Research concerning Sex and Relationships Education (SRE) spans roughly three decades, with persistent findings that interventions fail to meet adolescents’ needs (UKYP, 2007; SEF, 2011; Elley, 2013). There have been numerous recommendations to improve SRE - foremost being the current push for compulsory status. It has been suggested, however, that making the subject compulsory is not enough without also addressing wider problems hindering its delivery including those associated with communication about sex and sexuality (Knight, 2009).

Improving SRE Provision
Despite increased legislation and, guidance, supporting teachers delivering SRE, communication problems surrounding subject delivery are a recurrent concern. The lamentation of Dorothy Dallas in 1972; ‘A whole book could be written on communications problems and methods alone’ (Dallas, 1972, 23), is as applicable today as it was then. A recent study conducted by Pound, Langford, & Campbell (2016) synthesised young people’s experiences of SRE as reported in 55 studies across a number of countries. Concerns about subject delivery were a common theme, led to the conclusion that ‘unless we get the delivery right, young people will continue to disengage with SRE’ (Pound et al., 2016, 12). This supports calls for SRE to be re-imagined as an open, informal conversation between young people and educators that takes account and is accepting of adolescent sexual cultures, while being driven by a dialogue that is animated by the concerns of the young people it is meant to serve (Gutierrez, 2011).

A key challenge therefore is how to encourage young people to participate in and engage with this dialogue.

Communication Difficulties within SRE
Understanding that ‘the way sexual issues are discussed… is as important as what is said’ is an essential component of effective SRE provision (NHS Health Development Agency, 2001). Young people emphasise that:

‘The classroom should be safe. You should feel comfortable to talk and be able to ask questions effectively. Teachers should allow pupils to contribute… Students can tell when a teacher wants to be there… and it only makes sense that if students want to learn they should have teachers that want to teach’ (Lonsdale, Helliwell and Durant, 2009, 19)

Young people repeatedly request more openness and talk within the SRE classroom (Pound et al., 2016). This requires a special skillset on the part of the sex educator and teachers often feel constrained by what is deemed to be acceptable within the bounds of teacher-student relationships (Elley, 2013; Abbott, Ellis and Abbott, 2016). Students also express a dislike of teacher-led SRE due to the lack of anonymity and the feelings of embarrassment engendered when discussing sex and sexuality with an adult with whom they have a personal relationship (Pound et al., 2016). Teachers cite lack of training, knowledge, and confidence as further impeding their delivery of SRE. This negatively affects students’ experience of SRE, who complain that teachers’ responses to questions are unsatisfactory (Measor, Tiffin and Miller, 2000; Langille et al., 2001; Forrest, Strange and Oakley, 2002) and give the impression that sex cannot be discussed straightforwardly (MacDonald et al., 2011; McKee, Watson and Dore, 2014). As a result, it has been suggested that external providers such as health communications, including those of a sexual nature, should be more open and inclusive.
workers deliver SRE (Limmer, 2009). This delivery method has also been subject to criticism, however, as most forms of adult provision are based on educators being placed in an authoritative, expert role. Such an approach may inhibit open communication within SRE, as young people experience difficulty discussing sex and relationships in contexts where there is an imbalance of social power (Hawkes, 1996).

Peer-led SRE

One solution to these issues may lie within the social group itself. Peer education, presented as avoiding the communicative issues that arise between adults and young people (Topping, 1996), is a promising method of delivery for SRE. To use the most frequently cited definition, peer education is ‘the teaching or sharing of information, values and behaviours by members of a similar age or status group’ (Sciacca, 1987). The similarity between peer educators and students is believed to increase their credibility (Wight, 2011) and produce conversation focussed on ‘problems that are common to both parties in the vernacular without any overtones of social control or authoritarianism’ that are ‘non-judgemental and supportive’ (Topping, 1996, 24). This denotes them as equals in the eyes of their students, producing ‘egalitarian communication’ which is more ‘open and sub-culturally relevant’ (Stephenson et al., 2008, 1580). Within peer-led SRE, it is posited that these factors work together to give young people ‘the confidence to actively participate in discussions and to ask sensitive and intimate questions’ (Fletcher, Hurst, Bolzern, & Schulkind, 2015, 96).

The Theory

Social learning theories are frequently cited to support peer education, however the approach also draws on theory from across the fields of Psychology, Education, Sociology, and Health. While theoretical richness is often used to legitimise and explain peer-led SRE, it can also be interpreted as a weakness as Turner & Shepherd (1999) have argued peer education is ‘a method without a theory’. It has also been construed as a strength, with the argument being made that ‘one sure sign of a robust phenomenon in any science is where there is concurrence among theorists who normally disagree about almost anything else’ (Damon, 1984, 332). Regardless of which theory is cited, underlying each is the suggestion that increased knowledge, positive attitudinal, or behavioural change can be facilitated by a means of sharing information and advice within peer-to-peer interactions. Upon further examination it is questionable to what extent social learning theories can be applied to justify, develop or understand, peer-led SRE as none of these were developed to support peer-delivered health promotion. Much of the work of Vygotsky (Vygotsky, 1962, 1978) focusses on peer education as a way to improve cognitive ability through collaborative problem solving in length, number and mass. These theories were not proposed as a way to change pre-established attitudes and habits regarding sexual health within adolescent social groups. Theories from Health such as the Diffusion of Innovations (Rogers, 1983) and Social Inoculation Theory (McGuire, 1985) are also problematic as artificially reconstructing a communication process that is supposed to be spontaneously initiated within informal social environments may be difficult within a status-marked setting such as that of a school classroom.

The Evidence

Reviews of peer education have identified that the majority of programmes are predicated in the notion that peer interactions are more frequent, intense, diverse, relevant and potentially influential than those within adult-led provision (Milburn, 1995). Peer-led interventions hope to harness these qualities to facilitate open discussion of issues related to sexual health. It is surprising then that no empirical studies have investigated communicative aspects of peer-led SRE. Almost twenty years ago it was observed that ‘one of the most notable gaps in current research is the lack of detailed analysis of the sorts of interactions that actually take place between young people under the guise of peer education (Frankham, 1998, 187). This is still the case. The closest evidence we have to draw on is student and practitioner evaluations of factors they believe contribute to the success of peer-led SRE (Mellanby, 2000; Forrest, Strange and Oakley, 2002; Strange et al., 2002; Morgan, Robbins and Tripp, 2004; Allen, 2009; Paul et al., 2010; Layzer, Rosapep and Barr, 2014). The majority of this work is questionnaire-based, with no observation or description of how these interactions work. Evidence for effectiveness seems obvious in the
form of positive feedback from young people themselves - either on the behalf of peer educators or students. When sexual health charity Brook asked young people how they wanted to improve SRE, the response included a request to ‘enable young people to educate and influence their peers through becoming peer educators’ (Blake, 2008, 38). Whilst it is important that young people enjoy the SRE that they receive, it is also important that evidence supports it is an effective, high quality method of delivery. Currently evidence of effectiveness is highly variable (Tolli, 2012), with little understanding why some interventions are more successful than others (Cornish and Campbell, 2009).

The Problem

The appeal of peer education rests on an assumption that it utilises a naturally occurring process of communication that leads to learning (Turner & Shepherd, 1999). The notion that there are communication differences between adults and adolescents is commonplace. Consequently, this has been accepted as an established piece of knowledge. Take for example the UN’s justification for adopting peer approaches to drug education: ‘On one level, the fact that [peers] communicate best with each other is simple common sense… is quite natural’ (United Nations, 2003, emphasis my own). This is despite a lack of evidence that this communication process is effective, how it works, or if it can be replicated within SRE. It is also worth noting that much guidance and evidence discussing the utilisation of peer education is focussed on behaviours other than sexual health such as smoking and drug use. The successful implementation of the approach in one topic area leads to recommendations that it can be adopted in other educational contexts and in relation to other topics. Just because peers may be effective in discouraging drug use amongst young people in one instance, does not mean they can encourage their use of contraceptives in another.

The Question

This leads to the key question: are peer educators better at communicating openly with students in SRE than other practitioners? And does this encourage the increased participation of students within SRE? Due to the lack of research on peer and classroom talk within SRE, we cannot presume to answer this question. This issue is not just specific to SRE but to all peer-led adolescent health interventions. It could be that this communication process, once depicted, could be broken down into a set of skills that could be taught to educators to assist in their delivery of SRE. Alternatively, it may be that this type of communication can only be invoked by an innate affinity of ‘peerness’ felt between educator and student. These questions need to be addressed if we are to understand who is best placed to communicate with and thereby encourage young people to be sexually happy and healthy.

The Research

To redress this gap in the literature, the author plans to observe SRE lessons delivered by peer educators, teachers, and alternative providers such as school nurses and youth workers to explore what enables and obstructs open communication about sexual health, sexuality and relationships within the SRE classroom. Peer-led interventions targeting a range of topics in different settings will also be observed. Students and educators will be asked to participate in focus groups to gather their views on the SRE educator and lesson.

This research will extend current knowledge by developing deeper understanding of the communicative process between adolescent peers, and between sex educators and students, with an ultimate aim to make interventions more acceptable to young people.

References


