

Module 2: Evidence based approaches to sexuality education for adolescents - Adolescent health and development with a particular focus on sexual and reproductive health - Assignment

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## **Barrier to expanding or improving sexuality education in Kenya**

1. Low community and young people's participation in sexual and reproductive health (SRH) education program development.
2. Perception among parents and some community leaders that sexuality education encourages 'negative sexuality' or risky sexual behaviour among young people.
3. Lack of specific teacher training on sexuality and reproductive health education.
4. Inconsistency in monitoring of SRH education programs i.e. topical issues to be covered.
5. Low research work in young people sexuality.

## **Suggestions on overcoming barriers to sexuality education**

Whereas Kenya has made significant progress in promoting sexuality in education, there has been low involvement of key stakeholders such as parents, young people and community leaders. This has in turn led to lukewarm reception of sexuality education programs especially in rural communities where there still exists strong traditional beliefs on sexuality and reproductive health matters. Since traditional and religious beliefs have strong influence on an individual's sexual attitudes and belief, working closely with young people and other community representative will provide an opportunity for them to air their concerns and promote their ownership of the program. It is also by working with different stakeholder or interest groups that sexuality education program managers will be able to clarify the meaning, benefits and intentions of such programs. This can be achieved by forming representative committees on sexuality education at all levels of governance i.e. from national to district or community level.

It is also important that teachers, health workers and other people involved in sexuality education are taken through specific training so that they are able to professionally, without hindrance from their professional, traditional or religious beliefs, facilitate unbiased sex education sessions at their work places. They should then be supported with appropriate resources including a protective policy and legal environment in which to work. The policy should also clearly provide for a comprehensive curriculum addressing sexual and reproductive health needs of young people. This will ensure that key topical issues are covered and that the program can be both quantitatively and qualitatively monitored and evaluated. A strong monitoring and evaluation system will provide information on best practices and challenges that need further research. Increasing research work on young people's sexuality can also be promoted by widely disseminating already published research work. This will help provide useful background information on which to build future research activities in this area.

## Assignment documents

1. [IPPF. From evidence to action: Advocating for comprehensive sexuality education. London: IPPF; 2009.](#)
2. [UNESCO. International Technical Guidance on Sexuality Education. Volume I. The rationale for sexuality education. Paris: UNESCO; 2009.](#)
3. [UNESCO. International Technical Guidance on Sexuality Education. Volume II. Topics and learning objectives. Paris: UNESCO; 2009.](#)
4. [UNESCO. Levers of Success. Case studies of national sexuality education programmes. Paris: UNESCO; 2010.](#)