Joint advocacy for comprehensive sexuality education

KENYA
Why is it important to advocate for comprehensive sexuality education (CSE)?

Kenya's population is very young: in 2014, 61% of its 45 million people were under 25 (42% under 15). Like all young people around the world, Kenya's youth face challenges in the transition into adulthood. Many are uncertain about the way their bodies change, about how to shape relationships and about their futures. This is particularly challenging for adolescents and young people living in poverty and/or with HIV. Girls face additional problems. Kenya has the fourth largest HIV epidemic in the world and young women (aged 15–24) are almost three times more likely to be infected than men (3% vs 1.1%). As in many parts of sub-Saharan Africa, gender inequality in Kenya often results in men dominating sexual relationships with women. Girls are not always able to practice safer sex even when they know the risks. The 2010 Violence against Children in Kenya report showed that 32% of young women had experienced sexual violence, almost half of which was perpetrated by an intimate partner. [I]

Despite powerful social norms that disapprove of early and premarital sex, many young unmarried people are sexually active. The Kenya AIDS Indicator Survey 2012 shows that 12% of girls and 20% of boys first have sex before their 15th birthday, and by the time they are 18 years old, 59% of boys and 50% of girls have had sex. Very often, children who start having sex at a young age do not use condoms. Of sexually active adolescents aged 15–19, only 27% use some form of contraception. Out of all pregnancies among girls and women aged 15–24, 32% were mistimed and 15% unwanted, resulting in many unsafe abortions. [II] It is estimated that 13,000 girls drop out of school every year due to pregnancy. Early sexual debut and unprotected sex are often the result of a combination of peer pressure, gender inequality and ignorance.

The Alliance strongly believes that young people need to be supported in navigating the stormy waters of adolescence and be empowered to make their own healthy choices. They do this through both CSE programmes, including the computer-based, extra-curricular the World Starts With Me (WSWM), and direct sexual and reproductive health and rights (SRHR) information platforms, such as youth4life.co.ke. An impressive number of young people have been reached by these interventions, through the Unite for Body Rights Programme (UFBR) and the Access, Services, Knowledge (ASK) Programme: as of 2014 almost 2.3 million young people received CSE, both in and out of school. However, the Alliance believes that all children and adolescents need to have access to this type of information. The Government of Kenya recognizes this as well. In 2013, it signed up to the East and Southern African (ESA) commitment to provide all children with age appropriate comprehensive sexuality education (AACSE). [III]

As always, however, the proof of the pudding is in the eating. International commitments and national policy papers need to be translated into concrete action. In this case, such action would take the shape of a revised curriculum for students as well as teachers. A 10-country review of school curricula on sexuality education in east and southern Africa published by the United Nations Educational, Scientific and Cultural Organization (UNESCO) and the United Nations Population Fund (UNFPA) in 2012, showed that the Kenyan curriculum had major deficiencies. Thus curriculum review became the focus of the Alliance's CSE advocacy. [V]
Age appropriate comprehensive sexuality education is an age appropriate, culturally relevant approach to teaching about sexuality and relationships by providing scientifically accurate, realistic and non-judgmental information. Sexuality education provides opportunities to explore one’s own values and attitudes as well as building decision-making, communication and risk-reduction skills about many aspects of sexuality (Kenyan National Adolescent Sexual and Reproductive Health Policy, December 2015).

What has been achieved so far?
- Preparation of draft guidelines on AACSE;
- Almost all curriculum developers at the Kenya Institute for Curriculum Development sensitized and trained on CSE;
- Acceptance of the WSWM as an evidence-based intervention by the National AIDS and STIs Control Programme (NASCOP);
- The review of the Adolescent Sexual and Reproductive Health (ASRH) policy was finalized and a new policy launched, including AACSE as an important intervention;
- Dissemination of education sector policy on HIV and AIDS. The alliance supported printing of 40,000 posters on the policy, which are expected to be distributed to schools.

How has it been done?
In December 2013, the Kenyan Minister of Education affirmed, along with the governments of 19 other countries, the ESA commitment prepared by Young People Today. Since then, this document has become the touchstone for advocacy.

The Kenyan Ministry of Education Science and Technology (MoEST) formed a technical working group, consisting of various United Nations agencies and civil society organizations, to support it in implementing the ESA commitment. UNESCO has been assigned the responsibility for overall monitoring. One of the main tasks of the working group has been to adapt the existing international technical guidance on sexuality education to the Kenyan context.

The Alliance has played a prominent role in this process by sharing its expertise and long experience, and evidence built up in the implementation of its CSE activities, notably the WSWM. The complementarity of mandates and expertise within the Alliance has enhanced its effectiveness. As Jane Kamau of UNESCO put it: “As UNESCO we work much more upstream. The input from the Alliance members, bringing grassroots experience into the discussion, has been very enriching”. The MoEST is also appreciative of the partnership that has evolved. According to Margaret Mwirigi, Senior Assistant Director of Education at MoEST: “The Alliance has really contributed to this process – not only in terms of content in the form of information and position papers, but also in terms of financially supporting meetings and training of curriculum developers”.

This review of the guidelines, in preparation for the curriculum review, was progressing slowly but steadily when a sudden backlash occurred. In June 2015, the BBC had aired a short item under the title "How Kenya tackles underage pregnancies" in which the work of the Centre for the Study of Adolescence (CSA), the Alliance’s lead partner on CSE, was poorly presented. Two months later it turned out that the news item had provided a hook for those opposed to improved sexuality education. The Kenya Christian Professionals Forum (KCPF) picked this up and influenced the National Council of Churches in Kenya (NCCK), which published a communiqué in August 2015: “this General Assembly wholly rejects the proposed Comprehensive Sexuality Education curriculum noting that at its core, it not only promotes unfettered sexual promiscuity, abortion and sexual aberrations.”
The allegations against the WSWM were false and so was the suggestion that the WSWM was already the backbone of the proposed new curriculum, but the accusations hit home. To address these concerns, MoEST launched an investigation into the CSA and WSWM. The CSA made all documentation available, including letters indicating that the WSWM had received the full backing of the former Principal Secretary. However, in the meantime the discussions about the guidelines were also affected. As Johnstone Kuya, acting National Programme Coordinator says: “KCPF pick pieces from the curriculum and say ‘this is what we are against’, thus deviating from the whole concept of CSE. Now when you come to a meeting, the guidelines are not discussed per se, but certain people want to discuss details about WSWM”.

Following this backlash, the Alliance has engaged with many individuals in, and leaders of, religious institutions: the NCCK, the Inter Religious Council of Kenya and even the KCPF itself. MoEST convened several of these meetings and Alliance partners also arranged meetings of a more informal character. Although some meetings were less productive than others, the good thing is that there is a dialogue to find common ground on which to build better sexuality education.

The guidelines are now in a final draft stage and have been submitted to the senior leadership of MoEST, as well as to religious leaders. The next phase of the discussion is going to be quite crucial.

In the meantime, the Alliance also followed a more technical track. Bearing in mind that the Kenyan Institute for Curriculum Development (KICD) has the statutory responsibility to translate policy into actual curricula, the Alliance decided to train all their staff on CSE. This should help when they go out and undertake the situation analysis on which the curriculum reform will be based. It may also help that the CSA submitted the WSWM curriculum for review by NASCOP. In September 2015, the curriculum was officially recognized as an evidence-based intervention for behaviour change, which should be rolled out across the country. One immediate effect of this stamp of approval is that a United States Agency for International Development (USAID)-funded project in Western Kenya will adopt the use of the WSWM.

What’s next?
The future is uncertain. The upcoming discussions will show just how much common ground there is and to what extent the curriculum can be improved. In the meantime, the Alliance is gearing up its advocacy using a multi-pronged approach: encouraging those in schools, governments, churches and mosques who have seen the positive effects of CSE to speak out; expanding its network within the Ministry of Education; and showcasing to the public the impressive results that have been achieved during UFBR and ASK.

Advocacy is never a linear path and backlashes are to be expected. Many valuable lessons have been learned from this setback: the importance of standing together, of being clear on (and prepared to review) your power analyses, of depoliticizing the issue and always being open to enter a dialogue.
SRHR Alliance
What would your life look like if you had not received any comprehensive sexuality education, had no access to contraception, or if you, or your partner, had been pregnant or given birth without support? The Sexual and Reproductive Health and Rights Alliance, consisting of Rutgers, Amref Flying Doctors, CHOICE for Youth and Sexuality, dance4life and Simavi, works with 52 organizations in nine countries to address these issues.

The five-year international programme ‘Unite for Body Rights’ strengthens southern civil society organizations in the promotion of sexual and reproductive health and rights (SRHR) for all. The Dutch Ministry of Foreign Affairs made 44 million euro available for the period 2011–2015. The SRHR Alliance aims to reach 2.5 million people in nine countries in Africa and Asia, including Uganda. In each of these countries, organizations have joined forces in SRHR Alliances. The programme combines and strengthens three crucial aspects of SRHR: SRHR education, sexual and reproductive health services, and an enabling environment to seek health services. In order to work towards an improved enabling environment, advocacy is an important strategy. Capacity building of civil society organizations to advocate is therefore part and parcel of the UBR programme.

Rutgers in Kenya
Rutgers strengthens the capacity for advocacy of the SRHR Alliances in seven countries. Kenya is one of these countries. Rutgers has provided technical support to the Kenya SRHR Alliance in the development and implementation of the advocacy strategy on the provision of youth-friendly services.
Rutgers’ advocacy mission

Everyone should have the opportunity to experience sexuality voluntarily, safely and pleasantly. And we pursue this aim with great passion. For several decades, the name Rutgers has been synonymous with open, candid and positive sexual education in the Netherlands. Nowadays we mainly support professionals in the care and education sectors in discussing sexuality with their target groups. We acquire knowledge and develop effective methods on the basis of research. Furthermore, we utilize our knowledge and expertise to influence policy-makers.

Rutgers’ success is also evident in other countries. This inspires us to cooperate with organizations throughout the world in improving sexual health and offering people freedom of choice in relationships, sexuality and the decision whether or not to have children.

References

[I] UNICEF e.a. Violence Against Children in Kenya Findings from a 2010 National Survey


[VII] idem


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