

**GET UP
SPEAK
OUT** for youth rights

HOW TO MEASURE SEX-POSITIVE APPROACHES IN SEXUALITY EDUCATION FOR YOUNG PEOPLE:

A Qualitative Pilot Study in Nairobi
County, Kenya



the
pleasure
project.



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The research team was led by Arushi Singh from The Pleasure Project, who worked with two young co-researchers from the Kenya SRHR Alliance – Annete Muchendiza and Dambalash Ermiyas – along with the GUSO Youth Country Coordinator (YCC), Judy Amina. The YCC was also responsible for coordinating with alliance partners to mobilise respondents. An intern at The Pleasure Project, Zihui Zhang, worked on the content analysis of the two CSE curricula obtained from the Kenya SRHR Alliance.

Valuable technical input was provided by Rosalijn Both, Researcher GUSO and Marijke Priester, Senior Policy Advisor GUSO, from the Netherlands. The conceptualisation of the study was done with strategic contributions from Anne Philpott, The Pleasure Project and Doortje Braeken, Global Advisory Board for Sexual Health and Wellbeing.

The pilot study and subsequent development of a pleasure audit tool has been the joint work of Rutgers – as consortium lead of the Get Up Speak out Programme – together with The Pleasure Project, an international organisation that envisions a world where sex is satisfying and safe; The Pleasure Project has been putting the 'sexy' into safer sex since 2004.

WHAT IS THIS ABOUT?

BACKGROUND

Get Up Speak Out (GUSO) is a five-year programme (2016-2020) implemented by seven SRHR country alliances (Ethiopia, Ghana, Indonesia, Kenya, Malawi, Pakistan and Uganda) and a consortium consisting of Rutgers, Aidsfonds, CHOICE for Youth and Sexuality, Dance4life, International Planned Parenthood Federation (IPPF) and Simavi. The programme is financed by the Dutch Ministry of Foreign Affairs under the SRHR Partnership Fund. The long-term objective of the GUSO programme is: 'All young people, especially girls and young women, are empowered to realise their SRHR in societies that are positive towards young people's sexuality'.

This is a report of the pilot study, or 'pleasure audit', that was conducted to understand and unpack what is meant by an environment that is 'positive towards young people's sexuality'; what role 'pleasure' plays in this; how pleasure is discussed, if at all; which contextual factors affect this discussion and how the sex-positive approach can be strengthened. The pilot study was conducted in Ghana and Kenya. This report presents the findings from the data collected in Ghana.

IPPF defines sexpositivity as an attitude that celebrates sexuality as a part of life that can enhance happiness, bringing energy and celebration. Sex-positive approaches strive to achieve ideal experiences rather than solely working to prevent negative experiences. At the same time, sex-positive approaches acknowledge and tackle the various risks associated with sexuality, without reinforcing fear, shame or taboo surrounding the sexualities of young people.¹

The Pleasure Project's working definition of a pleasure-based approach is somewhat similar. However, it goes further than a sex-positive approach in that it advocates for larger goals and objectives of sexual health programmes to be focused on pleasure as a measure of sexual agency and empowerment:

A pleasure-based approach measures empowerment, agency, and self-efficacy by whether or not an individual has been enabled to know what they want, ask for it and request it of others, in relation to their sexuality, desires and pleasure.

The need for this pilot study arose spontaneously after a Youth Country Coordinator event organised by the SRHR alliances at the International Conference on Family Planning 2018 (Kigali, Rwanda), and was further discussed during the 2018 GUSO Coordinators week (Kisumu, Kenya). During both events, the GUSO Youth Country Coordinators concluded that it was important to feel comfortable about sharing personal perceptions regarding sex and sexuality, including nice experiences. The ability to share such perceptions, and the ability to create an atmosphere in which they are respectfully shared, needs to be better understood and could have more attention in the sexuality education delivered through GUSO. Empowering participants to think and express themselves through the framework of a positive approach to sexuality could bring a valuable element to CSE and the GUSO programme in general. The fact that they have more tools for implementing a sex-positive approach could also be used by the SRHR alliances to distinguish themselves from other SRHR organizations.

The decision was therefore made, in discussion with The Pleasure Project, to conduct an innovative pilot study to examine these issues and to document factors that enable a sex-positive approach. The Ghana SRHR Alliance asked for the pilot study to be conducted within their alliance. As far as we know, this is the first time that such a 'pleasure audit' has been undertaken. As a follow-up to this pilot study, a 'pleasure audit tool' will be developed, one that can be piloted with GUSO and then improved upon. This could then be used for other

1. IPPF (2016) *Putting sexuality back into Comprehensive Sexuality Education: making the case for a rights-based, sex-positive approach*, London: IPPF

SRHR programmes as well, to provide them with a sex-positive analysis, recommendations and perhaps a comparative score.

WHY IS A POSITIVE APPROACH TO SEXUALITY IMPORTANT AND WHAT DOES THE EVIDENCE TELL US?

The revised edition of UNESCO's International Technical Guidance on Sexuality Education² provides a conceptual framework for sexuality by emphasising that it is present throughout life; is a social construct, as sexual norms differ across cultures; is linked to power, including control over one's own body; and refers to sexual relationships. Therefore, CSE is a major tool for promoting sexual well-being and preparing children and young people for healthy and responsible relationships at the different stages of their lives.

Evidence from previous studies and programmes has shown the effectiveness of sex-positive or pleasure-focused education in terms of improved attitudes and health outcomes, such as condom use and other safer sexual behaviours.³ Programmes that include issues such as gender norms, psychological and social aspects of sexuality, sexual orientation, sexual expression and pleasure, violence and individual rights and responsibilities contribute to the attainment of goals for social health and development, livelihoods, gender equity, emancipation, communication and community well-being.⁴

Public health, including sex education initiatives, focuses on delivering safer sex messaging with an aim to reduce 'risk taking', assuming individuals make 'rational' sexual decisions based only on health considerations. However, there are other factors affecting sexual decision-making, including gender, culture, notions of intimacy and/or authenticity and desire. For example, having unsafe sex for economic survival, or because of the belief that it increases intimacy, could be a rational choice made by an individual.⁵ When discussions are limited to negative aspects of sexuality, they give young people an unrealistic view of sexual well-being as something that is separate from sexual pleasure. It also disconnects from how young people feel and think about sex, so such discussions do not appeal to them.

Taking a sex-positive approach, and encouraging discussions among young people about desire, sexual pleasure and confidence in negotiating consensual and pleasurable sex, promotes their empowerment. It can also increase young people's confidence in asking questions that may help them to protect their health, including potentially from abuse and exploitation.⁶ Sexuality education that promotes a sex-positive approach has a role to play in encouraging reciprocity in relationships, and in encouraging sexual practises that are safer and more equal.¹

A central issue in most sexuality education programmes is that they do not acknowledge everyone's pleasure. Sexual pleasure remains a highly significant, motivating factor for sexual behaviour.⁷ It is hard to define, is understood in diverse ways, and often has a culturally distinct basis for each of us; however, it is still associated with shame, and the pursuit of sexual pleasure is usually positioned as a cause of, or contributor to, disease.⁸ If pleasure is integrated into programming, it is done so in a way that is patriarchal and heteronormative. For example, many sexuality education programmes begin around puberty. The content relating to girls' bodies often covers menstruation, while content relating to boys' bodies focuses on erections, ejaculation and wet dreams. Therefore, from the earliest lessons, underlying messages are already emerging where the bodies of boys and men are associated with sexual arousal and pleasure while the bodies of girls and women are associated with reproduction.¹ Though there is still a need for more research on the linkages between health outcomes and pleasure,

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2. UNESCO (2018) *International Technical Guidance on Sexuality Education: an evidence-informed approach*
 3. Schalet AT (2011) Beyond abstinence and risk: A new paradigm for adolescent sexual health, *Women's Health Issues* 21(3): S5-S7
 4. Vanwesenbeeck, I, J Westenberg, T de Boer, J Reinders & R van Zorge (2016) *Lessons learned from a decade implementing Comprehensive Sexuality Education in resource poor settings: The World Starts With Me*, *Sex Education*, 16:5, 471-486, DOI: 10.1080/14681811.2015.1111203
 5. Knerr, W and Philpott, A (2012) *Everything you wanted to know about pleasurable safer sex but were afraid to ask*, Oxford: The Pleasure Project

6. IPPF (2016) *Everyone's right to know: delivering comprehensive sexuality education for all young people*, London: IPPF
7. WAS (2008) *Sexual Health for the Millennium: A Declaration and Technical Document*, Minneapolis MN: World Association for Sexual Health
8. Philpott, A, Singh, A and Gamlin, J (2017) *Blurring the Boundaries of Public Health: It's Time to Make Safer Sex Porn and Erotic Sex Education*, 'Sex Education in the Digital Era', *IDS Bulletin* Vol. 48 No. 1

existing evidence supports a positive approach to sexuality and the acceptance of young people as sexual beings in their own right.⁹

WHY IS THIS RELEVANT FOR KENYA?

In Kenya, Sexuality Education is currently not a stand-alone, examinable subject taught in schools. Aspects of sexuality education are included in the Life Skills Education Curriculum and divided over other subjects such as Biology and Christian Religious Education. The Life Skills Education Curriculum, developed by the Ministry of Education in 2002 and revised in the year 2008, includes content on values and skills, including identity, coping skills, empathy, decision-making, communication and negotiation skills. A report published by UNESCO and UNFPA in 2011 found that the syllabi include information that is generally of good quality and deals with behaviours related to sexual health outcomes such as avoiding premarital sex; preventing sexual coercion; not perpetuating harmful traditional practises; and responding assertively to harassment, abuse, bullying and pressure.¹⁰ However, there are gaps in the syllabi; information on contraceptives, condoms, sex and sexual health were only superficially addressed and topics such as reproduction, STIs, abortion, access to condoms and sexual health services and sexual diversity were excluded entirely. Furthermore, the syllabi tend to approach sex in negative terms.¹¹

CSE facilitators in Nairobi County are part of the same society, one in which talking openly about (premarital) sexuality can be taboo and certain prevailing norms related to sexuality prevail, potentially affecting the way CSE facilitators teach or discuss issues related to sexuality. The 2017 findings by the Guttmacher Institute on Sexuality Education in Kenya¹¹ revealed that 45 per cent of teachers felt unprepared or uncomfortable answering students' questions and six in ten teachers strongly emphasized that sex is dangerous and immoral. However, this study did not examine topics such as sexual pleasure or desire, as these were deemed culturally inappropriate in the country setting:

“The topics considered in this study reflect a broad approach that could reasonably be expected in Kenya, given cultural contexts. We did not include topics such as sexual pleasure or desire, which are not culturally appropriate in the country setting. We did include abstinence, as this approach persists in many developing (as well as some developed) countries”.

This is something that this pilot study can shed more light on and draw lessons from.

WHAT MORE DO WE WANT TO KNOW?

Our conceptual framework for the pilot studies is derived from the definition of 'sexual health' put forth by the World Health Organization (WHO), the definition of 'sexual pleasure' established by the Global Advisory Board for Sexual Health and Wellbeing (GAB) and a measurement toolkit designed by GAB. The WHO's definition states, **“Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences...”**¹². Building upon this, the GAB's definition of sexual pleasure links it to sexual health within the context of sexual rights.

In this pilot study, the measurement toolkit developed by GAB¹³ is the framework used to examine the sexuality education being delivered. The toolkit is designed to enable healthcare providers to implement the pleasure approach when documenting sexual history. For this pilot study, the toolkit was adapted to analyse CSE content and delivery for evidence of sex-

9. Braeken, D and M Cardinal (2008) *Comprehensive Sexuality Education as a Means of Promoting Sexual Health, International Journal of Sexual Health, International Journal of Sexual Health*, 20:1-2, 50-62, DOI: 10.1080/19317610802157051

10. UNESCO and UNFPA (2011) *Sexuality Education: A ten-country review of school curricula in East and Southern Africa*

11. Sidze, EM et al. (2017) *From Paper to Practice: Sexuality Education Policies and Their Implementation in Kenya*, New York: Guttmacher Institute

12. WHO (2006) *Defining sexual health*

13. Braeken, D and A Castellanos-Usigli (2018) *SEXUAL PLEASURE: The forgotten link in sexual and reproductive health and rights*, Global Advisory Board for Sexual Health and Wellbeing

positivity. The toolkit recognises seven factors that help create a positive and meaningful sexual experience for an individual - whether in the context of sexual activity with other people or that of enjoying their own body and sexuality. These seven factors are explained below:

1. Physical and psychological satisfaction/enjoyment - this refers to the level of satisfaction/enjoyment in relationships, and factors that affect this
2. Self-determination - refers to the level of agency when engaging in sexual relationships or activities
3. Consent - refers to the ability to arrive at consensual agreements about what you want or don't want, and how freely consent is given
4. Safety - refers to aspects of a sexual relationship or encounter that make you feel safe or unsafe; methods of protection against STIs, including HIV; and contraception, use of substances and other aspects that affect sexual safety
5. Privacy - refers to factors that affect privacy, control over level of privacy
6. Confidence - refers to ability to express yourself in a sexual encounter, thoughts around body image
7. Communication/negotiation - refers to ability to talk about what you want, articulate what you find pleasurable, propose new things

Based on the evidence and existing research on sex-positive sexuality education, and considering the fact that there is little research on it from southern contexts, this pilot study will be used to develop a tool for measuring how sex-positive and pleasure-based sexual health programmes are, especially sexuality education, and providing ways to make sex education more sex-positive in a setting where the context makes this difficult to do. The tool envisioned, i.e. the Pleasure Audit or the Pleasure Measure, would contain quality markers like:

- The inclusion of pleasure
- The quality of that inclusion
- The delivery and effects of this inclusion

The intention is to make the tool comparable across programmes as well as over time, providing a scale of pleasure-positiveness; ideas for how to make CSE more sex-positive in a way that resonates with the specific context; and recommendations on both measures that can be taken in most contexts and ones that are possible when the environment is more open to a sex-positive approach.

HOW DID WE DO IT?

METHODOLOGY

The pilot study had the following **key research question** and study areas:

To what extent is CSE under GUSO inclusive of the elements of a sex-positive approach?

1. How are messages that promote a sex-positive view, and that move beyond just prevention of disease or biomedical descriptions, expressed in the sexuality curricula and IEC materials?
2. To what extent are honest descriptions of what sex and safer sex entails incorporated?

Sexuality educators/teachers/facilitators:

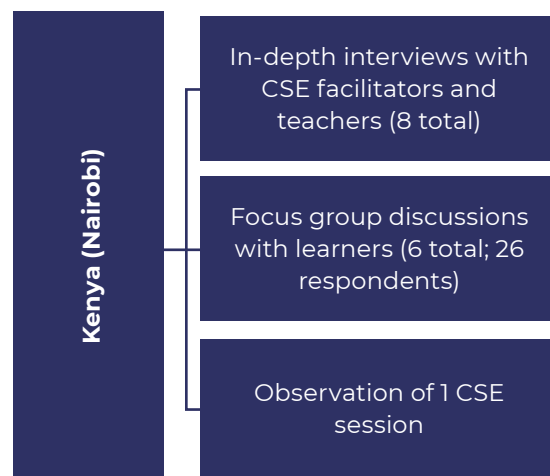
3. To what extent do facilitators feel comfortable discussing sex-positive topics in sexuality education; responding to learners' questions about relationships, negotiations, consent and sex in a comprehensive way; and encouraging learners to be responsible for their sexual wellbeing?
4. Do sexuality education sessions provide learners with skills like self-determination, consent, safety and confidence? If so, how?

Learners:

5. Do learners feel more positively about their own bodies, and have more sexual self-esteem? Are they able to express their sexual expectations and desires in a clear manner, and have they understood the concept of sexual health and sexual rights? How did sexuality education classes contribute to this?

In Kenya, the study focused on Nairobi city, and the organisations from the SRHR Alliance in Kenya involved in the study were: Women Fighting Aids in Kenya (WOFAK), NAIROBITS Trust, Centre for the Study of Adolescence (CSA) and Family Health Options Kenya (FHOK). The Youth Country Coordinator (YCC) of the SRHR Alliance in Kenya worked with the alliance partners to identify the respondents. We used a Positive Deviance approach¹⁴ whereby the alliance partners selected individuals whose uncommon but successful behaviours and strategies enabled them to use a sex-positive approach despite them facing the same constraints and barriers to CSE as their colleagues. The positive deviants were selected as respondents with the aim to learn from their uncommon behaviours and strategies. The data was collected from 14–16 May 2019.

A desk review, in-depth interviews (IDIs) and focus group discussions (FGDs) were the main methods used for this study. One CSE session was also observed. For the desk review, two CSE curricula were reviewed using a content analysis tool. Eight in-depth interviews were conducted with an equal number of female and male respondents. Six of these were with peer educators (3 female, 3 male), and two were schoolteachers (1 female, 1 male) trained in providing CSE. There were a total of 26 FGD respondents (13 female and 13 male) over six mixed-gender FGDs. Peer educators and learners were 15–24 years old and both in-school and out-of-school learners were included.



14. Tufts University (2010) *Basic Field Guide to the Positive Deviance Approach*

The research team consisted of an international consultant, the YCC, and two young peer educators from the alliance partners. The young people were trained for a day on the purpose of the research, as well as some basics on research ethics, interview skills and conducting focus group discussions. The team divided the interviews and focus group discussions amongst themselves and convened every evening to discuss findings. The consultant compiled the data as narrated by the team members and their reactions and analysis were also captured. The consultant then used these for report writing and the final analysis. Ethical clearance for this study was obtained from the Amref Ethics and Scientific Review Committee.

LIMITATIONS

Data collection was done over a week, which, in retrospect, was not enough time to ensure that further respondents could be sought based on the information received. Therefore, we could only focus on two types of respondents, i.e. the CSE facilitators and the learners. To get a more holistic picture of how the organisation positions CSE, it would have been necessary to speak to CSE programme managers and those involved in the supervision and monitoring of the CSE facilitators. In addition, to understand and demonstrate an impact on those who did receive sex-positive CSE, it would have been necessary to engage in case study analysis of some of the learners. Finally, we were not always able to speak to the learners of the CSE facilitators we spoke to; there were also cases where the CSE facilitators of the learners we spoke to were mobilized ahead of time. Due to the time constraints we could not conduct more FGDs and interviews based on our findings.

Therefore, this study provides us a good snapshot of current conditions and also points to areas that require further more focused research.

WHAT DID WE FIND?

PILOT STUDY FINDINGS

In the following sections, we report on the key themes emerging from the data. We first report on how a sex-positive approach is integrated into the reviewed curriculum, followed by how comfortable sexuality educators (i.e. teachers and peer educators) are being open and honest on the topics of sex and sexuality and the learners' needs and wants with regard to sexuality education.

CURRICULA REVIEWED

The GUSO partners in Kenya use different curricula for CSE: World Starts with Me, (WSWM), Whole School Approach, Dance4Life trajectory, Youth for Youth (Y4Y) and the FHOK CSE curriculum. For purposes of this study, two curricula were reviewed – Youth for Youth (Y4Y) and the FHOK CSE curriculum.

The Youth for Youth (Y4Y) curriculum, adapted in 2011 by the Centre for the Study of Adolescence, is focused more on empowerment of young people. It talks about human sexuality, gender roles, puberty and relationships, and emphasises that young people should be assertive and not pushed by others to make independent decisions. The discussion of sexuality in the curriculum covers some basic facts and includes descriptions that are positive. It says, for example::

- “Sex is a natural, joyful experience if it occurs in the context of a loving, responsible relationship
- “Sexuality includes all the feelings, thoughts and behaviours of being female or male, being attractive and being in love, as well as being in relationships
- There are many ways to express your sexual feelings. Playing sex is just one way. Others include talking with someone you are attracted to; winking or flirting; showing how much you care by helping out in some way; holding hands; kissing; hugging”

When the curriculum talks about assertiveness in a sexual situation, it refers to being assertive against peer pressure and against stigma faced at a health facility.

The FHOK curriculum, in general, shows more positivity towards young people's sexuality. The content covers more than sexuality, including the whole breadth of SRHR, drug use, STIs and HIV. In certain sessions, it talks clearly about adopting a positive perspective of sex and sexuality – there is a whole session on the human sexual response cycle, with facilitator's notes on sexual expression and enjoyment. Some examples from the curriculum are:

- “Sensuality is how our bodies derive pleasure. It is the part of our body that deals with the five senses: touch, sight, hearing, smell, and taste. Any of these senses when enjoyed can be sensual.
- Masturbation is a safe sexual behaviour. It is neither physically nor mentally harmful.
- Emotional and physical pleasures are important parts of sexual well-being. Public health and rights organizations have issued declarations regarding the rights of all persons to sexual expression. These rights include the right to seek pleasure in the context of safety and of mutual and meaningful consent.
- What feels sexually pleasurable varies by person”.

The Y4Y curriculum sometimes tends to deliver messages in a risk-avoiding way, and in this regard, the FHOK curriculum is somewhat more positive. Rather than try to persuade young people to engage in safer sex or other behaviours in order to avoid risks, it pays attention to the positive side of young people making these behavioural decisions and managing their emotions. In the session on sexual decision-making, for example, it says:

- “What does a young person need to know or be prepared to do if she or he is going to say no to sexual intercourse? (Possible answers: feel good about themselves, be assertive, communicate clearly, follow through with a decision, combat peer and partner pressure.)
- What does a person need to know if she or he is going to say yes to sexual intercourse? (Possible answers: risks of pregnancy and/or STI/HIV infection, how to talk with a partner about using condoms and contraception, which forms of contraception prevent pregnancy and/or infection most effectively, where to get condoms and other contraceptives, how to communicate with a partner, how to feel good about themselves, how to say no, how to be assertive”.

The FHOK and Y4Y curricula discuss HIV extensively, but they overlook the sexual and reproductive rights and needs of young people living with HIV (YPLHIV). Instead, both curricula focus heavily on prevention and transmission of HIV and both use games (e.g. the ‘wildfire game’ and the ‘immune game’) to show young people how they can easily be exposed to HIV. The sexual lives of YPLHIV are not considered. In fact, the Y4Y curriculum only portrays the sexuality of YPLHIV negatively, stating: “You can treat them [YPLHIV] just as you would anyone else. However, you should not play sex with them or share other bodily fluids”. The FHOK curriculum doesn’t mention the sexual and reproductive rights and needs of YPLHIV at all.

CSE FACILITATORS

The CSE facilitators we spoke to were schoolteachers and young peer educators, both trained in CSE by the SRHR alliance partners and young peer educators, also trained by the SRHR alliance partners. Some of the CSE facilitators were comfortable discussing sex and sexuality and did so with ease. Others did not. The primary reason for discomfort was religious and cultural beliefs, particularly around masturbation and sexual diversity (i.e. that they are a sin), and sexual activity among unmarried young people (e.g. that it should not take place, or that young people should abstain until marriage). The facilitators who were comfortable discussing these issues felt that way because they had examined and rejected some of the sociocultural beliefs they were brought up with, including gender bias and expectations. They did this through repeated trainings and ongoing discussions with like-minded persons who were also positive about sexuality, as well as experiencing or observing things like sexual desire and fulfilment, happy relationships, sexual violence and/or teenage pregnancy and its consequences. One of the male peer educators said, “When I was younger, my mother found me with a condom and beat me up and paraded me in front of the entire school. This lowered my self-esteem so much that I was scared to talk about sexuality in front of anyone. But because of this experience I wanted to learn more about sexuality, so I made a point of going to the CSE lessons. The other thing was that a quarter of my classmates succumbed to HIV. They were not aware and would go to a party and ‘buy’ a lady a drink and ‘share’ her”. A female peer educator mentioned that there were several teenage pregnancies in the area she lived in, which is a slum. Some of the CSE facilitators also mentioned that they were able to ask their supervisors or trainers for help addressing difficult questions from learners. The combination of these factors seemed to impact the ability of the sexuality educators to re-examine their beliefs and received sociocultural norms in light of the rights-based, gender transformative and sex-positive principles and values of comprehensive sexuality education.

BOX 1: SOME EDUCATORS WERE NOT COMFORTABLE

“The students love talking about sex – even if I bring up other topics, somehow the topic comes back to sex. But, I’m not allowed to talk about contraceptives in the school, so I push for abstinence. I tell them love is not sex. I tell them it’s not healthy to engage in sex at an early age, although they live in the slum and are exposed to many things at an early age.”

- CSE peer educator, female

“Students face dilemmas on relationships. We advise them on having friendships rather than having a sexual relationship. They share that they have sex for pleasure. The students ask questions about how they can abstain because they don’t know how to do without it. I tell them not to be in closed areas with the opposite sex or stay long with the opposite sex. These kids have done things I myself have not done.”

- CSE peer educator, female

BOX 2: SOME EDUCATORS WERE MORE SEX-POSITIVE

“They like to discuss healthy relationships and sex. I tell them that sex is sweet at the right time. There’s no right time but I tell them to have sex when they are ready and can handle the responsibilities that come with it. Parents not being open is a challenge as they don’t talk to their children. I stand in the gap between parents and children and talk to them about sex.”

- CSE peer educator, female

“You need to tell young people the truth about sex. If you tell them, you have sex you will get infected – this is wrong. Instead you have to tell them that if you have sex without a condom with an infected person then you will get infected. If you tell a child that sugar is bad for you, the day that child will dip his finger in the sugar and taste it, he will know it tastes good. You will be the liar. Don’t cheat them. Just give them the right information and guide them through. Give them freedom to make decisions after you have prepared them psychologically. Do not scare them.”

- CSE peer educator, female

The length of time that sexuality educators had provided CSE did not seem to be a factor in them becoming more open to this re-examination. However, it did help them overcome their own shyness and self-esteem and confidence issues. The issue of values versus facts was only impacted by educators receiving more trainings that were focused on discussion of the issue and being able to have ongoing discussions with others around them (peers, supervisors or trainers) about concerns as they arose.

RESPONDING TO LEARNERS’ REALITIES

Many times, until the learners asked a question about issues like masturbation, relationships or desire, educators would not bring those issues up. This was partly to do with the fact that the curriculum did not explicitly address these issues and partly to do with the educators’ own hesitation. In some cases, like when providing CSE in schools, educators were also restricted from providing more explicit information on contraceptives and condoms, sex and masturbation because of the government’s education guidelines on providing life skills.

Many of the educators admitted that they were aware that the learners were engaging in sexual activity and the questions they reported being asked by learners were indicative of both this and an interest in learning more about sex, relationships and bodies (i.e. not just puberty and menstruation). Nonetheless, some of the educators – especially those who were less sex-positive – said that they told the learners to abstain. This was partly due to their own values and beliefs around abstinence and partly because, in an environment where open discussion of contraception was difficult (i.e. in school settings), they did not have any alternative messaging to provide learners with.

Some educators also admitted that the learners often knew more or had engaged in more kinds of sexual activity than the educator themselves, so they always needed to be well-prepared to answer questions that they might not have enough knowledge about. On the other hand, those who were focused on abstinence and did not want to discuss ‘sensitive’ issues such as sexual diversity or abortion reported avoiding such questions by saying they would get back to the learners after more research.

CSE educators who were sex-positive seemed more open to discussing these topics, were accepting of young people’s sexuality, and wanted more help in discussing these issues with learners who are equally keen to know more about them.

Almost all educators said that the key topics of interest for their learners were sex, sexuality and relationships. Most questions that educators got from learners pertained to sex, sexual intercourse, sexual diversity, safe abortion, being a good partner, satisfying a girl, and dealing with breakups.

BOX 3: SOME EDUCATORS WERE MORE SEX-POSITIVE

“You might have come prepared to deliver a topic, but you may find what you’re teaching is going to another direction and you can’t stop them talking about it. You need to have that discussion. When there is sex in the curriculum, and someone is talking about sex between two girls then it becomes part of the curriculum. Sometimes you do these topics as a personal example, like I would say, ‘I had a girl who didn’t want it, but I was so ready.

But since I’m a good boy and I respect her decision, so I masturbated instead. When you force a girl, it is rape.’ I’m comfortable with these topics with my learners. I take them as my friends. I don’t want them to fear me like a teacher.”

- CSE peer educator, male

ENCOURAGING LEARNERS’ AGENCY OVER THEIR SEXUAL WELL-BEING

In general, many of the CSE educators were not really encouraging the learners to be responsible for their own sexual well-being. This means that only when the learners asked would they get more information. This information was usually delivered either by educators – who would take individual learners aside and respond to them separately – or outside of school, where things such as condom demonstrations and masturbation were addressed. In addition, while most CSE educators reported discussing building skills like consent, confidence, safety and communication and negotiation skills, skill building on self-determination and privacy was rarely mentioned. One of the female peer educators said, “I advise them that a healthy relationship is one in which you are comfortable, and you are not pressured to do anything”. Skills were built through the use of interactive methodologies like getting learners to present, facilitating topics that they knew and discussing stories or conducting role plays around consent and negotiation using pictures/clips and case studies.

We also observed that many of the CSE educators were not really questioning social or gender norms (e.g. in a romantic relationship, males must pay for everything). Furthermore those who were willing to question them did not have enough information or arguments to challenge prevailing notions among learners.

Despite this, there were some ‘bright sparks’ or ‘positive deviants’ among the CSE educators who, as mentioned earlier, had managed to re-evaluate the norms and beliefs around gender and sexuality they had grown up with and truly understood the values and principles underlying CSE. These educators were willing to acknowledge the realities of their learners’

BOX 4: SOME LEARNERS HAD CHANGED THEIR BELIEFS AND ATTITUDES

“The first time we had a talk about gay people we were very shocked and didn’t understand that. But after many sessions, one of the facilitators revealed that he was gay, so we got to understand and accept them.”

“Even things we didn’t know was GBV in the community, we learnt that it was GBV”

“Treat PLHIV with love and care and respect, feel free to go for tests, helping them makes them want to live more, they need a lot of care, it’s not like they wanted to get HIV, make them feel strong”

sexual lives, addressing these with truthful, explicit and detailed conversations on sexuality and relationships. They were also able to navigate both restrictive sociocultural norms and formal restrictions when it came to discussing 'sensitive' issues. In addition to what is mentioned earlier about how they transformed their own attitudes, they were also able to work around the restrictions by gaining the trust of their learners. They encouraged learners to ask questions that they could respond to (in cases where the topic forbidden by authorities) and avoided reporting all the discussions conducted in each session so as to avoid raising red flags. They even used out-of-school options like a youth centre, youth-friendly services or outreach programmes to provide condom demonstrations and/or contraceptive access.

It is important to note that the GUSO programme has succeeded in providing a safe space for having these discussions and being explicit about sex and sexuality. Also, despite some of their constraints, most CSE educators eagerly want to learn more about difficult issues like sexual diversity and safe abortion.

LEARNERS

From the focus group discussions with the learners, it was evident that they enjoy receiving CSE and want more of it. The key topic that they expressed an interest in or were excited about was sex – what it is, how it feels, engaging in it and not engaging in it, etc. However, this often was the very thing missing from the sexuality education they were receiving. The learners reinforced the finding that there were some sexuality educators who were more comfortable talking openly and explicitly about 'difficult' or 'sensitive' topics like sexual diversity, contraception and condom use, while others focused primarily on reproductive health and abstinence.

The curricula used covered some of these areas, but it was the facilitator's own comfort level and values that determined whether or not honest discussions took place on masturbation, abortion, sexual diversity, sex and pleasure. There were some out-of-school learners who had received good orientation on sexual diversity but not so much on safe abortion. Some older learners even brought up information that was new to the facilitators, but this was not necessarily welcomed. In one case, for example, a learner offering information on female masturbation and the clitoris was asked to leave class.

In the case of the in-school learners, there was very little discussion of aspects of sexuality and sexual health. Instead, there was a great deal of emphasis on abstinence, drug use and avoiding peer pressure. For girls, there were the additional topics of how to avoid attracting attention to themselves and/or rape. However, these in-school learners had the same levels of curiosity about sex, sexuality, sexual diversity and relationships as those out of school and older. There is certainly more space to discuss sensitive issues in out-of-school programmes, as these are not bound by government and school regulations.

BOX 5: LEARNERS' EXPLANATION OF A HEALTHY RELATIONSHIP

“Love should not hurt. You should have trust, communication. Each other's likes and dislikes should be known to those in the relationship, the [HIV] status of the partner.”

“It should not have domestic violence. They should be able to understand each other and have a good foundation to the relationship. Communication should be good. They should bring someone from outside the relationship to arbitrate.”

“There should not be any pain in a sexual relationship, not be forced. (...) For example, sometimes we go to a male friend's house and they want to have sex and you don't want to – women have to be prepared psychologically, men have an on and off switch.”

While many learners gave the impression of feeling positive about their bodies, they wanted to know more about them. However, many of the facilitators did not have the skills to enable learners to embrace their bodies and sexuality in a positive manner. In fact, there was an instance of a facilitator telling female learners, 'mwanamke ni matiti', which means 'breasts make a woman'. While the idea was to build confidence among the girls and make them feel positive about their bodies, it is a questionable message overall in light of gender identity norms.

The older, out-of-school learners, both female and male, were confident about using words like 'penis', talking about sexual satisfaction and asking to know more about sex. They had not received enough input on sexual expectations, however, and wanted to learn about how girls could 'speak out' and how they could express their expectations in relationships. Some male respondents wanted women to speak up more often about what they did and didn't want, saying, "*ladies should speak out, because for a man if you do something [sexual] and they don't like it they will say it. But for the women, they wouldn't speak out because they are afraid of annoying the man*".

The younger, in-school learners did not open up about these issues until probed about what kinds of information they look for beyond the CSE sessions. They spoke about searching the internet and coming up with porn. "*On TV, when there is a film where they are having sex and my parents tell me not to watch, so I'm curious and when I get a chance to get the mobile, I go online and look for sex and I get to pornography. We look for lesbianism and gayism online to learn more about it because we want to understand why they are doing it*".

Some learners said they learnt about living positively with HIV while others said that HIV was only touched upon in terms of prevention. Three learners from Women Fighting AIDS in Kenya (WAFOK) were quite up to date on living with HIV but it was not clear where they received that information.

Learners were also not getting enough input on sexual rights – they were not sure about the legality of abortion, the age of consent for sex or contraception being an informed choice. There were misconceptions around emergency contraception - for example, that it blocks the womb – and its being 'misused', i.e. being used all the time instead of regular contraception. Many more misconceptions and beliefs were revealed to us through the questions learners asked us and the educators' reports of the kinds of questions they were faced with (see Box 6).

The understanding of what constitutes a healthy relationship was mixed – some learners were able to explain that things like consent, absence of violence, communication, trust and mutual respect are key to healthy relationships. Other learners mentioned some gender stereotypes within relationships as being healthy. For example, one said, "*A healthy relationship is where a girl utilises resources that the two of you have and you have control over your moods.*"; another reported that "*I base my expectations of a relationship on movies – the way guys treat girls in movies*".

Those learners who had looked for more information outside of the CSE sessions were eager to share this with their peers. Some of them used WhatsApp or online blogs to do so. Despite young people's access to the internet, many of them do not have the skills to distinguish reliable sources of information from unreliable ones. This is a skill that CSE should be providing too.

BOX 6: QUESTIONS OR BELIEFS FROM THE LEARNERS

- *Can a man ejaculate even if he is not circumcised?*
- *Can a man get pregnant? (reference to news of a trans man getting pregnant in the US)*
- *Do kids come through the anus?*
- *What does sex feel like?*
- *Disadvantages of 'abuse' [repeat use] of P2 [emergency contraception]?*

Masturbation:

- *Reduces the chance of getting cancer*
- *Causes premature ejaculation*
- *Causes oedema*
- *Makes women not want sex within marriage*
- *Causes nerves to become dysfunctional in time*
- *Causes addiction*

Contraception:

- *Leads to infertility*
- *Long-term methods should be used only by women who have given birth blocks the womb*
- *Women are more satisfied with bigger penises (according to some male respondents)*
- *A relationship without money is not a healthy relationship*
- *Are relationships all about sex? Boys mostly think about sex in a relationship. What is my role as a woman in a relationship? Why do men tend to have a say over women?*

WHAT DO WE CONCLUDE?

CONCLUSION AND RECOMMENDATIONS

Despite a sociocultural and legislative context that aims to curtail the discussion of sex, condoms, contraception and a sex-positive approach among young people (especially those in school), it is possible to adopt a sex-positive and pleasure-based approach, as seen through the ‘positive deviants’ we were able to identify in a study with a very short data collection time and limited scope. This gives us the space to explore further and in more detail the factors that allow these sexuality educators to be sex positive and to observe in their learners what such sex-positivity results in. Some of the factors that allow sexuality educators to be sex-positive, as revealed through our findings, are:

- having seen or experienced violations of sexual rights and/or positive experiences regarding sexuality;
- receiving several repeat trainings and refreshers on sexuality and sexual rights issues that enable values clarification and questioning sociocultural norms on gender and sexuality; and
- being surrounded by other sex-positive, gender-sensitive, rights-affirming persons with whom discussions about moral dilemmas, including those involving sociocultural and religious beliefs, can be had.

It is clear that the learners are eager for more reliable information on sex, pleasure and relationships. As identified in the findings, learners have many questions and misconceptions related to sexuality and SRHR. With their access to the internet and mobile phones, they have many avenues from which to get information but they do not have the skills to discern whether or not that information is reliable. Without receiving CSE that is explicit, honest and open about sexuality, and which enables them to embrace their sexual selves, learners will find a rocky road towards sexual well-being, happiness and fulfilment. This is especially so for girls and young women since gender norms around sexuality and sexual relationships are not being questioned and/or transformed enough.

While the sexuality educators are addressing attributes like confidence and self-esteem, communication and negotiation skills and aspects of safety and consent, these are not necessarily comprehensively addressed. There are very few educators that address enjoyment - through discussions of masturbation, for example - and women’s pleasure is taboo, what little information is shared is rife with misconceptions.

‘Pleasure’ per se, or using a sex-positive approach, can be intimidating to discuss with young people in a sociocultural context where discussions of sex, desire and pleasure are silenced or seen as legitimate only from an adult male perspective. But as observed in conversations with gatekeepers for this study, breaking discussion down to the seven sub-components of the measurement tool makes it less confronting and easier to digest and to talk about. Respondents did not have a negative reaction to the researchers when asked about these seven components. Using the seven components as the basis for the interviews and focus group discussions also gave the research team an entry point to understanding learners’ need to know more about sex and pleasure and educators’ abilities to discuss the same. In effect, if you do not ask about pleasure and desire, you do not easily find instances of its discussion. These seven sub-components can form an entry point to discussing sex positivity and pleasure; these topics should therefore be incorporated into more studies and asked about explicitly rather than avoided due to anticipated negative reactions.

RECOMMENDATIONS

After listening to and learning from the more open and sex-positive sexuality educators, it is clear that more needs to be done to create an enabling environment for CSE facilitators to become more sex-positive. In this regard, we can recommend that **teachers and peer educators who have been identified as sex-positive be recognised for their efforts.** Alliance members should work more closely with them to train others and to be champions for a sex-positive approach. In addition, the alliance members should **institutionalise ongoing trainings for their CSE facilitators** which helps them reiterate their values and beliefs vis-à-vis the principles of comprehensive sexuality education. One-off or infrequent trainings do not provide enough basis for CSE facilitators to unpack their own biases and truly understand a rights-based, gender transformative and sex-positive approach. These ongoing trainings should be bolstered with **discussion forums or learning and sharing moments among CSE facilitators and/or their trainers/supervisors** to ensure that their doubts and the questions they've received from learners are consistently addressed with facts. More experienced CSE facilitators could mentor newer facilitators before they facilitate sessions on their own. Opportunities to meet like-minded people, discuss and share experiences are helpful in validating opinions that may otherwise seem against the norm, such as a belief in the need to talk to young people about pleasure.

Facilitators are from the same sociocultural milieu as both CSE learners and those who oppose CSE. They have most likely had the same kind of upbringing and received the same kind of messages about sexuality as the learners and others around them. Because of this, it can be difficult for them to challenge these messages and overcome their own concepts of 'moral' values in relation to sexuality in the CSE sessions. Therefore, they need to be **better equipped to deal with moral dilemmas and develop a better understanding of the difference between facts and misconceptions rooted in religious and cultural beliefs.**

All staff at all levels of the SRHR Alliance – not only the CSE facilitators – need to **understand the evidence around abstinence-only programmes**, i.e. that they are less effective. Many facilitators are not convinced of the fact that these programmes are less efficient, and programme planners are struggling to reconcile CSE with contextual constraints such as sociocultural norms and beliefs and government regulations on what can and cannot be discussed in schools.

CSE facilitators also need **more tools** that will enable them to master the language on sex-positivity and pleasure; understand and internalise gender transformative approaches and the ability to challenge gender norms; gain good facilitation skills for learner-centred pedagogy; and clarify values.

Finally, there is a need for **more rigorous monitoring** of the topics CSE facilitators are teaching and the reasons why they are not delivering the entire curriculum, as well as an enabling of facilitators to overcome or circumvent barriers.

The curricula in general needs to have **more material, including:** information on gender transformative approaches; fact sheets or clarification of myths on masturbation; more comprehensive and clear information on safe abortion, sexual diversity, healthy and positive relationships, enjoyment of body and skills and mental health; more information on the sexual and reproductive rights, needs and aspirations of YPLHIV, PeP and PreP; more pictures, videos and interactive games.

Since there are restrictions on what can be taught in-school, the **out-of-school sessions** that in-school learners access through youth centres or outreach camps need more detailed information on contraception and emergency contraception, including, for example, methods, effectiveness and myths.

ANNEXURE

DATA COLLECTION TOOLS

CONTENT ANALYSIS TOOL FOR CURRICULA

NAME OF DOCUMENT:							
	Physical and psychological satisfaction/enjoyment	Self-determination	Consent	Safety	Privacy	Confidence	Communication
Number of mentions							
Number of mentions of opposing concept, e.g. risk, fear, lack of agency, biomedical, stigmatising language, etc.							

Are the following learning objectives covered in the curriculum? (Note that the learning objectives have been adapted from the *International Technical Guidance on Sexuality Education 2018, UNESCO*)

Yes/Somewhat/No	Learning Objectives for Key Concepts on Sexuality and Sexual Behaviour (Sex, Sexuality and the Sexual Life Cycle; Sexual Behaviour and Sexual Response)	Comments for elaboration
Yes/Somewhat/No	understand that it is natural for humans to enjoy their bodies and be close to others	
Yes/Somewhat/No	recognise that there is appropriate and inappropriate language and behaviour related to how we express our feelings for and closeness to others	
Yes/Somewhat/No	understand that people can show love for others in different ways, including kissing, hugging, touching and sometimes sexual behaviour	
Yes/Somewhat/No	define 'good touch' and 'bad touch'	
Yes/Somewhat/No	understand that sexuality is a healthy part of being human that involves emotional and physical attraction to others	
Yes/Somewhat/No	acknowledge that it is natural to be curious and have questions about sexuality	
Yes/Somewhat/No	describe ways that human beings feel pleasure from physical contact (e.g. kissing, touching, caressing, sexual contact) throughout their life	
Yes/Somewhat/No	acknowledge that discrimination against people who are attracted to the same sex, or who are believed to be attracted to the same sex, is wrong and can have negative effects on these individuals	
Yes/Somewhat/No	communicate and understand different sexual feelings and talk about sexuality in an appropriate way	
Yes/Somewhat/No	acknowledge that masturbation among girls and boys does not cause physical or emotional harm but should be done in private	
Yes/Somewhat/No	state that sexual feelings, fantasies and desires are natural and not shameful and occur throughout life	
Yes/Somewhat/No	question myths about sexual behaviours	
Yes/Somewhat/No	understand that sexual stimulation involves physical and psychological aspects, and people respond in different ways at different times	
Yes/Somewhat/No	appreciate the importance of respecting the different ways that people express sexuality across cultures and settings	
Yes/Somewhat/No	demonstrate ways to manage emotions related to sexual feelings, fantasies and desires	
Yes/Somewhat/No	recall that non-penetrative sexual behaviours are without risk of unintended pregnancy, offer reduced risk of STIs, including HIV, and can be pleasurable	
Yes/Somewhat/No	recognise that each person's decision to be sexually active is a personal one, which can change over time and should be respected at all times	
Yes/Somewhat/No	make well-informed choices about their sexual behaviour	
Yes/Somewhat/No	recognise that intimate relationships involving transactions of money or goods increase unequal power relations can increase vulnerability and limit the power to negotiate safer sex	
Yes/Somewhat/No	explain and analyse the complexity of sexuality and how it is multifaceted and includes biological, social, psychological, spiritual, ethical and cultural components	
Yes/Somewhat/No	reflect on how gender norms and stereotypes influence people's expectations and experience of sexual pleasure	
Yes/Somewhat/No	recognise that understanding their body's sexual response can help them understand their body and identify when things are not functioning properly so they can seek help	
Yes/Somewhat/No	explain why good communication can enhance a sexual relationship	
Yes/Somewhat/No	consider and apply risk reduction strategies to prevent pregnancy and STIs, including HIV and/or to prevent transmission of STIs to others	20 / 24

INTERVIEW GUIDE FOR CSE FACILITATORS

Date:	
Location:	
Interviewer:	
Interviewee name:	
Organisation:	
Position / Job title:	
Start time:	
End time:	

INTRODUCTION

Thank you for taking the time to participate. My name is _____ and I am working with [NAME OF ORGANISATION] to conduct an assessment of how 'sex-positive' their approach to CSE is.

This means that we are looking at whether the CSE enables a sex-positive view and provides the skills to be able to act on your preferences in a safe and positive way. The purpose of this assessment is to look at gaps and suggest improvements based on conversations with people like yourself.

You are invited to participate in this assessment, specifically by joining an in-depth interview. If you agree to participate, you will be interviewed by one of the research team. You will be asked some questions relating to your experience with and perceptions of the CSE in the GUSO programme. Your participation is completely voluntary. You may withdraw from this study at any time without penalty.

Your participation may benefit you and other GUSO programme stakeholders by helping to improve the programme's effectiveness. No risks greater than those experienced in ordinary conversation are anticipated.

Anonymous data from this assessment will be analysed by the consultants and reported to the GUSO Alliance. No individual participant will be identified or linked to the results unless they specifically request to be identified. If the results of this assessment are published or presented at meetings, your identity will not be disclosed. All information obtained in this assessment will be kept strictly confidential. All materials will be stored in a secure location by the consultants and the GUSO Alliance and access to files will be restricted to paid professional staff.

Please indicate verbally whether you consent to participate:

Yes	
No	

QUESTIONS

1. Tell me about your work in sexuality education
 - a. How often / how many hours per week do you provide sexuality education? Where? What age group?
 - b. Which materials/guides/curricula are you using when providing sexuality education? (Please show them if possible)

2. How were your views about these topics shaped before you became a sexuality educator? (Probe: was it discussed during your upbringing and how; how do people around you who are important to you, such as family/friends/partners look at issues such as sex, sexual partners, contraceptives and sexuality education; how has this this influenced you)

3. Do you remember when you were first trained in CSE? What was your reaction to some of the topics being taught? (Probe: Curious about learning new things, uncertainty about how to teach it, worries about inadequacy to do it, questions about whether certain topics should be taught to young people or not; Topics such as relationships and sex, enjoyment of bodies and desire, sex positivity, etc.)
 - a. How have your opinions/views changed?
 - b. How does this help you or pose barriers for you in educational sessions you provide on sexuality for young people?

4. What motivated you to facilitate sexuality education lessons for students/young people?

5. What do you like most about facilitating sexuality education lessons?
 - a. What is the most exciting part of being a sexuality educator?
 - b. Which topics do you enjoy teaching?

6. What do you like least about facilitating sexuality education lessons?

7. What challenges do you experience when facilitating sexuality education lessons?
 - a. What are some of the strange or difficult questions or situations you have to deal with?
 - b. How do you deal with these?

8. What do you think are the markers of good quality CSE?
 - a. What skills do you have that help you deliver good quality CSE?

9. I have some yes or no questions for you now. In your facilitation of CSE, do you:
 - a. talk about the enjoyment of sex
 - b. talk about the enjoyment of bodies and/or desire
 - c. address questions on relationships and sex
 - d. discuss consent - what it means, how to recognise/give it
 - e. discuss safety in sexual relationships or encounters, e.g. protection against STIs, including HIV, and contraception, use of substances, etc.
 - f. address factors that affect privacy
 - g. build confidence of learners
 - h. build learners' communication/negotiation skills
 - i. safe abortion
 - j. sexual diversity
 - k. masturbation
 - l. living positively
 - m. other kinds of sexual pleasure

10. Do you think these issues are important to the age group you teach? Why?

11. How would you talk about these issues? What kind of approaches would you use? (is it easy or difficult? why?)

12. From your perspective, are these issues covered well in the sexuality education materials that you use? Please explain.

13. How effective do you perceive your sessions to be when you do or do not include sex positivity in them? If you do not include sex positivity, how effective do you think your sessions would be if you did? Can you give some examples?

FOCUS GROUP DISCUSSION GUIDE FOR CSE LEARNERS

GENERAL INFORMATION

Date:	
Location:	
Facilitator:	
Focus Group Title:	
Number of participants (f,m):	
Start time:	
End time:	

PARTICIPANT INFORMATION

#	name, title	organisation
1		
2		
3		

FGD GUIDELINES FOR PARTICIPANTS

Guidance on how to raise hand, speak, etc.

No right or wrong answers, only differing points of view.

You don't need to agree with others, but you must listen respectfully as they share their views.

Participation is completely voluntary. There is no obligation to answer any question. Feel free to pass on any question that you are not comfortable discussing.

All points discussed during the FGD will remain confidential. Please do not share details of the discussion outside of this group.

The role of the facilitator is to guide the discussion; however, please speak with each other. Feel free to use first names.

Please speak slowly and clearly so we can all understand one another.

One person speaking at a time. The FGD will last approximately 1 hour.

Place phones on silent and turn off notifications for emails or other apps for the full duration of the FGD.

INTRODUCTION

Thank you for taking the time to participate. My name is _____ and I am working with [NAME OF ORGANISATION] to conduct an assessment of how 'sex-positive' their approach to CSE is.

This means that we are looking at whether the CSE enables a sex-positive view and provides the skills to be able to act on your desires in a safe and positive way. The purpose of this assessment is to look at gaps and suggest improvements based on conversations with people like yourselves.

You are invited to participate in this assessment, specifically by joining an FGD. If you agree to participate, you will be invited to join a group of approximately 6-12 respondents. A facilitator will guide the discussion in examining the assessment themes and a note-taker will take down what is said. If you volunteer to participate in this focus group, you will be asked some questions relating to your experience with and perceptions of the CSE in the GUSO programme. Your participation is completely voluntary. You may withdraw from this study at any time without penalty.

Your participation may benefit you and other GUSO programme stakeholders by helping to improve the programme's effectiveness. No risks greater than those experienced in ordinary conversation are anticipated. All participants will be asked to respect the privacy of the other group members by not disclosing anything said within the context of the discussion.

Anonymous data from this assessment will be analysed by the consultants and reported to the GUSO Alliance. No individual participant will be identified or linked to the results unless they specifically request to be identified. If the results of this assessment are published or presented at meetings, your identity will not be disclosed. All information obtained in this assessment will be kept strictly confidential. All materials will be stored in a secure location by the consultants and the GUSO Alliance and access to files will be restricted to paid professional staff.

Can all participants please indicate verbally whether you consent to participate: [put number of respondents in boxes below]

Yes	
No	

FGD GUIDELINES FOR PARTICIPANTS

- Guidance on how to raise hand, speak, etc.
- No right or wrong answers, only differing points of view.
- You don't need to agree with others, but you must listen respectfully as others share their views.
- Participation is completely voluntary. There is no obligation to answer any question. Feel free to pass on any question that you are not comfortable discussing.
- All points discussed during the FGD will remain confidential. Please do not share details of the discussion outside of this group.
- Role of the facilitator is to guide the discussion. However, please speak with each other. Feel free to use first names.
- Please speak slowly and clearly so we can all understand one another.
- One person speaking at a time. FGD will last approximately 1 hour.
- Place phones on silent and turn off notifications for emails or other apps for the full duration of the FGD.

QUESTIONS

1. What are the most interesting topics you have learnt about through CSE? What is catching your interest / attention?
 - a. Why was it so interesting?
 - b. Tell us what you learnt about this topic or what the discussion was about.
2. Is there anything (knowledge or skills) you learnt from the CSE sessions that you have been able to apply in your life? (give some examples and explain how this is related to sexuality education received)
3. In what way does the teacher / peer educator talk to you about sexuality or about controversial topics? (open/confident or hesitant/shy)
 - a. How are the sessions conducted? Walk us through a session.
 - b. How do you feel about the sessions? (useful / not so useful, interesting/boring, something I can apply / not for me)
4. What do you still think is missing from these sessions?
5. What do you want to learn before you get into any kind of romantic/sexual relationship?
6. Do the sessions you have attended address issues like:
 - a. feeling pleasure in your own body
 - b. masturbation
 - c. having a fulfilling relationship
 - d. consent - what it means, how to recognise/give it
 - e. safety in sexual relationships or encounters, e.g. protection against STIs, including HIV, and contraception, use of substances, etc.
 - f. factors that affect privacy
 - g. self-confidence
 - h. communication/negotiation skills
 - i. safe abortion
 - j. sexual diversity
 - k. living positively
7. Do you think these issues are important? Why?
8. Does the CSE facilitator encourage you or engage you to ask questions? What kinds of questions?
9. Was the facilitator able to answer your questions? Was the facilitator knowledgeable? Give an example.
10. Would you approach your facilitator if you had any problems related to SRHR? If not the facilitator, who would you go to or where would you go?