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Policy Brief

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From Invisibility to Inclusion: Policy Actions for Inclusive Sexuality Education for Persons with Disabilities who Identify as Queer in Kenya

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Key Messages

- Persons with disabilities who identify as queer face compounded exclusion from sexuality education.
- Current curricula and policies rarely address intersecting identities of disability and sexual diversity.
- Institutional silence, stigma, and lack of training limit effective support from schools, families, and health systems.
- Individuals rely on informal networks and digital spaces to obtain critical information.
- Inclusive, rights-based reforms are urgently needed across education, health, and social sectors.

Background

Comprehensive sexuality education (CSE) equips young people with the knowledge and skills needed to make informed decisions about relationships, health, and wellbeing. Kenya has committed to inclusive education through frameworks such as the Basic Education Act, the Competency-Based Curriculum, and national CSE guidelines. However, these frameworks rarely address the intersecting needs of persons with disabilities resulting in gaps in implementation and access to relevant information and services.

Consequently, many young people with disabilities remain excluded from sexuality education, increasing their vulnerability to abuse, exploitation, sexually transmitted infections,

and unintended pregnancy. For those who also identify as queer, barriers are further aggravated by stigma, heteronormativity, and ableism. Social attitudes often desexualize persons with disabilities while simultaneously marginalizing sexual and gender minorities, leaving their needs largely unrecognized in policy, curricula, and service provision.

Methods

This brief draws on a qualitative study of sexuality education experiences among persons with disabilities who identify as queer in Kenya. Data were collected in Nairobi County through a focus group discussion. Participants were recruited through community organizations using snowball sampling due to the sensitivity of the topic.

Participants comprised six young people aged 23–35 years with diverse disabilities, including intellectual, physical, and psychosocial disabilities, as well as epilepsy. Five participants identified as female and queer, and one as non-binary and queer.

Discussions explored school experiences, access to sexuality information, support systems, and barriers linked to disability and sexual identity. The session was audio-recorded, transcribed, and analyzed thematically. Ethical approval was obtained from a recognized review committee, and informed consent secured from all participants.

What the Evidence Shows

1. Sexuality education is often missing or not inclusive

Many participants said they received little or no sexuality education in school. When it was taught, it often ignored the experiences of persons with disabilities and those who identify as queer. Lessons mostly focused on traditional ideas of gender and heterosexual relationships, leaving many young people without information that reflects their realities.

Young persons with disabilities often receive limited or no sexuality education in formal schooling environments.

'For me, I will say I was confused because I had an intersex friend, so we would be left wondering like where does this person fall and where do we place them because we talk about male and female, the x and y chromosome.' R4.

Strict separation of learners into "boys" and "girls" excluded those whose identities do not align with these categories.

2. Persons with disabilities who are also queer are often invisible

Participants described feeling invisible in two ways: as persons with disabilities and as queer individuals. They were often wrongly assumed to be asexual, and sexuality education rarely addressed queer sexual identities and needs.

"... (people) have this notion that guys with disabilities... people with disabilities... we are not sexually active, that we just go home and just stay like that." (R2)

This lack of recognition contributes to confusion, isolation, and heightened vulnerability to exploitation, abuse, and poor sexual health outcomes during adolescence.

3. Support systems are not well prepared

Schools, families, and health services often lack the skills, information, or willingness to support persons with disabilities who are queer.

- Some teachers avoid teaching sexuality topics due to perceived policy restrictions.
- School counseling services are sometimes described as judgmental or dismissive.

"Guidance and counselling sessions ... were supposed to help us, but most times they just became places where we were judged or reported to the administration." (R1)

- Parents and communities often lack accurate information or hold stigmatizing beliefs.
- Some health providers question whether persons with disabilities are sexually active or in relationships. *“(they think that)...guys with disabilities are not sexually active. Like you go with your partner for HIV testing, and they ask, ‘Even you?’” (R2)*

These attitudes and knowledge gaps limit young people’s access to accurate information, supportive services, and safe spaces.

4. Policy gaps contribute to the problem

Although policies promote inclusion in general, they rarely address disability and sexual orientation or gender identity. Because of this silence, many educators avoid discussing these topics altogether.

“Teachers will say the government is stopping us from talking about this...” (R1)

Unclear laws and misinformation also contribute to stigma and misunderstanding.

5. Individuals find other ways to learn

Despite these challenges, many participants accessed information about sexuality and relationships through alternative sources, including friends and peer networks, community organizations, social media and online platforms, informal learning spaces, and university environments perceived as more inclusive.

While these efforts show resilience, they also highlight gaps in formal education and health systems in providing reliable and inclusive information.

Persons with disabilities who identify as queer frequently rely on informal digital spaces for sexuality information due to stigma in schools and health systems.

Why Inclusive Sexuality Education Matters

When sexuality education is not accessible or relevant, persons with disabilities, especially those who are also queer, face increased risks of abuse, poor health outcomes, mental distress, and social exclusion. Inclusive sexuality education helps by:

- Protecting young people from exploitation and violence
- Improving sexual and reproductive health knowledge and outcomes
- Supporting informed decision-making
- Promoting confidence, identity development, and well-being
- Upholding fundamental human rights and dignity

Providing inclusive sexuality education ensures that all young people, regardless of ability or identity, have the information and support they need to live healthy and safe lives.

Policy Implications

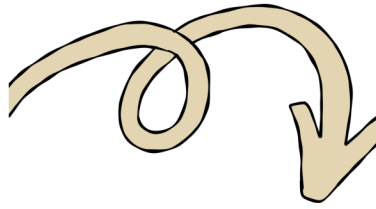
Addressing the needs of persons with disabilities who identify as queer requires coordinated action across education, health, and social systems.

Strengthen Policy Frameworks

National policy frameworks should explicitly recognize both disability and sexual diversity within comprehensive sexuality education. Clear guidance is needed to support teachers in addressing sensitive topics respectfully and inclusively. In addition, stronger coordination across education, health, and social protection sectors is essential to ensure policies work together to support the well-being of all young people.

Build the Capacity of Educators

Teacher training programs should integrate inclusive sexuality education to equip educators with the knowledge and confidence needed to support diverse learners. Schools should also be provided with practical teaching resources that reflect the experiences of students with disabilities and those who are queer. At the same time, teachers and school leaders need institutional support to address community concerns and misconceptions surrounding sexuality education.



Reform School Support Systems

School support systems must be strengthened to ensure students feel safe and supported. School counselors should receive training on disability inclusion and respectful engagement with queer identities. Schools should also establish confidential and non-judgmental spaces where students can seek guidance and information. In addition, monitoring mechanisms should be strengthened to identify and address discrimination within school environments.

Improve Healthcare Services

Healthcare providers should be trained to deliver inclusive sexual and reproductive health services that recognize the rights and needs of persons with disabilities. Efforts are also needed to reduce stigma and discrimination within healthcare settings so that individuals feel respected and supported when seeking care.

Engage Families and Communities

Families and communities play an important role in shaping attitudes and access to information. Public awareness initiatives can help challenge harmful stereotypes about disability and sexuality while promoting greater understanding and inclusion. Parents should also be supported with resources that encourage open and informed conversations with their children with disabilities. Community and religious leaders can further contribute by promoting constructive dialogue and reducing stigma.

Harness Digital Solutions

Digital platforms can expand access to sexuality education, particularly for individuals who may not receive adequate information through formal systems. Developing accessible online resources can help bridge this gap. At the same time, efforts should address barriers to digital access and ensure that young people's privacy and safety are protected when seeking information online.



Call to Action

Policymakers, educators, healthcare providers, and community leaders must work together to ensure that sexuality education is inclusive of persons with disabilities and diverse sexual identities. National education authorities should strengthen policies and curricula to reflect the realities of all learners, while teacher training institutions should equip educators with the knowledge and skills needed to deliver inclusive sexuality education.

Schools and health systems must also create safe and supportive environments where persons with disabilities can access accurate information and services without fear of stigma or discrimination. At the same time, families, community leaders, and civil society organizations should be engaged in efforts to challenge harmful stereotypes and promote open dialogue about sexuality, disability, and inclusion.

Development partners and digital platforms can further support these efforts by investing in accessible learning resources and expanding safe channels for young people to access reliable information.

Ensuring inclusive sexuality education is essential for protecting health, rights, and equal participation for all.

Reference

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