decision making • Setting goals • Abstinence • Resisting peer pressure • Drug use • Sexual exploitation, rape, and gender violence • Teenage pregnancy • Parenthood • Unsafe abortion • HIV and AIDS • Voluntary Counseling and Testing (VCT) • Care and support for PLWHA • STIs • Myths and facts on STDs
11	<i>Tuko Pamoja: A Guide for Talking with Young People about Their Reproductive Health</i>	Public Health Technicians	<ul style="list-style-type: none"> • Adolescence • Values • Being youth friendly • Talking about sexuality with young people • Effective communication • Facilitating a group discussion

			<ul style="list-style-type: none"> • Ten tips for facilitating a discussion • Talking about uncomfortable topics • Puberty • Sexuality • Unintended pregnancies • Unsafe abortion • STIs • HIV and AIDS • Voluntary counseling and testing • Care and support for PLWHA • Abstinence • Condoms • Preventing pregnancy • Drug abuse • Sexual violence • Accommodating youth with special needs
12	<i>Men as Partners in HIV Prevention: A Training Manual for the Kenya National Youth Service</i>	Kenya National Youth Service, young adults	<ul style="list-style-type: none"> • Exploring gender issues • Sexuality, sexual health, and sexual relationships • Sexual decision making, abstinence, and communication skills • HIV and AIDS • Putting it all together
13	<i>Choose Life: Guide for Peer Educators and Youth Leaders. A curriculum for youth ages 15 and older</i> World Relief, through partner organizations	Designed for youth ages 15-19 years	<ul style="list-style-type: none"> • Being yourself • Good communication • Making good choices • Understanding sexuality • Sexual health and the consequences of misused sexuality • STIs • HIV/AIDS • Considering abstinence • Abstinence strategies • Committing to abstinence • Maintaining abstinence
14	<i>Making a Difference: An Abstinence-based Approach to HIV/AIDS and Teen Pregnancy Prevention</i> Youth Intervention Programme, ITM/KEMRI/CDC	Youths ages 10-14 years who attend school	Youth Intervention Programme, ITM/KEMRI/CDC
15	HOPE Worldwide-HIV/AIDS prevention program	Grades 8-12	<ul style="list-style-type: none"> • Letters to the parents • Love and dating • Parenting • Teenage pregnancy • Abstinence • The media and you • Community action teams
16	HIV and AIDS training curriculum-KNUT	Teachers	<ul style="list-style-type: none"> • Basic facts on HIV/AIDS • HIV/AIDS policy in the education sector
17	ABY programme- compiled by Dr. C. Simbakalia	Adolescents and youth	<ul style="list-style-type: none"> • Nature of the adolescents • Adolescent vulnerability • Reducing incidences of STIs/HIV/AIDS • Abstinence

			<ul style="list-style-type: none"> • Life skills • Education, information, and communication • Understanding behavior change • Monitoring and evaluation
18	<p><i>HIV/AIDS Abstinence and Being Faithful Manual for Facilitators and Trainers</i></p> <p>Live with Hope Centre, Kericho</p>	The target group is not very clear	<ul style="list-style-type: none"> • Values and beliefs about HIV/AIDS • Adolescents • Sexuality • Risky and non-risky behaviors • Pre-disposing factors to HIV • Names, signs, symptoms of STIs • What is HIV? • Facts, rumors, opinions about HIV • Facts on VCT • Abstinence • Caring for people living with AIDS • Drug problems • Decision making skills • Seminar presentations
19	<p><i>It Takes Courage!</i></p> <p>Samaritan's Purse</p>	Trainer's training manual	<ul style="list-style-type: none"> • Behavior and relationships. • Communication • Power of forgiveness • Decision making • Handling peer pressure • Practice teaching • Cultural challenges • Communicating facts about HIV/AIDS • Caring communities • Action plan
20	<p><i>Secondary School Action for Better Health program</i></p> <p>CfBT Education Trust</p>	Secondary school students	<ul style="list-style-type: none"> • Adolescent health and sexuality • Adolescent health risk avoidance • Alcohol and other drug abuse • Transmission and prevention of STDs • HIV counseling • Life skills activities • Life skills and values • Guidance and counseling • Goal setting • Career guidance • Communication approaches • Sexuality and the touch continuum • School healthy clubs
21	<p><i>Discovering the potential of Girl Guides: A Life Skills Curriculum for Guide Leaders</i></p> <p>KGGA/FHI 2009</p>	Target audience girls in schools 10-14 years	<ul style="list-style-type: none"> • Background on life skills • Pre test • Building a safe space • Values • Strategy to say 'no' • School performance • Hygiene • Adolescent development • Self esteem & coping skills • Common illnesses • Mapping health services • Fertility awareness • Myths and facts about pregnancy • HIV transmission

			<ul style="list-style-type: none"> • Prevention: assessing risk & protecting yourself • Myths and facts about HIV and AIDS • Stigma and discrimination • Care and support • Understanding feelings • Communication skills • Helpful adults • Decision-making and your career • Gender roles and equality • Assessing cultural norms • Mapping safe spaces • Rape prevention and support • Refusing drugs and alcohol • Staying true to your plan • Post test
22	<p><i>Discovering the Potential of Girl Guides: 12 Peer Education Sessions</i></p> <p>KGGA/FHI 2009</p>	<p>A peer education handbook developed by girls for students in class 4-7</p>	<ul style="list-style-type: none"> • Self esteem and being a good friend • Values and school performance • Taking care of common illnesses • Understanding feelings of attraction • Communication skills • Talking to helpful adults • Making decisions for yourself • Responding to negative peer pressure • Understanding HIV transmission and prevention • Reducing stigma and discrimination • Preventing rape • Refusing drugs and alcohol
23	<p><i>Guidance and Counseling Teachers Handbook</i></p> <p>KIE</p>	<p>Guidance and counseling teachers handbook</p>	<ul style="list-style-type: none"> • Guidance and counseling in Kenya • Adolescent development and psychology • Youth sexuality • STDs • Drug and substance abuse • Mass media influence on the young people • Interpersonal relationships • Discipline and deviant behavior • Time management • Loss and grief • Traditional practices • Cults • Guidance and counseling programs in learning institutions • Life skills education • Disaster preparedness and trauma management
24	<p><i>Chill Club</i></p> <p>PSI</p>	<p>Adolescent and reproductive health and life skills curriculum for upper primary school youth (class 8) delivered by older youth, called Young Leaders</p>	<ul style="list-style-type: none"> • Values • Life cycles • Adolescence and puberty • Reproductive systems • Reproduction myths • Healthy relationships • Parent/child relationships • Friendships • Romantic relationships • Love and infatuations • Cross-generational relationships • Introduction to gender • Gender stereotypes

			<ul style="list-style-type: none"> • Sexuality and behavior • Self-esteem • Being assertive • Decision making • Setting goals • Abstinence • Resisting peer pressure • Sexual exploitation, rape, and gender violence • Teenage pregnancy • HIV and AIDS • Other STDs • Facts and myths about STIs
25	<i>Abstinence and Risk Avoidance for Youth Program: A Value-based Life Planning Skills Guide for Youth</i>	Youth 10-14 years old	<ul style="list-style-type: none"> • Human development • Values and behavior • Sexual health • Relationships • Personal skills
26	<i>AMKENI: AB Program Guidelines for CTC Groups</i>	CTC teachers	<ul style="list-style-type: none"> • Defining self • Planning for the future • Learning about HIV/AIDS • Choosing to abstain
27	<i>AB Program Guidelines for Families</i> AMKENI	Parent-child relationships	<ul style="list-style-type: none"> • What is a family? • Family issues • Family health • Family life communication • Adolescent reproductive health • Adolescent life skills • Sharing HIV information • Abstinence and related life skills • Decision-making process • Parent child support • Adolescence and puberty • HIV and AIDS • Abstinence • Setting goals • Self-esteem • Values • Communication • Assertiveness • Decision making
28	<i>AMKENI: AB Program Guidelines for Families</i>	Adolescents ages 10 years or older	<ul style="list-style-type: none"> • What is a family? • Family issues • Family health • Family life skills • Adolescent reproductive health • Adolescent family life skills • Sharing HIV information • Abstinence and related life skills • Adolescent life skills • Parent-child support
29	<i>KARHP Facilitation Manual: A guide for the Trainers of Guidance and Counseling Teachers</i> PATH and Population Council	Trainers' guidelines for training guidance and counseling teachers	<ul style="list-style-type: none"> • Adolescent reproductive health review • Life skills • Gender • Sexuality and behavior

			<ul style="list-style-type: none"> • Relationships • Communication • STIs and teenage pregnancy • HIV and AIDS • Myths about reproductive health and HIV/AIDS • Guidance and counseling • Drug use • Sexual violence and abuse
30	<i>Healthy Choices for a Better Future</i> Centers for Disease Control and Prevention	Targets youths ages 10-14	<ul style="list-style-type: none"> • Getting to know you and steps to making your dreams come true • Knowing your body • Consequences of sex and HIV infection • Attitudes, beliefs about abstinence, and saying 'no' effectively • Pregnancy and STDs as a consequence of sex • SWAT review and refusal skills practice
31	<i>There is HOPE</i> Samaritan's Purse	Manual for training communities to respond to HIV	<ul style="list-style-type: none"> • HIV/AIDS basic facts • Effective communication and education • HIV prevention • HIV testing • Stigma • Devotion • Compassionate care • Mobilizing the church and youth
32	KARPH Facilitators Manual PATH and Population Council	MOH Staff Other ministry staff Teachers	<ul style="list-style-type: none"> • Adolescent and reproductive health overview • Values • Gender • Sexuality and behavior • Teenage pregnancy and contraception • Unsafe abortion • STIs • HIV and AIDS • Sexual violence and abuse • Drug abuse • Effective communication skills • Monitoring and reporting

