



BEYOND THE RHETORIC: THE CASE FOR THE INSTITUTIONALIZATION OF COMPREHENSIVE SEXUALITY EDUCATION IN KENYAN SCHOOLS

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Abstract:

Comprehensive Sexuality Education remains one of the most controversial topics in global development discourse. Organizations such as UNESCO, WHO and UNICEF have championed for the institutionalization of CSE in countries across the globe, citing the relative merits of this education on young people. Kenya, like a lot of other countries has faced formidable opposition in the institutionalization of CSE with much of the opposition being spearheaded by religious groups and advocacy groups that posit that CSE would have negative consequences on young learners. This review sought to document the milestones that have defined the institutionalization of CSE by the Kenyan government and to establish the legal policy regimes that have informed the process. It also sought to highlight the barriers that have impeded the process and lastly, it endeavored to suggest ways which these impediments can be overcome. This review was a culmination of systematic analysis of the available literature on sex education in Kenya.

Keywords: comprehensive sex education; institutionalization; schools; Kenya

1. Introduction

The World Health Organization (WHO) and the United Nations Educational Scientific Educational and Cultural Organization (UNESCO), posit that Comprehensive Sexuality Education (CSE) plays a critical role in preparing young people for a safe, productive, fulfilling life amid the ravages of HIV and AIDS, sexually transmitted infections (STIs), unintended pregnancies, gender-based violence (GBV) and gender inequality that still pose serious challenges to their well-being. However, despite an abundance of compelling evidence on the benefits CSE, few young people around the world receive

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such preparation that empowers them to take control and make informed decisions about their sexuality and relationships freely and responsibly.ⁱⁱ

The inability of many young people to gain access to CSE means that they approach adulthood unsure about their sexuality and reproductive health since they are often exposed to conflicting, negative and confusing messages about the subject. The situation is worsened by a cultural orientation in many societies that operate on laws, attitudes, and values that impede any public discourse on sexuality and sexual behavior, whereby adult members of society refrain from any such discussion and where the social norms may perpetuate harmful conditions such as gender inequality concerning sexual relationships, family planning, and modern contraceptive use. Yet, this is against a growing body of evidence on the positive aspects of CSE in inculcating among young people accurate and age-appropriate knowledge, attitudes and skills; positive values, including respect for human rights, gender equality and diversity, and attitudes and skills that contribute to safe, healthy, positive relationships. This education can also significantly help young people to adjust their feelings on social norms, cultural values, and traditional beliefs, enabling them to better understand and manage their relationships with peers, parents, teachers, other adults, and their communities. It is therefore not surprising that countries are increasingly acknowledging the need for equipping young people with the knowledge and skills to make responsible choices in their lives, about their sexuality especially in a time when they have unbridled exposure to sexually explicit material through the Internet and other media.ⁱⁱⁱ

The case for the institutionalization of CSE is backed by the fact that HIV continues to be a major global public health issue. Globally in 2019, about 1.7 million young people between the ages of 10-19 were living with HIV. Adolescents account for about 5 percent of all people living with HIV and about 10 percent of new adult HIV infections. About 1.5 million, (88 percent) live in sub-Saharan Africa. If this is broken down to real numbers, in 2019 alone, about 460,000 young people between the ages of 10 to 24 were newly infected with HIV, of whom about 170,000 were adolescents between the ages of 10 and 19. During the same period, adolescent girls accounted for three-quarters of all new HIV infections among adolescents. In sub-Saharan Africa that year, four times as many adolescent girls were newly infected with HIV than adolescent boys. In East Asia and the Pacific, more boys are newly infected with HIV each year than girls in adolescence (UNICEF, 2020).

In Kenya, there were approximately 71,034 new HIV infections among adults aged 15+ years and 6,613 new HIV infections among children aged 0-14 years in 2015. During the same period, of the total number of people living with HIV in Kenya, 268,588 (18%) were among youth aged 15-24 years. More than (55%) of these came from six high HIV prevalence counties in Kenya, namely Homa Bay (34,812), Kisumu (31,779), Siaya

ⁱⁱ WHO, UNESCO (2018) International Technical Guidance on Sexuality Education: An evidence-informed Approach.

ⁱⁱⁱ WHO, UNESCO (2018) International Technical Guidance on Sexuality Education: An evidence-informed Approach.

(27,838), Migori (18,411) Nairobi (23,671) and Mombasa (10,105). Total annual new HIV infections in Kenya were 77,648, with young people contributing 35,776 (46%). New HIV infections among the youth are concentrated in the high HIV prevalence counties in Kenya. Counties with high HIV infections were Homa Bay (5,473), Kisumu (4,996), Siaya (4,377), Migori (2,895) Nairobi (2,282), Mombasa (1,283), Kiambu 1,199 and Kisii (1,178) contributing to 66% of new infections among youth aged 15-24 years in 2015.^{iv}

While there have been significant strides towards lowering HIV transmission in the general population and more specifically among the youth globally, young people remain vulnerable to HIV infection especially during adolescent when they are under immense pressures such as the onset of puberty, increased risky behaviors, and new responsibilities for their health. During this period, the leading cause of HIV for young people is unprotected sex (Adele, P. et al, 2014).^v

Though there are positive indicators on youth sexuality globally, the picture is far from being rosy. One, on a promising note, the general age of sexual debut is going up, a pointer to a change in attitudes among young people with regards to sexual behavior (UNICEF 2013). However, this age remains relatively low in many South and East African countries, and lower among adolescent girls than boys in low- and middle-income countries (UNAIDS & UNESCO, 2013, Adele, P. et al. 2014). Also, the number of sexual partners among young people has been falling but it remains high in countries most ravaged by HIV (UNICEF, 2013). One key driver of HIV transmission in Sub-Saharan Africa is inter-generational sex, a situation which renders young people especially women incapable of exercising prudence in sexual matters because older partners wield greater power in the relationships and use inducements such as money and gifts to agree to unprotected sex (Stobebenau et al., 2016). Lastly, in East and South African countries, only 40% of young people know how to prevent HIV because sex education in these countries is low. Also, only 36% of young men and 28% of young women in sub-Saharan Africa have accurate HIV knowledge. This is unsurprising in a region where many children drop out of primary school and only 20% complete secondary school.^{vi}

Amid these disturbing statistics concerning the youth, the role of Comprehensive Sex Education in reversing this trend has occupied center-stage of both national and international development discourse for a long time. CSE as defined by the United Nations Educational Scientific and Cultural Education is "*A curriculum-based process of teaching and learning about the cognitive, emotional, physical, and social aspects of sexuality.*" It aims to equip children and young people with knowledge, skills, attitudes, and values that will empower them to: realize their health; well-being, and, dignity, and, develop respectful social and sexual relationships; consider how their voices affect their well-being and that of others; and, understand, and, ensure the protection of their rights

^{iv} Kenya HIV estimates, National Aids & STI Control Programme, 2016).

^v UNAIDS & UNESCO (2013), Young people Today-Time to Act now.

^{vi} AIDSTAR-One (2013) mapping HIV services and policies for adolescents; A Survey of 10 countries in Sub-Saharan Africa.

throughout their lives.^{vii} This type of education recognizes the right of young people to information which gives them greater freedom to make informed decisions about their sexual and reproductive health by equipping them with the requisite skills and knowledge. It endeavors to give young people a voice through which they can actively redefine their sexual and reproductive health experiences by changing their attitudes and values on the subject and to emancipate themselves from negative consequences of naivety.

Comprehensive Sexuality Education (CSE) is characterized by a positive approach to sexuality^{viii} that accepts sexual feelings, desire, and pleasure as essential components of young people's sexuality (IPPF, 2017; WHO & BZgA, 2010). It pursues an empowerment, gender equality, and a rights-based agenda that endeavors to put children and young people at the center of the education. This education according to the IPPF (2011), aims at enhancing young peoples' well-being, by constantly striving to achieve ideal experiences, rather than primarily working to prevent negative experiences. It fully acknowledges and tackles the various concerns and risks associated with sexuality, without necessarily promoting fear, shame or taboo of young people's sexuality and gender inequality (IPPF, 2011). CSE is a multi-faceted sexuality education that on top of addressing the physical, emotional, social, and cultural aspects of young people also incorporates issues like friendship, feelings of safety, intimacy, gender, security, pleasure, and attraction. Comprehensive sexuality education is not value-free; it promotes values such as gender equality, dignity, respect for others, awareness of sexual and reproductive rights, and freedom from discrimination, exclusion, and sexual violence (IPPF, 2017; WHO & BZgA, 2010).

CSE is grounded in young people's right to be informed. According to the United Nations Convention on the Rights of the Child (UN, 1989), sexual rights must be seen as human rights related to sexuality, which encompasses the right for everybody to be informed and to have universal access to comprehensive sexuality education (IPPF, 2008). All people are born as sexual beings^{ix} and have to develop their sexual potential and identity.

CSE ultimately aspires to prepare children and young people towards a situation of self-awareness in as far as their sexuality is concerned; pushing them towards a state in which they can confidently build and maintain satisfactory and consensual (sexual) relationships, presently and in the future. Therefore, for it to have the desired impact, CSE should start long before young people become sexually active.

^{vii} UNESCO et al (2018) International technical guidance on sexuality education: an evidence-informed approach

^{viii} A 'sex-positive' approach in CSE recognizes that all people are sexual beings with sexual rights regardless of their age, gender, religion, sexual orientation, HIV-status, or (dis)ability. 'Sex positivity is an attitude that celebrates sexuality as an enhancing part of life that brings happiness, energy and celebration.' (IPPF, 2011).

^{ix} 'Being born a sexual being' refers to the perception that sexual development starts from birth (or even conception) and that every individual has its sexuality right from the start. 'Being a sexual being' does not equal 'being sexually active': also, individuals who have never been sexually active, are sexual beings.

There is convincing evidence of the efficacy of CSE in promoting positive health outcomes among young people. Kirby (2011), and, UNESCO (2009), posit that good quality CSE has positive effects on sexual knowledge, attitudes, communication skills, and certain sexual behaviors. (Kirby 2011; UNESCO 2009). When contrasted with less comprehensive sex education programs, there is evidence that CSE contributes more adequately to gains in young peoples' sexual health (Fine and McClelland, 2006; Haberland and Rogow, 2015; Kirby, 2008; McCave et al, 2007; Trenholm et al., 2007; Underhill et al., 2007; Santelli et al., 2017)). One study that reviewed 17 SE programs and STI/HIV education in the US and other countries between 2000 and 2014 (Fonner et al, 2014), showed that 15 out of the 17 reviews reported statistically significant positive behavioral outcomes for comprehensive sexuality education or abstinence-plus programs.

A Global review and evaluation of UNFPA's different CSE programs at different stages of development, targeting different age groups and from different contexts across the world concluded; *"There is clear evidence that CSE has a positive impact on sexual and reproductive health (SRH), notably contributing towards reducing sexually transmitted infections (STIs), the Human Immunodeficiency Virus (HIV) and unintended pregnancy. CSE has demonstrated impact in terms of improving knowledge and self-esteem, changing attitudes and gender and social norms, and building self-efficacy. [...] sexuality education does not hasten sexual activity but has a positive impact on safer sexual behaviors and can delay sexual debut and increase condom use."*^x

2. Problem statement

While the need for sexual and reproductive health information in sub-Saharan Africa targeting young people remains great, there has been ambivalence at the national and community levels regarding the appropriateness of such information. Part of the reason for this ambivalence has been the suspicion that sex education promotes early sexual activity. Studies done over time have, however, shown that this is not necessarily true. The opposite is true: sex education delays onset of sexual activity, and increases safer sexual practices by those already active (WHO, 2003, UNAIDS, 1997, 2007, Grunseit et al., 1997, UNESCO 2009; Kirby, 2011; UNPFA 2015 etc.). Yet despite the availability of such convincing data on the impact of the CSE on learners' sexual behavior, the adoption of this subject in Kenyan schools remains elusive. Part of the reason for this ambivalence has been the suspicion that sex education promotes early sexual activity and opposition from some quarters especially the religious sector has been vocal and emotional.

In 2013, the Kenyan government signed a declaration in which it committed to scaling up comprehensive rights-based sexuality education beginning in primary school. A major challenge however has been how to reconcile rights-based approaches to providing information and services to adolescents with conservative approaches that

^x The evaluation of Comprehensive Sexuality Education Programmes: A Focus on the gender and empowerment Outcomes, UNFPA, 2015.

oppose certain aspects of CSE, such as improving access to condoms. Overall Education-sector policies have largely promoted HIV education and focused on abstinence, resulting in a limited scope of topics offered in school. Life skills—the subject into which the widest range of topics are integrated— is not examinable, and hence there is little incentive for students and teachers to give these topics high priority.

2.1 Objectives of the review

This review was guided by the following specific objectives

- a) To establish previous attempts towards the institutionalization of CSE in Kenya
- b) To establish the policy frameworks upon which CSE in Kenya is anchored on
- c) To establish the challenges faced in implementing CSE in Kenya
- d) To suggest possible solutions to these challenges

2.2 Research questions

This review was be guided by the following questions;

- a) What are the previous attempts towards the institutionalization of CSE in Kenya?
- b) What policy frameworks guide the implementation of CSE in Kenya?
- c) What challenges have been faced in the implementation of CSE in Kenya?
- d) What are the possible solutions to these challenges?

3. Methodology

This review employed a systematic review of available literature on Comprehensive Sexuality Education; its inherent advantages to young people as an empowerment tool, Kenya's efforts towards its institutionalization including the challenges which have been faced in the process.

3.1 A Review of Sex Education Implementation Initiatives in Kenya

Sexuality education has been one of the most controversial and politicized aspects of the school curriculum globally (Trudell, 1993). Early research in Kenya indicates that its provision has been ad hoc, patchy and piecemeal (Irungu, 1985), making the discourse on sex void of vocabulary, vague or silent. Softer terms such as family life education or moral education have been preferred. The most vocal opposition to sexuality education in Kenya over the years has emanated from religious groups especially the Catholic Church.

Institutionalization of Sexuality Education in Kenya has been marred by confusion and controversies. In the preliminary stage, the government attempted to use television for SE in the late 1980s, developing a popular soap opera series in Swahili (Zabin, 1992). After several episodes, the then president, Daniel Moi ordered the program stopped, endorsing instead traditional Sexual Education by tribal elders. During the same period, the Boy Scout movement, with the help of pathfinder funds, published a book on family life education for their members. This book discussed topical issues on sex education,

human anatomy, and abortion. Subsequently, the government used this book as the basis for a sex education syllabus to be taught in the schools. Following much resistance and criticism from the religious groups and parents, the President ordered the book's withdrawal from all bookshops and stores in 1985.

In 1997, President Daniel Arap Moi and the ruling party of Kenya, KANU (Kenyan African National Union), bowed to election-year pressure from anti-abortion groups and Catholic bishops, including Bishop Alfred Rotich who led an anti-sex education demonstration in Nairobi and shelved a sessional paper on family life education that was to be discussed by parliament in October of the same year. Had the paper been adopted, sex education could have been introduced in the schools and integrated with primary health care. The document would have been the basis for making students aware of the dangers of adolescent pregnancy, abortion, drug abuse, HIV/AIDS, and sexually transmitted diseases (STDs). The Catholic Church led by Bishop John Njue, who was the chairman of the Kenya Episcopal Conference, stated it would fight the introduction of sex education in schools (Kigotho, 1997).

3.2 The legal and policy environment for Comprehensive Sex Education in Kenya

Kenya has drafted several policy documents that give a direction on how sex education and the provision of SRH information and services to adolescents in Kenya should be approached. The first such comprehensive policy framework was the "Adolescent Reproductive Health and Development (ARHD) Policy", developed in 2003, and which focused on improving the reproductive health, well-being, and quality of life of Kenya's adolescents and youth. The ARHD Policy was a foundation for initiatives in Kenya that integrated reproductive health and development concerns for adolescents and youth into the national development process, and enhance their participation in that process. It was followed by the "Education Sector Policy on HIV and AIDS (2004, first edition)", that sought to integrate life skills and HIV and AIDS education into curricula for all levels of schooling, including co-curricular activities, using rights-based content. In 2005, the Government developed the "National Guideline for the Provision of Youth-Friendly Services" that recommended minimum package of youth-friendly SRH services for all clinic-based, youth center and school-based programs. In 2009 the "National School Health Policy" was formulated that ensured that children receive assistance in acquiring positive values and life skills in school.

In 2010, the government formulated the "Guidelines for Strengthening HIV and AIDS Coordination at the District Level", which guided school-based interventions to align with key National AIDS Control Council and Ministry of Health HIV and AIDS policies and guidelines. This was followed by the "Education Sector Policy on HIV and AIDS, second edition" which was a follow-up document on the 2004 policy. It reemphasizes the need to provide age-appropriate and relevant information on HIV and AIDS, and on alcohol and substance abuse, to prevent new HIV infections among students at all levels. It provided a framework for prevention, treatment, care, and support as well as the management of response within the education sector at all levels.

The policy also proposed a strengthened coordination mechanism to improve the implementation of HIV and AIDS programs by various stakeholders. The last of such policies was the “National Adolescent Sexual and Reproductive Health Policy”, (2015), which guided to enhance the SRH status of adolescents in Kenya and contribute toward the realization of their full potential in national development.

3.3 Barriers to the Institutionalization of Comprehensive Sex Education in Kenya

Despite the formulation of all these well-intentioned policies, the implementation of Comprehensive Sex education in Kenya has remained a mirage. The resistance to CSE in Kenya is spearheaded by religious and advocacy groups such as the Catholic and other evangelical churches, CitizenGo and the World Youth Alliance. The resistance isn’t new, it goes back over time. Over the years, this opposition has gained momentum and as early as May, 2020, members of the Kenya Conference of Catholic Bishops (KCCB) continued to voice their opposition to the Comprehensive Sexuality Education (CSE) in the country in an online campaign that aims at collecting at least ten thousand signatures from Kenyans.

“The Bishops are “totally opposed to CSE,” Bishop Paul Njiru Kariuki who heads the Commission for Education of KCCB that is spearheading the campaign told ACI Africa Friday, May 22, cautioning that if the program is included in the education curriculum in Kenya, it “will bring in lesbians, gays and that is going to destroy our country.”^{xi}

On June, 22nd, 2020 the Catholic Bishops were at it again voicing strong opposition to alleged attempts to introduce Comprehensive Sexuality Education (CSE) in schools aimed at controlling teenage pregnancies in the East African nation. They have also objected to the abortion bill before Kenya’s Senate. Part of the statement they wrote read;

“We are totally opposed to those trying to introduce Comprehensive Sexual Education in schools as a way of curbing teenage pregnancies,” the Bishops in Kenya said in a statement, which was read out at the end of the televised Mass Sunday, June 21st, 2020.^{xii}

The petition by the Catholic Church has also been enjoined by the World Youth Alliance that has instead been advocating for the adoption of the Human Dignity Curriculum (HDC) that the group touts as a holistic and effective personal development education program, patterned on proven strategies, which impacts student behavior in measurable ways. The HDC teaches social, emotional, cognitive, behavioral, and moral competence that foster self-determination, self-efficacy, and clear and positive identity. The HDC thus represents a positive vision for integrating sex education into a broader framework of character education. In its opposition to CSE, the World Youth Alliance argues that this type of sex education fails to take cognizance of the holistic nature of

^{xi} Association for Catholic information in Africa (2020).

^{xii} Association for Catholic information in Africa (2020).

humans. More tragically, it fails to appreciate every individual's capacity to understand his dignity and to choose healthy behaviors aligned with it, both for himself and for others. Moreover, this education also doesn't leave space for parents to guide their children's sex education as they consider fit, in line with their children's emotional, mental, and physical capacities.

According to the WYA, the HDC incorporates best practices in personal development and sexual education programs recognize that a clear personal awareness needs to be developed as a meaningful part of an individual's worldview, consistent with reason and human experience. This, in turn, opens opportunities for future and goal-oriented thinking. The starting point is for learners to acquire a fundamental understanding of their dignity. From there, they can develop a basis from which to address the big issues they encounter in their lives as well as to see how they contribute to the community and world in which they live. The HDC is a multi-layered approach to sex education, where each lesson focuses on the "big picture" theme of how a proper understanding of the human person leads to human flourishing—helping students to understand and develop healthy habits, good decision-making skills, and a strong sense of meaning and purpose.^{xiii}

Another entity which has been very vocal in its opposition to the institutionalization of Comprehensive Sexuality Education in Kenya is a local advocacy and advocacy group known as CitizenGo. This group has been opposing the introduction of CSE for some time but has of late started an online petition in which it is soliciting for signatures from Kenyans to thwart any efforts towards the government's efforts of starting CSE in institutions of learning.

This is what its Campaign's Manager said on the matter;

"Comprehensive sex education is a highly controversial, rights-based approach to sex education that encompasses a great deal more than just teaching children and youth about sexual intercourse and human reproduction. (This) curriculum is more destructive than Boko Haram or Al-Shabaab," (Ann Kioko, CitizenGo campaigns manager).^{xiv}

CitizenGo in its opposition cites a paper "Seven Reasons to Reject "Comprehensive Sexuality Education" authored by Stefano et al (2018) for the Center for Family and Human Rights. The authors strongly argue against the adoption of CSE as advocated by United Nations agencies and other international organizations that have drafted CSE guidelines and remain among the strongest advocates of its further implementation at all levels. They posit that CSE entails an approach to sexuality that the majority of parents deem unfit for their children. They also portend that this education that instead of empowering young people is more likely to undermine their health and well-being. They also opine that sex education doesn't take cognizance of diverse cultural

^{xiii} World Youth Alliance; Human Development Curriculum is the Best Holistic Approach for Sex Education.

^{xiv} Why CitizenGO wants the rolling of CSE stopped in Kenya <https://nairobinews.nation.co.ke/life/ngo-sex-education-rollout>.

leanings and the age of learners and that bombarding children with unfiltered overlooks their physical and immaturity which negates the tenet of "special safeguards and care" as stipulated by "the Convention on the Rights of the Child." The report further argues that CSE promotes risky sexual behavior that can have immediate and long-lasting damaging effects on children and that the global cost of risky sexual behavior among adolescents is enormous.^{xv}

Away from the structural barriers to the institutionalization of CSE, the existing sex education curricula in Kenya, is not without its internal challenges. Sexual and reproductive health education especially in the area of sexual and HIV/AIDS in Kenya still face numerous problems. A survey carried out by the Kenya National Union of Teachers (KNUT) showed that Kenyans teachers are not generally well prepared for lessons and that many are not well informed about the subject. Only 45% of the teachers surveyed understood that HIV had no cure, whereas 24.4% and 12.4% respectively thought that herbs and traditional medicines as well as witch doctors could cure infection (Daily Nation, June 5th, 2006).

This problem is compounded by the fact that sex education in Kenya is based around a 'life skills' approach' - that is, an approach that focuses on relationship issues and the social side of sexual activity, as well as simply the scientific facts about infection. But since Kenyan teachers are more used to teaching subjects in a factual, academic fashion, many find it difficult to address the topic in a way that is relevant to the social realities of student's lives. With school education in Kenya very much focused on examinations, teachers are used to inundating students with facts and figures, whereas sexual and HIV/AIDS education requires that they engage pupils in active learning sessions (Daily Nation, 2005).

Lack of specific guidelines on how to handle sexuality education fuels the teacher's lack of confidence. In Kenya, most of the communication from the Ministry of Education is through ad hoc circulars to the schools' principals. These circulars are from 'above' and bear little or no input from the teachers themselves. Sexuality education is not a subject in Kenya's national curriculum and there is no specific guidance on how primary school teachers or the school community should teach it. The syllabus published by the Kenya Institute of Education (KIE, 2002) has infused sexuality-related information especially in the Science subject where the meaning and causes of HIV/AIDS, modes of HIV transmission, reproductive organs, drug abuse and types of drugs, reproduction in humans (fertilization, development of a fetus, process of birth and STIs are integrated.

4. Discussion

While it is quite likely that different players (educationists, religious leaders, policymakers, etc) will adopt divergent standpoints regarding CSE, the relative merits of this type of education to young people cannot be downplayed. The opposition to the

^{xv} Stefano Gennarini et al Seven Reasons to Reject "Comprehensive Sexuality Education" Briefing paper, International Organizations Research Group, 2018.

implementation of CSE by the church and other lobby groups such as CitizenGO and the World Youth Alliance cannot be wished away because some of these institutions especially the church represents a formidable constituency. As the Covid-19 pandemic ravages the globe including Kenya, there has been an outcry of surging teenage pregnancies across the country. While the emerging statistics about this problem cannot be verified at the moment, it will be naïve to ignore that this is a boomeranging social problem.

The opposition to the implementation by the actors mentioned in the previous discourse is grounded on one fallacious argument; that children in school are too young to be exposed to sexual content. Taking at the argument of the Catholic church that introducing CSE would lead young people to be gays and lesbians is not only utterly false but is also defeatist. This is because, from anecdotal evidence, we have a growing population of Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ) community in Kenya despite the absence of this type of education. The guiding tenet of CSE is equipping young people with knowledge and skills that would enable them to adequately and confidently navigate through their sexual and reproductive experiences. This type of education does not in any way glorify sex or encourage young people to engage in indiscriminate sex. The opposite is true, CSE promotes a sense of adequacy in young peoples' sexuality; equipping them with the knowledge to make informed decisions about their sexual and reproductive health.

The Catholic Church's argument that parents should take the sole responsibility for their children sexual education is again misplaced and devoid of any common sense. Because from a sociological standpoint, the family is just one among other agents of socialization including the school, religion, mass media, government, and peer groups. This particular argument is not only shallow-minded but overly impractical. Today's children spend a very large portion of their lives in school to the extent that the school is now overtaking the family as the primary agent of socialization. To delegate the responsibility of tutoring these young people on sexuality solely to their parents is negating the goal of socialization.

If again you pick the argument of lobby groups such as CitizenGO that CSE is "*more destructive than Boko Haram or Al-Shabaab*," (Ann Kioko, CitizenGo campaigns manager), you can discern a gaping disconnect between the standpoints of such groups and what is happening on the ground. According to the Kenya Demographic and Health Survey (KDHS), 2014, 12% of women and 21% of men will have had their first sexual debut before 15 years. This number rises to 47% for women and 55% for men who have had their first sexual debut before 18 years.^{xvi} Young people are still engaging in sex despite the absence of CSE. This then raises one fundamental question; which is the lesser evil; ignoring that young people are already sexually active and leave them to their machinations or equipping them with the skills and knowledge that can help them to make informed decisions about their sexuality? The position of the church that young people should only be introduced to the doctrine of abstinence is hypocritical and

^{xvi} Kenya Demographic and Health Survey (KDHS), 2014.

unrealistic given the set of circumstances the youth in Kenya are going through. Because despite all the religious posturing, the statistics on youth HIV/AIDS infections, teenage pregnancy, sexism, gender violence, etc are alarming and they will continue to be so unless we take drastic actions to reverse the trend. Yet, young people appreciate the value of sexual education. According to a 2015 study done by the APHRC for the Guttmacher Institute on the necessity of implementing CSE in Kenya, 93% of the students interviewed that this education was useful to them in their personal lives.^{xvii}

Earlier arguments in this paper have shown the importance of CSE to young people. Several studies done all over the world have shown that CSE has the potential of making young people to exercise more restraint in sexual matters. Such studies have shown that young people who are exposed to early sexual education are more likely to postpone sexual activity; they are more likely to embrace healthy sexual and reproductive practices and they are more likely to weave through their sexual experiences with confidence and caution.

5. Recommendations

The debate on the pros and cons of CSE cannot be adequately exhausted. What may not be in contention is the importance of this education to young people. This paper therefore recommends the following;

The government should build consensus with the protagonists of CSE. This should be a give and take process, whereby, the government and the groups advocating against the implementation of CSE reach a common ground based on the hard realities facing young people in the country. The groups resisting the implementation of CSE should realize that the problems facing the youth such as teenage pregnancy, HIV/AIDS infections; same-sex relationships still exist despite the lack of CSE in the country. One of the issues which the government may need to build consensus around is on age-specific and culturally acceptable sexual education.

The youth form a significant part of this country's demographics and the government has a mandate of ensuring their well-being. Assuming that things will just sort themselves miraculously is wishful thinking. The government should actively engage the youth in the matters that impact on their lives. The right of young people to have access to knowledge and skills which enhance their capabilities to lead healthy sexual and reproductive health is enshrined in several policy documents both local and international. Governments, including, Kenya should implement these policies.

Conflict of Interest Statement

The authors declare no conflicts of interests.

^{xvii} APHRC, Sexuality Education in Kenya: Evidence from Three counties, 2015.

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