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For successful Sex and Relationships Education, effective communication is key; but with whom?

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

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

- Abbott, K., Ellis, S. J. and Abbott, R. (2016). 'We've got a lack of family values': an examination of how teachers formulate and justify their approach to teaching sex and relationships education. *Sex Education: Sexuality, Society and Learning*. doi: [10.1080/14681811.2016.1169398](https://doi.org/10.1080/14681811.2016.1169398).
- Allen, L. (2009). 'It's not who they are, it's what they are like': reconceptualising sexuality education's 'best educator' debate. *Sex Education*, 9(1), pp. 33–49.
- Blake, S. (2008). There's a hole in the bucket: the politics, policy and practice of sex and relationships education. *Pastoral Care in Education*, 26(1), pp. 33–41.
- Cornish, F. and Campbell, C. (2009). The social conditions for successful peer education: a comparison of two HIV prevention programs run by sex workers in India and South Africa. *American Journal of Community Psychology*, 44(1–2), pp. 123–35. doi: [10.1007/s10464-009-9254-8](https://doi.org/10.1007/s10464-009-9254-8).
- Dallas, D. M. (1972). *Sex Education in School and Society*. Berkshire: National Foundation for Education Research in England and Wales.

- Damon, W. (1984). Peer education: The untapped potential. *Journal of Applied Developmental Psychology*, 5, pp. 331–343. (Accessed: 17 November 2016). Available at: <http://www.sciencedirect.com/science/article/pii/0193397384900066>
- Elley, S. (2013). *Understanding Sex and Relationship Education, Youth and Class: A Youth Work-led Approach*. Hampshire: Palgrave Macmillan.
- Fletcher, J., Hurst, S., Bolzern, J. and Schulkind, J. (2015). Sexpression:UK - A new vision for comprehensive sex and relationship education. *Education & Health*, 33(4), pp. 96–99. (Accessed: 17 November 2016). Available at: <http://sheu.org.uk/x/eh334js.pdf>
- Forrest, S., Strange, V. and Oakley, A. (2002). A Comparison of Students' Evaluations of a Peer-delivered Sex Education Programme and Teacher-led Provision. *Sex Education*. Taylor & Francis Group, 2(3), pp. 195–214. doi: [10.1080/1468181022000025776](https://doi.org/10.1080/1468181022000025776).
- Frankham, J. (1998). Peer Education: the unauthorised version. *British Educational Research Journal*. Taylor & Francis Group, 24(2), pp. 179–193. doi: [10.1080/0141192980240205](https://doi.org/10.1080/0141192980240205).
- Gutierrez, R. A. (2011). Virtual Sex Ed. *Sexual Research and Social Policy*, 8, pp. 73–76.
- Hawkes, G. (1996). *Sociology of Sex and Sexuality*. Berkshire: McGraw-Hill International.
- Knight, J. (2009). What is the future for SRE? The government's response to the review of SRE in schools, in Martinez, A. (ed.) *Celebrating Sex and Relationship Education: Past, Present and Future*. National Children's Bureau, pp. 24–29.
- Langille, D., MacKinnon, D., Marshall, E. and Graham, J. (2001). So many bricks in the wall: young women in Nova Scotia speak about barriers to school-based sexual health education. *Sex Education*, 1(3), pp. 245–257.
- Layzer, C., Rosapep, L. and Barr, S. (2014). A peer education program: delivering highly reliable sexual health promotion messages in schools. *The Journal of Adolescent Health*: official publication of the Society for Adolescent Medicine. United States, 54(3 Suppl), pp. S70-7. doi: [10.1016/j.jadohealth.2013.12.023](https://doi.org/10.1016/j.jadohealth.2013.12.023).
- Limmer, M. (2009). Rude, crude and socially unacceptable. Young people and pornography, in Martinez, A. (ed.) *Celebrating Sex and Relationship Education: Past, Present and Future*. National Children's Bureau, pp. 39–45.
- Lonsdale, A., Helliwell, A. and Durant, E. (2009). What do we want to see in the future? The launch of the Young People's Charter for SRE, in Martinez, A. (ed.) *Celebrating Sex and Relationship Education: Past, Present and Future*. National Children's Bureau, pp. 16–23.
- MacDonald, J. A., Gagnon, A. J., Mitchell, C., Di Meglio, G., Rennick, J. E. and Cox, J. (2011). Asking to listen: towards a youth perspective on sexual health education and needs. *Sex Education*, 11(4), pp. 443–57.
- McGuire, W. J. (1985). Attitudes and attitude change, in Lindzey, G. and Aronson, E. (eds) *Handbook of Social Psychology*. New York: Random House.
- McKee, A., Watson, A. F. and Dore, J. (2014). 'It's all scientific to me': focus group insights into why young people do not apply safe-sex knowledge. *Sex Education*, 14(6), pp. 652–65.
- Measor, L., Tiffin, C. and Miller, K. (2000). *Young People's Views on Sex Education: Education, Attitudes, and Behaviour*. London: Routledge. (Accessed: 17 November 2016). Available at: <https://books.google.com/books?hl=en&lr=&id=4at4ZHvKJ30C&pgis=1>
- Mellanby, A. R. (2000). Peer-led and adult-led school health education: a critical review of available comparative research. *Health Education Research*, 15(5), pp. 533–545. doi: [10.1093/her/15.5.533](https://doi.org/10.1093/her/15.5.533).
- Milburn, K. (1995). A critical review of peer education with young people with special reference to sexual health. *Health Education Research*, 10(4), pp. 407–420. doi: [10.1093/her/10.4.407](https://doi.org/10.1093/her/10.4.407).
- Morgan, D., Robbins, J. and Tripp, J. (2004). Celebrating the achievements of sex and relationship peer educators: the development of an assessment process. *Sex Education*, 4(2).
- Paul, G., Bell, C., Fitzpatrick, A. and Smith, S. M. (2010). 'The real deal': A feasibility study of peer-led sex education for early school leavers. *The European Journal of Contraception & Reproductive Health Care*, 15(5), pp. 343–356. doi: [10.3109/13625187.2010.507317](https://doi.org/10.3109/13625187.2010.507317).
- Pound, P., Langford, R. and Campbell, R. (2016). What do young people think about their school-based sex and relationship education? A qualitative synthesis of young people's views and experiences. *BMJ Open*, 6(e011329), pp. 1–14.
- Rogers, E. (1983). *Diffusion of Innovations*. New York: Free Press.
- Sciaccia, J. P. (1987). Student peer health education: a powerful yet inexpensive helping strategy. *Peer Facilitator Quarterly*, 5(2), pp. 4–6.
- Sex Education Forum (2011). *CURRENT status of Sex and Relationships Education March 2011*. pp. 1–10. (Accessed: 17 November 2016). Available at: http://webfronter.com/towerhamlets/extended_services/other/SRE%20-%20KS1-4%20-%20Law%20-%20Current%20Status%20of%20SRE%20March%202011.pdf
- Shiner, M. and Newburn, T. (1996). *Young people, drugs and peer education: an evaluation of the Youth Awareness Programme (YAP)*. (Accessed: 17 November 2016). Available at: <https://www.ncirs.gov/App/Publications/abstract.aspx?ID=177292>
- Stephenson, J., Strange, V., Allen, E., Copas, A., Johnson, A., Bonell, C., Babiker, A. and Oakley, A. (2008). The long-term effects of a peer-led sex education programme (RIPPLE): a cluster randomised trial in schools in England. *PLoS medicine*. Public Library of Science, 5(11), p. e224; discussion e224. doi: [10.1371/journal.pmed.0050224](https://doi.org/10.1371/journal.pmed.0050224).
- Strange, V., Forrest, S., Oakley, A. and The Ripple Study Team (2002). Peer-led sex education--characteristics of peer educators and their perceptions of the impact on them of participation in a peer education programme. *Health Education Research*, 17(3), pp. 327–37. doi: 10.1093/her/17.3.327. (Accessed: 17 November 2016). Available at: <http://her.oxfordjournals.org/content/17/3/327.full>
- Tolli, M. V. (2012). Effectiveness of peer education interventions for HIV prevention, adolescent pregnancy prevention and sexual health promotion for young people: a systematic review of European studies. *Health Education Research*, 27(5), pp. 904–13. doi: [10.1093/her/cys055](https://doi.org/10.1093/her/cys055).
- Topping, K. (1996). Reaching where adults cannot. *Educational Psychology in Practice*, 11(4), pp. 23–29.
- Turner, G. and Shepherd, J. (1999). A method in search of a theory: Peer education and health promotion. *Health Education Research*, 14(2), pp. 235–247.
- United Kingdom Youth Parliament. (2007). Sex and relationships education - are you getting it? (Accessed: 17 November 2016). Available at: <http://www.ukyouthparliament.org.uk/issues/report-sex-relationships-education-uk-youth/>
- United Nations. (2003). *Peer to Peer: Using peer to peer strategies in drug abuse prevention*. New York. (Accessed: 17 November 2016). Available at: https://www.unodc.org/pdf/youthnet/handbook_peer_english.pdf.
- Vygotsky, L. S. (1962). *Thought and Language*. Cambridge, MA: M.I.T. Press.
- Vygotsky, L. S. (1978). *Mind in Society*. Cambridge, MA: Harvard University Press.
- Wight, D. (2011). The effectiveness of school-based sex education: What do rigorous evaluations in Britain tell us? *Education and Health*, 29(4), pp. 67–73. (Accessed: 3 January 2016). Available at: <http://sheu.org.uk/sites/sheu.org.uk/files/imagepicker/1/294dw.pdf>