MAKING COMPREHENSIVE SEXUALITY EDUCATION AVAILABLE AT A NATIONAL SCALE: A CASE STUDY ABOUT TAILORING INTERNATIONAL GUIDANCE FOR KENYA

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ACKNOWLEDGMENTS

This report on the process of enhancing sexuality education in Kenya documents the work of a large project team that included staff from France, Kenya, and the United States. The following organizations were involved in this effort: the United States Agency for International Development (USAID), FHI 360, the United Nations Educational, Scientific and Cultural Organization (UNESCO), and the Kenya Ministry of Education (MOE). This work was funded through the Interagency Youth Working Group by the USAID Prevention Technologies Agreement (GHO-A-00-09-00016-00).

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Poor sexual and reproductive health outcomes are the reality for many youth today. Young people all over the world face high rates of unplanned pregnancy, staggering burdens of disease from sexually transmitted infections (STIs) and HIV, and sexual violence. Yet there is an evidence-based approach that can ameliorate many of these poor outcomes by providing young men and women with the information and skills they need to make safe and healthy decisions.

High-quality comprehensive sexuality education for youth is a proven approach to delaying sexual debut, decreasing one’s number of sexual partners, increasing condom and contraceptive use, and reducing sexual risk-taking. Importantly, sexuality education is also proven to do no harm — it does not encourage young people to engage in sexual behavior earlier than they otherwise would have. However, in many countries sexuality education is not offered, poorly implemented, or has such incomplete content that its usefulness is limited.

To help those interested in using sexuality education to improve youth sexual and reproductive health (SRH) outcomes, the United Nations Educational Scientific and Cultural Organization (UNESCO), working with partners, developed the International Technical Guidance on Sexuality Education (ITGSE) in 2009. This two-volume global document offers guidance intended for governments, organizations, programs or individuals to adopt on a voluntary basis and adapt for individual contexts. The ITGSE provides decision-makers with 1) the rationale for offering comprehensive sexuality education, 2) the key characteristics of effective sexuality education, and 3) content suggestions for comprehensive sexuality education to help them design their own programs. It covers sexuality education in both primary and secondary school.

Adaptation of the ITGSE can occur in a number of ways. Kenyan leaders in the Ministry of Education (MOE), seeking to capitalize on the wide reach of primary and secondary schooling in the country, worked with FHI 360 and UNESCO to use the ITGSE to strengthen sexuality education in their national curriculum. Their work was supported by the United States Agency for International Development’s (USAID) Interagency Youth Working Group (IYWG) and UNESCO. USAID-Kenya was also instrumental in the process. This document provides a step-by-step report of the process undertaken in Kenya and a description of the successes, challenges and lessons learned along the way. The adoption and adaptation of guidelines are more common practices in the health field. Thus, in this document, many of the lessons learned are compared with experiences in the education and health sectors, in the hope that this comparison provides additional useful information.

Nongovernmental organizations (NGOs) and government agencies interested in using the ITGSE to enhance in-school sexuality education at the national level will find this report useful. The report covers setting goals and developing an approach to meet those goals, working effectively with stakeholders, conducting an analysis to understand the unique sexuality education needs of a country, and taking steps to move toward comprehensive sexuality education once local needs are known. This document is not intended to provide exhaustive detail, but rather to highlight key actions and milestones. It is written from the perspective of the NGOs — FHI 360 and UNESCO — that worked to facilitate the adoption and adaptation process.
After the publication of the *International Technical Guidance on Sexuality Education*, FHI 360 and UNESCO began offering technical assistance to ensure that the guidance would be put to use, not simply disseminated. Our goal was to demonstrate ways in which the guidance could be used to strengthen sexuality education, ideally at the national level. Our first important decision was choosing a country in which to conduct a demonstration. Once we had selected a country, we were able to define success more specifically and to determine our approach. Literature on the adoption and adaptation of guidance was also instructive.

### SELECTING A COUNTRY

Which country to work in and what approach to take within a country are interdependent choices. For the purposes of clarity, however, these two choices will be described as discrete steps here.

Key criteria in selecting a country for the demonstration project included:

1. **The need for high-quality sexuality education.** Need was determined by the SRH indicators of young people and popular concern regarding SRH issues.
2. **The ability to affect sexuality education at the national level,** which requires a) a strong national system into which high-quality sexuality education could be introduced and b) support from the leaders within that system.
3. **The presence of in-country staff,** from both FHI 360 and UNESCO, with an understanding of the local context and stakeholders.

These criteria led us to consider Kenya. The first criterion was clearly met — Kenya has a high burden of poor SRH outcomes among young people. HIV prevalence is 3.8 percent among those ages 15 to 24, and young women are four times more likely to be infected than young men: 5.6 and 1.4 percent, respectively [1]. The 2009 *Kenya Demographic and Health Survey* reports that 17.7 percent of young women ages 15 to 19 surveyed either already had a child or were pregnant [2]. Of these young women, 47 percent wanted to have a child later or did not desire any more children at the time they became pregnant. Furthermore, HIV infection and teenage pregnancy are gaining attention as important problems in Kenyan schools, and both parent groups and politicians are becoming increasingly outspoken about these issues.

Kenya also met the second criterion: Kenya’s school system, which includes both free primary and secondary education, is estimated to reach more than 75 percent of Kenya’s children [3]. Working within the school system required support from the Ministry of Education. The AIDS Control Unit (ACU), an organization that is part of the Directorate of Policy, Partnerships and East Africa Community Affairs within the MOE, was interested in working to improve sexuality education in Kenya, and their enthusiastic partnership provided the necessary support from internal leaders.

Finally, both FHI 360 and UNESCO have a strong and historic presence in Kenya, meeting the third criterion. Additionally, Kenya had the added benefit of being a leader in the region, and it was anticipated that efforts in Kenya would have a broader impact.
The strength and reach of Kenya’s national education system and the presence of leaders in the MOE who were interested in improving sexuality education were instrumental in defining our ultimate goal: “Comprehensive sexuality education, implemented in an evidence-based way, in primary and secondary schools across the country.”

**CONSTRUCTING AN INFORMED APPROACH**

After determining the country and the overarching goal, we decided on an approach to introducing comprehensive sexuality education nationally. Because meeting the second country-selection criterion called for acting within Kenya’s national school system, we researched current and past efforts to offer sexuality education through schools in Kenya. A desk review of relevant peer-reviewed studies, interviews with key informants from the MOE and USAID-Kenya, and discussions with knowledgeable FHI 360 and UNESCO staff generated the information below:

- Several NGOs have introduced sexuality education into schools as extra-curricular activities, both during school and after school, at the district or provincial levels. Some of these programs were quite successful, but few have been taken to scale and sustained. For example, the MOE recommended that Primary School Action for Better Health (PSABH) be scaled up after it demonstrated significant impact on targeted objectives including increased HIV-related knowledge, delayed intercourse, and decreased sexual activity [4, 5]. PSABH is reported to have been widely available, with teachers trained in more than half of the country’s primary schools. However, a few years have passed since scale-up efforts were undertaken, and the program no longer seems to be widely implemented. This may be because schools continued to view the program as “extra” and not a part of required material.

- NGO and MOE experience demonstrated that the best way to encourage both fidelity to new educational material and its sustained implementation is to provide it through a mandatory class offered within the school day. Teachers already have very full workloads; thus, working within an existing course is preferable to adding another subject.

- Some components of comprehensive sexuality education are currently taught in Life Skills Education (LSE), which recently became a mandated stand-alone subject. Life Skills Education is to be taught once per week by appointed teachers in all primary and secondary schools.

- Historically, there have been efforts to offer information on sexuality and reproductive health in schools. The MOE piloted a population and family life education curriculum that addressed these issues in 1991. However, when efforts were made to integrate this new material into the national syllabus in 1992, religious groups contested the addition and the change never took effect.

These facts informed the approach we took to achieve our objective. The success of PSABH and other programs showed us that sexuality education can have a positive impact on students in Kenya. The difficulty of scaling up these successful programs was evidence that the best way to achieve sustained change that is implemented consistently is to have that change come from the ministry and be related to courses within the school day. Life Skills Education seemed to be a perfect fit, because the course is offered during the school day and already includes content important to comprehensive sexuality education. Therefore, the FHI 360/UNESCO team determined that we would work to influence national policy so that high-quality sexuality education could be included in the LSE curriculum. Finally, historic opposition to specific content demonstrated that sexuality education in Kenya is a sensitive topic, so we decided that our recommendations for changes to LSE would have to be responsive to community opinions on controversial topics within sexuality education.
Because our approach to improving sexuality education was related to national adaptation of the ITGSE by the Ministry of Education, we looked to the evidence base on similar efforts for additional ideas.

**LOOKING TO THE RELEVANT EVIDENCE BASE**

There is a large body of evidence describing techniques that increase the likelihood a policy will be changed based on existing evidence, and specifically evidence in the form of guidance. Most of this work is related to the health sector, but the lessons are relevant in other sectors, including education.

A brief literature review uncovered several important articles. The two [6, 7] that we found most useful made the following recommendations:

- Understand the complexity of the drivers of decision-making.
- Find a way to be involved in the process of policy change.
- Make use of analytic tools that demonstrate a need for the policy.
- Educate government staff on the science of the issue.
- Build appropriate trans-disciplinary teams.
- Cultivate political champions.
- Get local consensus on how to interpret and implement guidelines.
- Provide a host of reference materials.

These recommendations informed the steps we took to achieve our goal of changing policy to strengthen sexuality education within LSE. The remaining sections of this document reflect this.

**SUCCESSES, CHALLENGES AND LESSONS LEARNED**

- Deciding to work within the education sector, and specifically with the MOE, to make changes to content offered within the school day meant that our process was significantly more time-consuming than if we attempted to work entirely through NGOs. The bureaucracy inherent in government structures caused us to spend a great deal of time navigating the system in which we were operating. It is important to budget time and resources, upfront, when working with a large government body. Some of these resources will have to go toward convincing decision-makers of the need for MOE involvement in improving student SRH, a task that might have fallen entirely to the MOH in the past. Even with the effort it required, working within the MOE was the best option because of the size of the potential impact and the chance for sustained change.

- Working with the education sector means working with institutions that generally have less experience with health-related guidelines than the health sector does. We learned how important it is to make sure officials understand the process of adapting global guidance. Otherwise, they might feel they are being asked to adopt something wholesale that was actually designed to be modified by end users.

- Engaging the correct agencies for support requires a clear understanding of the path to success — in our case making a change to the LSE curriculum. Although we knew the importance of identifying individuals within the MOE who supported sexuality education, and worked with the AIDS Control Unit from the start, we did not immediately recognize the need to ensure support from additional agencies within the ministry who focus on curriculum development. Later in the process, we learned that the Kenya Institute
of Education (KIE) plays a key role in curriculum development. This lack of information meant that we did not engage with KIE as quickly as we did with the ACU.

- The evidence base on effective techniques for policy change in the health sector offers important lessons for working with international guidance in the education sector.

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**WORKING WITH THE MINISTRY AND ADDITIONAL STAKEHOLDERS**

Working in the education sector means working with a large number of diverse stakeholders. As one MOE official explained, “Everyone who has been to school feels like an expert when it comes to education.” This is another way in which the education sector differs from the health sector, where knowledge is considered to be more specialized and concentrated among practitioners.

Working effectively with so many diverse stakeholders was an ongoing process and involved mapping and engaging the organizations involved in education in Kenya, understanding their needs and key issues, and identifying shared objectives.

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**IDENTIFYING AND ENGAGING KEY ORGANIZATIONS**

UNESCO, FHI 360, and USAID-Kenya mapped the key players in education in Kenya to create a list of organizations and individuals to engage. We focused on those who would ultimately make decisions and be responsible for their implementation, those the decisions would affect, and others described as influential in making decisions in the education sector.

The primary stakeholders were the MOE decision-makers in the DDPEACA AIDS Control Unit and the KIE. We made efforts to fully engage officials from both of these organizations and to identify potential champions for sexuality education — that is, individuals who could be counted on to support sexuality education and to express that support to others within the government of Kenya (GOK). Officials within the ACU were especially well positioned to play this role because their fundamental mandate is HIV prevention.

To ensure wider representation from key organizations, MOE officials and FHI 360/UNESCO staff with experience in the Kenya education sector also identified additional stakeholders. The importance of each of these additional stakeholder groups is described below.

- **Individual students, parents, teachers, and Ministry of Education officials at the provincial level** — This group offers a perspective that national-level officials do not often have opportunities to hear. Their feelings on the issues were generally more pragmatic and less political than those of their spokespersons at the national level. Extremely importantly, this group represents the end beneficiaries of any education program, which makes their needs first and foremost in national officials’ minds. Finally, many of these groups were well-organized, such as teachers unions and Parent Teacher Associations, and could provide political pressure.

- **NGOs and United Nations agencies** — These organizations sponsor sexual and reproductive health programs across Kenya. The programs they actively or historically supported at the time of this project generally had more robust monitoring and evaluation systems than the GOK was able to support, which made them a valuable resource for data on what works in sexuality education in Kenya. Additionally,
many of these organizations had relationships with the MOE, and they were able to offer insights into the political situation in which MOE decisions on this topic were being made.

- **Religious organizations** — There is a strong connection between religion and education in Kenya – most schools receive pastoral instruction from religious bodies. During our efforts, a strong religious element affected policy in many government sectors, including education, where religious organizations sat on the curriculum oversight board. As described, religious institutions were historically opposed to the inclusion of specific topics within comprehensive sexuality education — mainly contraception and condoms. The MOE found it extremely difficult to incorporate content opposed by any major religious group — Christian Evangelicals, Catholics, or Muslims.

- **Ministry of Health** — The MOH is accustomed to addressing the SRH issues that sexuality education has the ability to affect, and it fully understands the gravity of the sexual and reproductive health challenges that youth are experiencing. As the MOE ventured into this new territory of strengthening sexuality education, collaboration between MOH and MOE officials was crucial. The MOH was able to convince the MOE of the importance of the issue as well as advise MOE officials on how to address the almost-always contentious topic of youth sexual activity.

Some of the primary and additional stakeholder groups were engaged from the early stages of our efforts in Kenya. The method of engagement depended on the group. We engaged the ACU even before a decision was made to work in Kenya, and efforts to engage the KIE began as soon as we fully understood their role in curriculum development. We kept MOE officials informed throughout the process through in-person meetings, formal dialogue, and correspondence, and by inviting them to accompany us during our work in the field. We answered promptly any time MOE officials had a question, and we followed all Kenyan government protocols. The NGOs and United Nations agencies involved in Kenya’s Working Group on HIV and Education were also engaged immediately and regularly updated, as FHI 360 and UNESCO also are participating members. During our field work, we engaged provincial ministry officials as well as individual students, parents, and teachers from private and public primary and secondary schools. Each of these groups were also represented at the stakeholder consultation, conducted toward the end of the process and described fully later.

Religious organizations and the Ministry of Health were not fully engaged until the official stakeholder consultation. During the mapping process, we imagined that religious groups would be represented in the students, parents, and teachers engaged during field work, as many of them were connected to religious schools. Thus, direct efforts to work with official representatives of religious organization did not occur immediately. The MOH was engaged after the team recognized the ministry’s ability to underscore the SRH situation in Kenya for MOE officials and give examples of government-supported efforts to ameliorate poor SRH outcomes among youth.

All stakeholders were given the ITGSE, and we made repeated efforts to review the document with them, especially representatives from the MOE. However, we seldom had sufficient time to walk them through the entire document, which is lengthy.

### FINDING AND LEVERAGING OPPORTUNITIES

After we became aware of the various groups that were important to engage, we thought it would be beneficial to learn more about their current priorities — especially those of the ACU and KIE. Aligning the work to improve sexuality education with ministry initiatives and timelines allowed us to build on existing priorities. We learned about these initiatives and timelines through informal conversations with MOE officials at the national and provincial levels and from NGOs working in SRH.
In Kenya, several government initiatives focused on HIV prevention as a national priority, and these could serve as entry points for advocating for sexuality education. The official declaration of HIV as a national crisis was also important and provided political support for conversations on controversial curriculum content, such as condoms.

During our work, the entire GOK began a process of realignment to ensure that its functions reflected a newly passed constitution. We were able to use realignment efforts in the education sector as a springboard for our proposed changes. Generally, a curriculum is not altered until it has been in use for several years, and the process can take many additional years. Life Skills Education was new and not yet due for review when we began to work in Kenya. However, we were able to time our ultimate recommendations for the LSE curriculum so that they could be reviewed by a group charged with ensuring that all curricula were in accordance with the constitution, potentially speeding up the process of change tremendously.

SUCCESSES, CHALLENGES AND LESSONS LEARNED

- All stakeholders must be engaged from the start, especially those who are likely to have strong opposition, so that their concerns can be fully understood and addressed. Bringing religious officials into the process earlier might have limited their opposition later.
- Even within a specific stakeholder group, determining who to engage can be difficult. Ideally, both individual members and leaders of a group should be included. When we only engaged individuals from the religious communities we did not have an accurate idea of what leaders would support. Individuals’ more pragmatic and supportive views can be shared with decision-makers, but overcoming official resistance is impossible without knowing and addressing the concerns of leadership.
- Stakeholders often thought that we were asking teachers to share the contents of the ITGSE with students without alteration. This concern might have been due to their familiarity with curricula (which is meant to be delivered as-is) as opposed to guidance. Many also had strong and immediate concerns about some of the document’s content, such as information on abortion, which is illegal in Kenya. It is important to ensure that enough time is allocated for explicitly describing what the ITGSE is — a voluntary guidance document — and how it is intended to be used — adapted by governments or others to suit their needs and context, not adopted whole sale. A sufficient explanation of the document and its uses requires fully examining the ITGSE with potential users. This explanation could be aided by a PowerPoint or other tool to guide a joint examination of the document by an NGO partner with an MOE official, for example.
- We did not initially view government health officials as an important group to engage, but they turned out to be invaluable. Not only did they provide data on the urgent need to address youth SRH issues, they also provided insight on the ways that the government, through the health sector, has responded to controversial issues, such as teen pregnancy, in the past. They helped make the case that the education sector, with its much larger reach, is needed in efforts to connect with more young people. Finally, creating a platform for sharing information between the MOH and MOE is crucial in ensuring that policies, guidelines and programs in the education sector are informed by health-related evidence.
- Involving a variety of stakeholders allowed us to collect a variety of opinions, tap into a broad base of knowledge, and develop a well-informed approach. Our stakeholders also provided information about processes and priorities that helped us move the project forward. Finally, involving several NGOs as partners from the start might have helped us to spread the costs of the lengthy process of technical assistance. As sexuality education is a priority for many international and national NGOs, this might not have been difficult.
COLLECTING AND SHARING LOCAL PERSPECTIVES ON SEXUALITY EDUCATION

After laying the groundwork for initial stakeholder engagement, we began planning our fieldwork — the process by which we determined

1) The SRH issues perceived to be most affecting students
2) Local perceptions of comprehensive sexuality education — including excitement for and concerns about its implementation
3) The sexuality education content (as defined by the ITGSE) that was currently being taught

This information came from teachers, students, parents, and MOE field officers at the provincial level. Our analysis of this information provided a clear picture of local priorities and opinions and the gap between what was currently being offered in Kenyan classrooms and what is recommended in the ITGSE. All this information was provided to the ACU and KIE in a written report and presentations.

CONDUCTING FIELD WORK

At KIE’s request, we worked with the ACU to identify which districts to visit and to create all our tools for collecting information. During site visits, a member of the ACU accompanied us in each district.

We conducted field work in four districts of Kenya representing urban, peri-urban, rural, and settlement (slum) schools. In each district, four teams made up of two Kenyan interviewers (one male and one female) visited at least six schools – a mix of both primary and secondary, and public and private. There, they interviewed a head teacher and the guidance and counseling teacher and conducted group discussions with students. They also conducted group discussions with parents of students at one primary and one secondary school in each district. Finally, one team also interviewed a provincial MOE official.

Using the interview and group discussion questionnaires, available in the Annex, field teams asked participants to identify the most pressing SRH issues faced by students, what hopes and concerns they had about young people learning more about SRH issues, and who currently talks to young people about these issues.

We also collected information on the sexuality education content currently taught in schools, and specifically that which is offered in LSE. Questions on content were arranged according to the sections of the ITGSE: Relationships; Values, Attitudes and Skills; Culture, Society, and Human Rights; Human Development; Sexual Behavior; and Sexual and Reproductive Health. Implementation of sexuality education was also addressed.

The findings generated in this field work cannot be generalized. A large-scale study was not feasible due to cost and time constraints.

ANALYZING THE INFORMATION

After collecting information in all four districts, we performed two types of analysis. First, we looked for themes in participants’ responses regarding a) local SRH concerns, b) desired sexuality education content and delivery, and c) perceived benefits and concerns related to teaching students sexuality education. Information from each group – teachers, students, parents, and MOE field officers at the provincial level — was analyzed separately.
This information allowed us to report local perceptions of

- Sexual and reproductive health issues students face
- Current sources of sexuality education for students, as well as students’ preferred sources
- Perceptions of LSE
- Content that was considered necessary to address students’ SRH needs
- Sexuality education material that was controversial
- Concerns about the implementation of sexuality education material
- Ways to improve the delivery of sexuality education material to improve students’ understanding

Second, we took the student and teacher responses about content currently being delivered and compared them to what the LSE syllabi says should be taught, as well as what the ITGSE recommends. We did this for each sub-topic in the ITGSE. Below is an example of the analysis for subtopic 1.2 - Friendship, Love, and Romantic Relationships.

<table>
<thead>
<tr>
<th>Section of the UNESCO ITGSE</th>
<th>Kenya LSE Curriculum Content (Primary School)</th>
<th>Kenya LSE Curriculum Content (Secondary School)</th>
<th>Content Reportedly Taught</th>
<th>Content Recommended in the ITGSE but Not Reportedly Taught</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.2 Friendship, Love, and Romantic Relationships</td>
<td>Friendship and love addressed as core values, but no specific attention paid to romantic relationships</td>
<td>Friendship formation and relationships addressed in Form 1, Age 14, but no specific attention paid to romantic relationships</td>
<td>Romantic relationships discouraged; evaluation of peer influence encouraged; reporting of inappropriate relationships (e.g., teacher-student) is encouraged</td>
<td>Skills for navigating romantic relationships, specifically, skills for identifying healthy and unhealthy romantic relationships</td>
</tr>
</tbody>
</table>

**SHARING RESULTS**

The findings from both types of analyses were shared with the MOE in a report titled, *Life Skills Education in Kenya: A Comparative Analysis and Stakeholder Perspectives*. The report documented

- Local stakeholders’ perceptions about the need for school-based sexuality education. For example, students and teachers stated that more instruction on living positively is necessary, especially as the number of students living with HIV increases. Furthermore, most parents were in favor of sexuality education being offered at school because they did not feel capable of or comfortable with talking to their children about sexuality-related topics.
- Widespread public acceptance of more content in sexuality education. Students and teachers said that although they highly valued LSE as it is currently implemented, they also felt that it could do much more to improve students’ lives with the addition of more extensive sexuality education content. On specific contentious topics, such as condoms and contraception, the report documented local parents’ and teachers’ pragmatic requests for more information for students.
• Specific concerns about implementing a LSE curriculum that includes sexuality education. Teachers felt they needed more training in order to feel knowledgeable about the content and comfortable discussing sensitive material with young people. Additional monitoring of LSE classes, in order to increase the likelihood that it was being taught consistently, was also suggested.
• The gaps in what is currently offered in LSE, compared to the KIE’s syllabi for Life Skills Education and to the ITGSE.

We made recommendations that were based on locally perceived SRH issues, specific requests by local stakeholders for more sexuality education content, implementation concerns, and the comparative analysis.

We sent the ACU and KIE a draft copy of the report and several weeks later had a meeting to talk about the results of the field work and all proposed recommendations. At that meeting, the MOE officials asked several clarifying questions and requested changes in language to make it clear that our report was not an evaluation of their efforts, but simply an analysis of the current state of LSE in Kenya and a report on local feedback about the potential for improvement. We incorporated their edits and completed a new draft for wider circulation.

SUCCESSES, CHALLENGES AND LESSONS LEARNED

• ACU’s assistance and accompaniment in the field work increased their buy-in tremendously. Their input on our information collection tools assured them that our intention was to bring local voices to national attention, not to pass judgment. Working with us provided them the opportunity to hear from constituents first-hand — a more compelling introduction to information than a report can possibly give. It also opened doors to the field work team, allowing us access to important sources of information. Ideally, someone from KIE would also have participated; however, this was not possible due to heavy staff workloads.
• Collecting information on local SRH and sexuality education concerns was vital for understanding and advocating for the sexuality education information needed by Kenyan youth. The community’s feelings toward sexuality education were important for advocacy. Not only did field work participants report having fewer fears about comprehensive sexuality education than either the MOE or FHI 360/UNESCO team anticipated, parents and teachers often supported the inclusion of contentious content.
• MOE officials and other stakeholders are well aware that simply changing a curriculum would not be sufficient to ensure the delivery of high-quality sexuality education. Collecting information that can help identify potential problems at roll-out — such as the need for teacher training — is helpful.
• Conducting only field work or only a curriculum review to determine what sexuality education content is currently offered would have been insufficient. By comparing the content reportedly implemented with both the KIE syllabi and the ITGSE, we were able to present the MOE with an accurate picture of how faithfully current content was being delivered as well as whether delivered content was in line with the ITGSE recommendations.
• It is vital that primary stakeholders feel that findings from the analysis are credible. To achieve greater buy-in, we shared findings with primary stakeholders, giving them plenty of time for questions and comments, before findings were shared more widely. Joint analysis of field work data would have been an excellent additional opportunity for more of this type of sharing. If we had analyzed the information jointly with MOE officials, misunderstandings could have been prevented and buy-in for the recommendations would likely have been increased even further.
MOVING TO ACTION

After the primary stakeholders approved our report, we began efforts to translate our recommendations into changes in policy. We planned a stakeholder consultation to share our findings and discuss a wider range of stakeholders’ interests and concerns. During and after the consultation, we worked to encourage stakeholders to endorse the specific recommendations that we felt were most important but also most feasible. Finally, we continually looked for avenues through which we could advocate for changes in sexuality education.

BRINGING ALL VOICES TO THE TABLE

To ensure that the meeting was a success, we worked with ACU officials to plan each step of the stakeholder consultation. The list of invitees — including members from all groups described in the “Working with Stakeholders” section — and the agenda were established with the ACU’s guidance. FHI 360 and UNESCO offered feedback on the invitees and agenda and were instrumental in developing the central meeting objective around which presentations were structured: Participants will learn and engage in discussions that enable them to make national recommendations to improve life skills and sexuality education for students in Kenya.

The agenda was designed to showcase data related to the need for sexuality education, such as SRH indicators for Kenyan youth, followed by presentations of successful sexuality education programs already implemented on a small scale in Kenya. These presentations were followed by a discussion of the education sector’s current approach to LSE and the findings we described in Life Skills Education in Kenya: A Comparative Analysis and Stakeholder Perspectives. After the findings were presented, seven small groups were formed — one for each section of the ITGSE and another to consider issues of implementation. Each group examined the relevant recommendations in the report and then developed their own.

Small group recommendations were then presented to the large group. Many of the recommendations presented by small groups were in line with those in the report, and all the recommendations called for giving Kenyan students more information than they currently have access to.

Conclusions from the meeting included 1) an acknowledgement that the education sector should become more involved in efforts to improve student SRH outcomes, and 2) the need to examine sexuality education within the LSE curriculum, with the ITGSE providing benchmarks.

Specific changes to the curriculum were not determined at the meeting. However, participants decided that the ACU and KIE would convene a working group, composed of representatives from the stakeholder consultation and a few additional organizations, to create a concept note. This concept note would be presented to the Task Force on the Realignment of the Education Sector to the Constitution of Kenya, the group in charge of reviewing curricula to determine whether it was in accord with the new constitution. The concept note would provide guidance to the task force on changes needed in LSE to better equip students for the challenges they face in life.
OVERCOMING OBSTACLES TO CHANGE

Efforts to have discussions about difficult topics — before, during, and after the consultation — involved strategic planning and careful consideration of the Kenyan context. When we encountered resistance to change because of the controversial nature of sexuality education, we made a concerted effort to help MOE officials seriously contemplate the idea of offering more comprehensive sexuality education instead of simply responding that it would be impossible.

First, we addressed the fear among stakeholders that talking to young people about sex encourages them to have sex. We shared the evidence, found in Volume I of the ITGSE, that this is not the case, and we focused on the studies in the meta-analysis presented in Volume I that were conducted in Kenya. Even after repeated exposure to this evidence, however, MOE officials and others remained concerned that teaching comprehensive sex education could run counter to Kenyan law or international treaties on which Kenya is a signatory party, because offering this information in schools would be construed as encouraging minors to have sex. To address this issue, we had a Kenyan lawyer review each relevant law and treaty and then present at the stakeholder consultation her finding that there is no legal objection to offering sexuality education to minors in Kenya.

We also addressed the concern that teaching comprehensive sexuality education went against Kenyan tradition. UNESCO commissioned an historical analysis of sexuality education among the tribes of Kenya that demonstrated that the inclusion of sexuality education would actually be in keeping with Kenyan tradition. A report of and presentation on this analysis were shared at the consultation.

Beyond addressing these larger issues, we were strategic about the content changes for which we advocated. In many topic areas, implemented content differed from the ITGSE’s recommendations. However, some of those areas, such as equal rights regardless of sexual orientation or abortion as an option in the case of an unplanned pregnancy, could not be considered because they are counter to national law in Kenya.

In pushing for a specific change, we took into account national statistics and the perspectives collected during field work regarding the health of Kenyan youth. For example, when we described the need for content about condoms, we routinely referred to national data on the prevalence of sex and the rate of HIV infections and unplanned pregnancies among young people, while offering quotations from parents, teachers, students and MOE officials who spoke of the need for this kind of information.

Finally, when we did not understand specific opposition, we asked about its source. In this way we were able to understand that an education sector policy on HIV was at the root of many educators’ reluctance to talk about condoms with students. The policy gives guidance on HIV-related information necessary for Kenyan learners. It does not mention condoms at all, leaving teachers with a lack of clarity and a fear of stepping out of bounds if they do discuss condoms with their students.

CONTINUING TO ADVOCATE FOR SEXUALITY EDUCATION

Strategically working to include specific content required ongoing advocacy. Much of that advocacy was done through stakeholder engagement leading up to and occurring during the stakeholder consultation. However, when the stakeholder consultation did not result in specific commitments for change, we continued to look for opportunities for advocacy, choosing not to rely solely on the working group to make progress.
Several months after the stakeholder consultation, an MOE official that acted as an SRH education champion along with an FHI 360 employee were invited to report on the progress made in Kenya at an international meeting of the United Nations Interagency Technical Team on Young People and HIV. Giving this presentation provided an opportunity for Kenya to show its leadership in this area.

Additionally, UNESCO was able to contribute to an official United Nations report, created for the Task Force on the Realignment of the Education Sector to the Constitution of Kenya. The report suggested the need to include comprehensive sexuality education in Kenyan schools. The Task Force on the Realignment of the Education Sector to the Constitution of Kenya later issued a report stating that Life Skills Education in Kenya needs to be altered so that it aligns with the new constitution. This decision by the Task Force paves the way for faster revision of the Life Skills Education curriculum. The report also stated that schools must more fully address the challenges students face, including those related to human sexuality.1

**SUCCESSES, CHALLENGES AND LESSONS LEARNED**

- The process of bringing together stakeholders should be led by the primary stakeholders and supported by partners. It is especially important that primary stakeholders create the invitee list, because they know whose voices need to be represented for the outcome of the meeting to be considered valid by all those to whom they are accountable. Although the process should be led by the primary stakeholders, development partners should ensure that specific strategic stakeholders are not left out of the consultation (e.g., the MOH).
- If there are fears about change that might play an important role in reluctance to move forward, these must be addressed to make progress. In this case, almost all stakeholders felt strongly that Kenyan tradition should not be sacrificed to ideas perceived as western. Setting the stage at the beginning of the meeting, through a presentation on the history of sexuality education in the country, made it clear that neither FHI 360 nor UNESCO were asking the attendees to propose or endorse a path that runs counter to Kenyan tradition. This clarification made the meeting much more productive.
- It’s important to understand the reluctance to include content on specific topics. We would not have thought to include a lawyer at the stakeholder consultation if we had not been told that the legality of offering comprehensive sexuality education in Kenya was in question for some stakeholders. Issues like this one can be resolved relatively easily if they are understood.
- It is vital to choose specific, strategic content for which to advocate, and then frame the need for that content within the local context. Even the best arguments might fail to sway stakeholders if they think their context was not taken into account when recommendations were made.
- A backup plan for progress is important. It is all too easy to encounter roadblocks when working through a large government body. By continually looking for avenues for advocacy, it is less likely that efforts will come to a standstill.

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1 Recommendations by the Task Force on the Realignment of the Education Sector to the Constitution of Kenya on the extent to which Kenyan curricula must be revised were ongoing at the time of printing this report.
CONCLUSIONS AND THE FUTURE

We began our work with the objective of demonstrating ways in which the ITGSE can be used to effect change in sexuality education. Our objective led us toward an audacious goal — working to strengthen sexuality education across Kenya. While work remains to be done to achieve this ultimate goal, the joint effort of FHI 360 and UNESCO has been successful on many levels:

- The voices of students, parents, and teachers about the need and desire for more comprehensive sexuality education have been documented and shared with decision-makers. Perhaps most importantly, local perspectives on the most difficult SRH issues faced by students are now available to the MOE and can be factored into curricula changes.
- The MOE and the MOH are now communicating on the issue of young people’s sexual and reproductive health.
- Sexuality education is no longer viewed as a foreign subject at odds with traditional Kenyan values or laws by many key decision-makers in the Kenyan education sector.
- A diverse group of stakeholders across the education sector believes in the need for change, and the issue of poor SRH outcomes among students is now an issue that the MOE feels the need to address.
- Decision-makers now believe that the sexuality education content currently offered to Kenyan students is incomplete. Changes made to that content will be driven, in part, by the road map laid out in recommendations from Life Skills Education in Kenya: A Comparative Analysis and Stakeholder Perspectives and the stakeholder consultation.
- Life Skills Education is understood as a valuable course that requires additional support and content for maximum impact. Many of the NGOs present at the stakeholder consultation are working to strengthen Life Skills Education, in its current form, and can bring the findings shared at the consultation back to inform their efforts.
- Life Skills Education is the agreed medium for additional sexuality education material, and the MOE has committed to using the ITGSE as a resource when developing new curricula.
- The MOE has evidence of implementation issues that will need to be addressed when changes to LSE are made. Changes to LSE will be made soon as the Task Force on the Realignment of the Education Sector identifies this course as requiring adjustment.
- The work of FHI 360 and UNESCO identified an education sector policy on HIV-related content as one source of the reluctance of some ministry officials to advocate for the inclusion of condoms. Subsequently, USAID-Kenya funded a project in which the awardee will revise that policy to clarify the GOK’s stance on this issue. This USAID award includes a call for more comprehensive sexuality education.

At the time this document was finalized, obstacles to Kenyan students’ access to comprehensive sexuality education remain:

- There is no final decision on specific content that should be added to the LSE curriculum.
- The inclusion of some highly necessary content, such as condoms, is still strongly opposed by many influential religious groups.
Yet there are also ongoing opportunities to engage in advocacy efforts to move toward the goal of comprehensive sexuality education across Kenya. FHI 360 and UNESCO are committed to continuing to support the MOE as the ACU and KIE move this process forward.

Using the ITGSE as a tool to assess or improve sexuality education is a process. If this process is undertaken at the national level, it is likely to benefit from a partnership between NGOs and the ministry. Technical assistance and advocacy can be undertaken by the NGO (or NGOs) to move the process along, and the ministry brings the ability to create lasting change across the education sector.

However, this sort of process is time consuming, and at times, trying for all parties involved. Anyone undertaking such an effort should remember that a ministry’s willingness to examine its current education efforts is a product of its interest in doing what is best for its youth. It can be frustrating to encounter resistance to moving forward on a specific content area, when access to the prohibited information could improve or even save young lives, but it’s important to acknowledge that officials engaging in the process are doing so because of their concern for young people, and may be risking professional repercussions to do so. Needed progress always seems too slow. Patience and perseverance are vital to all efforts of this kind.
WORKS CITED


LOCAL MINISTRY OF EDUCATION OFFICIAL INTERVIEW GUIDE

1. What are life skills for students?
2. In your opinion, why do schools teach Life Skills Education?
3. In your opinion, who is responsible for teaching Life Skills Education to children in school?
4. How is this person prepared? Supported?
   - Is there a curriculum that this person can use?
   - What are the successes of training teachers?
   - What are the challenges of training teachers?
   - What advice can you give to improve teacher training in Life Skills Education?
5. When do schools teach Life Skills Education? How often?
   - What are some successes you have seen when implementing Life Skills Education?
   - What are some challenges you have seen when implementing Life Skills Education?
   - What advice can you give to improve implementation of Life Skills Education in schools?
6. What should Life Skills Education empower students to do? What should Life Skills Education protect students from?
7. How do life skills relate to sexual behavior?
8. Should Life Skills Education address sexuality education? If so, what should sexuality education in schools include?
9. At what age should sexuality education be taught? Why?
10. Do you believe that the content on sex and related issues in the Life Skills Education curriculum could be improved? If so, how?
    - How would these changes benefit students?
11. What institutions/groups/partners support Life Skills Education?
    - What type of support is offered? (E.g. Training, curriculum, financial, staff, etc.)
12. What role should parents/guardians play in supporting students to use life skills?
    - What is their role in sexuality education?
13. Any other thoughts or comments?

TEACHER AND HEAD TEACHER INTERVIEW GUIDE

1. How many students are in your school? How many streams/classes? What is the average class size?
2. What are life skills for students? [Please solicit examples] [Read description if necessary: Life skills are skills
needed to deal with challenges and demands of everyday life. They include: self-awareness, self-esteem, values, coping, decision-making, communication, thinking, assertiveness, problem-solving, and life planning. It can also include the topics of puberty, sexual behavior, and HIV/AIDS prevention.

3. Why do schools teach Life Skills Education, in your opinion?
   o What should Life Skills Education empower students to be able to do?
   o What should Life Skills Education protect students from?

4. What has the MOE communicated to your school about the subject of Life Skills Education? How was this information communicated (for example, circulars or seminars)?
   o What has the MOE communicated to you about its role in supporting the teaching of Life Skills Education? (for example, the provision of materials or training)

5. When was Life Skills Education first introduced into your school?

6. When does your school teach Life Skills Education? How often?

7. What topics are currently taught in Life Skills Education at your school?
   o Within the following topics, what is taught: relationships, skills, values, culture, human rights, puberty, sexual behavior, pregnancy prevention, and HIV and AIDS?

8. At what age should Life Skills Education be introduced to students in school? Why?

9. Since the introduction of Life Skills Education, have you seen any changes in the students? (for example, student behavior, academic performance)

10. Who is responsible for teaching Life Skills Education at your school?
    o If there is a specific teacher assigned to teach Life Skills Education, how is this person selected?
    o Head teacher probe only – How many teachers do you have in your school? How many of these teach Life Skills Education?

11. How are those persons teaching Life Skills Education prepared to teach the subject? How are they supported after they begin teaching Life Skills Education?

12. What is working well in teaching Life Skills Education to students? (For example, specific teaching strategies or materials that work well)

13. What are the challenges of teaching Life Skills Education in the classroom/school?
    o For teachers, for students

14. Have development partners contributed to Life Skills Education in your school? How?
    o Has anyone else contributed to Life Skills Education in your school? How?

15. What advice would you give to improve how students are taught Life Skills Education?
    o At the school, community, DEO, MOE levels?
    o What changes, that do not require additional financial resources, could be made to improve Life Skills Education?

Now I would like to talk to you about how Life Skills Education is related to issues around sex. [This includes puberty, students’ sexual behavior, and pregnancy and HIV prevention.]

16. At what age should students begin to learn about topics related to sex at school?

17. Can Life Skills Education impact students’ sexual behavior? How?
18. In your opinion, what are the biggest sexual and reproductive health problems faced by students in your school?
   o Does what is taught in Life Skills Education help students cope with these issues? If so, how?

19. What improvements would you make to the current Life Skills Education syllabus, in regards to the content on sexuality? Why?

Returning to the topic of Life Skills Education generally...

20. What factors motivate you or your staff to teach Life Skills Education to students?
   o Are there contextual factors – for example, unplanned pregnancies, high HIV prevalence, or OVC populations – at your school that make staff feel that such information is necessary for students? If so, please describe them.

21. What role should parents/guardians play in supporting students to use life skills?
   o Are they playing this role? How?
   o If no, why not?

22. Any other thoughts or comments?

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**PARENT AND GUARDIAN DISCUSSION GROUP GUIDE**

1. How many children do you have? What are their ages? What class are they in currently?

2. Have you heard about life skills? [Read description if necessary: Life skills are skills needed to deal with challenges and demands of everyday life. They include: self-awareness, self-esteem, values, coping, decision-making, communication, critical thinking, assertiveness, problem-solving, and life planning. It can also include information on topics such as adolescence, sexual behavior, and HIV prevention. These topics were covered in the past by family members, but are increasingly covered by schools nowadays.]
   o Where have you heard about life skills?

3. Where do children learn life skills?

4. Who is currently teaching life skills to your children?
   o Who should be responsible for teaching them life skills?

5. a) What topics are discussed in Life Skills Education classes for students?
   b) What should schools be teaching in Life Skills Education?
   c) What should schools not teach about Life Skills Education?
      o If schools do not teach this information, whom, if anyone, should give it to students?

6. How do children benefit from learning life skills?
7. At what age should children begin learning life skills?
   - Why at this age?

8. What should students learn about sexual health and sexuality generally at school?
   - At what age should children begin to learn about sexuality education? Why?

9. What should students learn at school about healthy relationships?
   - Parent-child relationships, teacher-child relationships, child-peer relationships including boy-girl relationships
   - Are your children learning this in school?

10. What should students learn at school about personal values?
    - Are your children learning this in school?

11. What should students learn at school about human rights? [Read description if necessary – Human rights are those rights that everyone is entitled to because they are human, and all humans have dignity and deserve respect. They include the right to education, protection from violence, and equal treatment under the law for everyone – regardless of sex or race.]
    - Are your children learning this in school?
    - Do you think your children should learn about sexual rights at school? If so, what should they learn? (Read description if necessary: Sexual rights include the right to choose one’s sexual partners, the right to decide when and if to have children, and the right to decide whether or not to have sex, the right to make decisions about your body and to say no to unwanted sex)
    - Do boys and girls both have all of these rights [human rights and sexual rights]?

12. What should students learn at school about human development (puberty) and pregnancy (how a woman gets pregnant)?
    - Are your children learning this in school?

13. What should students learn in Life Skills Education about HIV and AIDS?
    - What should they learn about HIV & AIDS prevention?
    - Are your children learning this in school?

14. What should students learn at school about sexual behavior?
    - Are your children learning this in school?

15. What should students learn at school about pregnancy prevention?
    - Are your children learning this in school?
16. What advice would you give to the school to improve their Life Skills Education activities?

17. We have talked about what the school should teach in Life Skills Education. What should parents/guardians be teaching their children about the topics described:
   - Sexual health and sexuality
   - Healthy relationships
   - Personal values
   - Human rights
   - Puberty
   - Pregnancy prevention
   - HIV & AIDS
   - Are you giving your children this information? If no, why not?
   - Having spoken about all this, do you think that the life skills information you share with your children will be different going forward (remind parents what they said they should share with their children as necessary)? Why or why not?
   - What kind of support would parents need to become more involved in talking to their children about life skills?

18. Are there any other thoughts or comments?

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**PRIMARY AND SECONDARY STUDENT DISCUSSION GROUP GUIDE**

1. What are life skills? [Please get examples.]
   - In case the group does not volunteer information on this topic, a general definition will be provided. (Description: Life skills are skills needed to deal with challenges and demands of everyday life. They include: self-awareness, self-esteem, values, coping, decision-making, communication, critical thinking, assertiveness, problem-solving, and life planning. It can also include information on topics such as adolescence, sexual behavior, and HIV.)

2. Why do students need life skills?

3. Is there a life skills lesson at your school?
   - If yes - When are students taught about life skills in school? After school?
   - If no – How are the topics that are part of life skills covered in your school? Depending on the way life skills are covered in the school, modify as needed. How are Life Skills Education lessons taught in your school? Some examples of types of instruction include lecture, debate and theatre.

4. Who teaches Life Skills Education in your school or talks to students about the topics related to life skills?
   - How comfortable is this person with the material s/he is teaching? What makes you think this?
   - Does s/he answer all of your questions? If not, which does s/he not answer?
   - Can students go to this person with questions outside of class during school hours to ask questions
about topics learned in Life Skills Education? About sexual issues?

5. How do students feel about Life Skills Education sessions currently being taught?
   - What do students like about Life Skills Education sessions?
   - What do students dislike about Life Skills Education sessions?

6. How do parents feel about students learning about life skills in school?
   - Would you like your parents to be involved in teaching you about life skills? Why or why not? What would this involvement look like?

7. What do students learn about relationships at school? Please describe whether this information comes from courses or other school-related activities.
   - Has what students learn about relationships made them more able to avoid unhealthy relationships? If so, how?

8. What do students learn about values at school? Please describe whether this information comes from courses or other school-related activities.
   - How do you determine which values are important to you? [Not your parents, teachers, pastor, etc.]
   - [Use an example from those given by students on which values are most important to them and ask how they stand up for a particular value. For example, one can decide that her religion’s teachings on sexual behavior are very important to her, and because of this importance, she can decide to follow these teachings in regards to sex before marriage and not submit to peer pressure to have sex early.]

9. What do students learn about human rights at school? Please describe whether this information comes from courses or other school-related activities. [Read description if necessary: Human rights are those rights that everyone is entitled to because they are human, and all humans have dignity and deserve respect. They include the right to education, protection from violence, and equal treatment under the law for everyone - regardless of sex or race.]
   - Should boys and girls have equal rights? Why or why not?
   - Do boys and girls have equal rights in your community? Please give examples.
   - Has what you have learned about human rights helped students in your school to respect others’ rights? How?
   - In reproductive health, what do students learn about their sexual rights? [Provide description if necessary: Sexual rights include the right to choose one’s sexual partners, the right to decide when and if to have children, and the right to decide whether or not to have sex.

10. What do students learn about human development (puberty) at school? What do students learn about pregnancy (how do women get pregnant) at school?
    - Has what you have learned about these topics (puberty and pregnancy) helped students in your school to understand themselves and/or stay healthy? How?
11. What do students learn about sexual behaviors at school? (Please describe whether this information comes from courses or other school-related activities.)
   
   o Has what you have learned about sexual behaviors helped students in your school to gain confidence in making choices about their own sexual behaviors? If so, how?
   
   o Are students more assertive in defending their choices regarding sexual behaviors? Please give examples. [Is this different when defending your choice to a girlfriend or boyfriend versus sugar daddy or sugar mummy?]

12. What do students learn about the consequences of sexual behavior, including HIV and AIDS at school? Please describe whether this information comes from courses or other school-related activities.
   
   o Has what you learned on the consequences of sexual behavior helped students stay HIV free? How?

13. For secondary students only - What do students learn about human sexuality, such as why people have sex or how someone knows that s/he is ready to have sex, at school? Please describe whether this information comes from courses or other school-related activities.

14. What do students learn about preventing pregnancies? Please describe whether this information comes from courses or other school-related activities.
   
   o What have you learned outside of school about preventing pregnancies? [If condoms or other methods of contraception are mentioned, ask students if they learned how to use these methods and from whom they got this information.]
   
   o Has what you have learned about preventing pregnancies helped students in your school to prevent unplanned pregnancies in their own lives? If so, how?
   
   o [If the primary method of prevention is abstinence, do you think there are some students who do not abstain? If yes, how do they prevent unintended pregnancies?]

15. What information about sexual topics do students need in order to stay healthy? [Sexual topics include: sexual feelings, sexual behaviors, puberty, and protecting oneself from HIV and unwanted pregnancy.]
   
   o Which of these should be learned in school?

16. What other information, that has not yet been discussed today, do you believe should be included in the Life Skills Education course?
   
   o What questions do you have about topics covered in Life Skills Education that you would like your teacher to answer, but that he or she is currently unable to respond to?

17. Are there any other thoughts or comments?