

# Towards Inclusive Sexuality Education for Adolescents with Intellectual Disabilities in Kenyan Schools

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## Problem Statement

Adolescents with intellectual disabilities in Kenya continue to be excluded from comprehensive sexuality education, despite national commitments to inclusive education and health. This exclusion leaves them especially vulnerable to a range of risks, including sexual abuse, sexually transmitted infections (STIs), unintended pregnancies, and exploitation. Without access to age-appropriate, disability-inclusive sexuality education, these learners are denied essential knowledge and skills to understand their bodies, set personal boundaries, and make informed decisions. The current education curricula do not explicitly mandate the inclusion of tailored sexuality education for learners with intellectual disabilities, and most teachers lack the training, resources, and confidence to address these topics effectively.

Parents and caregivers, often unprepared or uncomfortable with these discussions, are rarely equipped to fill this gap at home. Cultural taboos and misconceptions surrounding disability and sexuality further reinforce the silence around this critical issue. As a result, these adolescents are not only left behind in the education system but also exposed to significant violations of their rights and dignity.

## Why It Matters

- **Human Rights Obligation:** Kenya is a signatory to the United Nations Convention on the Rights of Persons with Disabilities, which affirms the sexual and reproductive rights of persons with disabilities.
- **Health and Safety:** Children with intellectual disabilities are up to 3.5 times more likely to experience sexual abuse (Daigneault et al., 2023).
- **Education Equity:** The Competency-Based Curriculum (CBC) and inclusive education policies provide an entry point for integrating disability-sensitive sexuality education and related competencies.

- **Parental and Community Demand:** Parents, teachers, and community stakeholders recognize the need and are already innovating at the grassroots level.
- **Grassroots-led calls for support:** Parents, teachers, and community stakeholders recognize the need and are already innovating at the grassroots level.

## Study Methods

Our study used a qualitative approach to engage 62 national-level stakeholders across three sequential meetings. Participants included 11 teachers of special needs education, 3 curriculum officers, 1 official from Kenya Institute of Curriculum Development (KICD), 3 officials from the Ministry of Education and 2 Ministry of Health, 1 representative from the Kenya Institute of Special Education (KISE), 30 members of disability rights organizations (including persons with disabilities themselves), 8 parents of adolescents with intellectual disabilities, and 3 religious leaders.

Data were collected through indepth interviews, focus group discussions, and participatory dialogues. The data were analyzed using thematic analysis informed by socio-ecological model.

## Key Findings from the Study

The findings are presented under five themes informed by the socio-ecological model: individual (e.g., learners' understanding of consent and body autonomy), interpersonal (e.g., roles of parents, teachers, and peers), institutional (e.g., curriculum gaps and school policies), community (e.g., cultural and religious attitudes), and policy (e.g., absence of national guidelines and limited funding).

- **Individual Level:** Learners with intellectual disabilities require tailored teaching strategies and content to understand key concepts such as consent, boundaries, and body autonomy. Assistive technologies and visual aids can be effective.
- **Interpersonal Level:** Parents, caregivers, and teachers are critical but often underprepared. Many lack the confidence, training, or support to teach or reinforce sexuality education. Peer learning opportunities remain limited but show promise.
- **Institutional Level:** Schools lack government-sanctioned, structured, disability-sensitive sexuality education curricula. Teachers receive little to no training on this topic during pre-service or in-service programs.
- **Community Level:** Cultural and religious taboos discourage open conversations about sexuality. However, NGOs and grassroots groups are developing alternative approaches, such as storytelling, WhatsApp forums, chatbot platforms, and curriculum, to provide safe learning spaces.
- **Policy Level:** There is no standalone policy mandating sexuality education for learners with intellectual disabilities. Existing content is fragmented and inconsistently implemented, while schools are reluctant to adopt NGO-developed programs without official government endorsement or approval.

## Recommendations

To uphold the rights and dignity of all learners, government agencies, education stakeholders, and community partners must take decisive, coordinated action. The following recommendations outline a multi-sectoral approach to advancing disability-inclusive sexuality education in Kenya:

### 1. Policy Action

- The Ministry of Education (MoE) and the Ministry of Health (MoH) should jointly issue comprehensive guidelines mandating the inclusion of sexuality education for learners with disabilities, particularly those with intellectual disabilities, aligned with the National Reproductive Health Policy (2022) and the Sector Policy for Learners and Trainees with Disabilities (2018).
- Inclusive sexuality education should be formally integrated into the curricula of teacher training colleges, including institutions specializing in special needs education, to ensure all graduating teachers are equipped to deliver this content with confidence and sensitivity.
- The government should allocate dedicated funding for the adaptation of existing MoE sexuality education content using Universal Design for Learning (UDL) principles—incorporating visual aids, tactile materials, simplified language, and assistive technology to cater to diverse learning needs.
- Policy frameworks should explicitly address the rights of adolescents with intellectual disabilities to receive comprehensive sexuality education, reinforcing accountability across education and health sectors.

### 2. Curriculum and Teacher Preparedness

- The Kenya Institute of Curriculum Development (KICD) should lead the development of age-, ability-, and context-appropriate sexuality education modules that reflect the lived experiences and developmental stages of learners with intellectual disabilities.
- The Kenya Institute of Special Education (KISE) should be resourced and empowered to design specialized sexuality education materials, train educators, and lead capacity-building initiatives in partnership with the Teachers Service Commission (TSC).
- Ongoing teacher professional development programs should include hands-on, practical training on how to deliver inclusive sexuality education effectively within classrooms.
- Strengthen teacher peer-learning platforms and communities of practice to facilitate the sharing of tools, strategies, and experiences related to inclusive sexuality education, reinforcing consistent implementation and continuous improvement.

### 3. Cross-sector Collaboration

- Trained community health workers should be integrated within schools as co-facilitators to support the delivery of sexuality education, particularly in contexts where teachers feel unprepared.
- The MoE should formally partner with NGOs and civil society organizations that have developed and tested inclusive sexuality education models, leveraging their technical expertise while ensuring alignment with national policy and curriculum standards.

- Develop culturally sensitive toolkits and training sessions for parents, caregivers, and religious/community leaders to raise awareness, reduce stigma, and promote collective support for delivering sexuality education to adolescents with intellectual disabilities.
- Establish referral pathways linking schools with disability-specific health and psychosocial support services, ensuring that students can access holistic care when needed.

#### 4. Research and Monitoring

- Introduce national-level indicators in education and health information systems to monitor access to and quality of sexuality education among adolescents with intellectual disabilities.
- Support rigorous, participatory research—including longitudinal studies and qualitative evaluations—on the long-term outcomes of inclusive sexuality education programs, including impacts on knowledge, behavior, health, self-esteem, and protection from abuse.
- Ensure that adolescents with intellectual disabilities and their caregivers are meaningfully involved in the design, implementation, and review of sexuality education interventions to promote relevance and sustainability.
- Disseminate research findings widely to inform continuous policy refinement and strengthen evidence-based advocacy for inclusive reproductive health and education programming.

### Conclusion

A policy window exists to make sexuality education inclusive, rights-based, and contextually grounded. Cross-ministerial leadership (e.g. from MoE and MoH) is needed to move beyond pilot efforts and ensure national scale-up. Adolescents with intellectual disabilities must not be an afterthought in education or health. Ensuring their access to comprehensive sexuality education is not only a matter of policy compliance but a moral and developmental imperative. By investing in inclusive curricula, teacher training, and community engagement, Kenya can set a precedent in the region for upholding all learners' rights, dignity, and well-being. The time to act is now—so that no adolescent is left unprotected, uninformed, or unheard.

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### References

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