Tools for Empowerment:

Improving Sexual Health Outcomes for Adolescent Girls

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Abstract

Adolescent girls face a number of barriers when it comes to practicing safer sex. Whether these barriers arise from a simple lack of education or negotiating gender stereotypes and power dynamics, it has become increasingly apparent that to support equity, sexual health and safety for adolescent girls, educators must develop new strategies to encourage condom use and other forms of sexual self-care among young women. Research on social circumstances contributing to safer sex practices overwhelmingly stresses the need to address the complex factors shaping adolescent sexual experiences in order for sexual health education to be effective. This project engaged seven adolescent girls between the ages of 16 and 19 using participatory action research. Participants engaged in a 1.5-hour sexual health program, followed by a 1.5-hour collective biography and focus group, with the option of completing individual interviews following the primary session. The intent of this research is to explore and address some of the barriers to safer sex practices for adolescent girls in order to develop recommendations that could help to improve outcomes in sexual health education. It was informed with knowledge from an array of disciplines including psychology, medicine, and feminist studies. Key themes addressed include comprehensive sexuality education, physical and social risks, gender, race, class, and emotional intelligence.

keywords: *comprehensive sexuality education, adolescent girls, sexual risk-taking, social-emotional intelligence*

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Dedication

In memory of my beloved grandmother, Myrtle. Mom said the apple didn't fall too far from the tree. If I have inherited even a fraction of your generosity, tenacity, and eloquence, Grandma, then I am grateful.

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List of Abbreviations

2SLGBTQ – Two Spirit, Lesbian, Gay, Bisexual, Transgender, Queer

AIDS – Acquired Immunodeficiency Syndrome

CSE – Comprehensive Sexuality Education

EI – Emotional Intelligence

HIV – Human Immunodeficiency Virus

PAR – Participatory Action Research

PHAC – Public Health Agency of Canada

SEI – Social and Emotional Intelligence

SIECCAN – Sex Information and Education Council of Canada

SRE – Sex and Relationships Education

STD – Sexually Transmitted Disease

STI – Sexually Transmitted Infection

STBBI – Sexually Transmitted Blood Borne Infections

UN – United Nations

UNESCO – United Nations Educational, Scientific, and Cultural Organization

WHO – World Health Organization

Chapter One

Introduction

1.1 Introduction: Context of Study

For the past seven years, a particular problem has been troubling me. I have been working as the Education and Outreach Coordinator at Saskatoon Sexual Health in Saskatoon, Saskatchewan. Our organization provides comprehensive sexuality education (CSE) in schools across the province, covering topics such as healthy relationships, bodily autonomy and boundaries, consent, sexually transmitted infections (STIs), and contraceptives. Each presentation is carefully tailored to ensure it meets the needs of the specific participant group, in order to be as interactive and engaging as possible. Over the past few years, I have had direct contact with thousands of young people. I work in classrooms big and small, across the city of Saskatoon and in surrounding rural and Northern communities. I visit small farming communities, schools on First Nations reserves, and urban community schools. I have daily interactions with diverse groups of people, including youth who are in care, young people with intellectual disabilities, queer youth, newcomers, and street involved youth. Yet, as different as these groups may seem, I constantly find myself returning to the same question: "*Why don't teenagers use condoms?"* And in response to this question: "*As an educator, what can I do to support their safer sex practices?"* The pursuit of answers to these questions has led me to this research, and an exploration of the multifaceted factors that influence sexual decision making in Canadian adolescent populations.

Adolescence is a period of remarkable change in a young person's life. Described by the World Health Organization (WHO) as the "the period in human growth and development that occurs after childhood and before adulthood, from ages 10 to 19" (WHO, 2016), adolescence is a site of complex growth: physically, spiritually, mentally, and emotionally. Beyond the conventional growing pains that begin to take place during adolescence, young people must also learn to adapt to their changing social worlds. Girls, in particular, are faced with a challenging transition from girl to woman and are often expected to take on all of the complex societal

attitudes that accompany femininity. They have become hypersexualized, and expected to embrace their sexualities (McRobbie, 2007), while also learning/unlearning the relationship between pleasure and subjectivity (Lamb, 2010). Learning to navigate daily occurrences of sexism and misogyny is an ever-present challenge for young women, and the barriers they will encounter in the discovery of their sexuality are plentiful and often discouraging. For educators wishing to work with young people, and girls in particular, it is important to acknowledge these barriers, in order to provide effective interventions in sexual health education.

This research, itself, is not without its challenges—young people in this province have complex needs, including recurrent sexually transmitted blood borne infections (STBBI) diagnoses, unintentional pregnancies, and ongoing trauma related to sexual violence. Saskatchewan currently faces very poor outcomes directly related to sexual health. Saskatchewan has the highest rates of HIV and Hepatitis C infection in Canada (more than twice the national average); the highest provincial rate of chlamydia infection; second highest provincial rate of gonorrhea infection (Public Health Agency of Canada, 2019); and between 2014 and 2018 the province saw a 393% increase in the rate of syphilis infection (Public Health Agency of Canada, 2020). According to the most recent data, the province also has the highest provincial rate of adolescent pregnancy (Statistics Canada, 2018), and second highest provincial rate of sexual assaults reported to police (Keighley, 2017). These alarming rates provide a critical context for the fear, isolation, and confusion that inform adolescent girls' individual struggles navigating their sexual experiences. These immediate challenges are exacerbated by the long-term impacts of HIV, untreated STBBI, or sexualized violence, not only on the individual, but also on the overall health of the community.

In Saskatchewan, the health education curriculum has not been updated since 2009 (Action Canada, 2020). In the decade since its release, the world young people live in has changed drastically. The increasing popularity of social media and the availability of online pornography has created a challenging landscape for parents, educators, and more importantly, young people themselves, to navigate. In classrooms across the province, students are asking questions like: "If both parties are consenting are one night stands cool?" and "Why do you think people want to send nude photos to somebody?" They want to know how to mitigate potential risks, nourish meaningful relationships, and how to respect themselves and others. The current health education curriculum fails to address critical topics such as consent and contraceptives,

and it does not broach crucial conversations around faith, disability, or substance use. In 2019, the Sex Information and Education Council of Canada (SIECCAN) released the updated Canadian Guidelines for Sexual Health Education (SIECCAN, 2019). A quick comparison of these guidelines with the current provincial health education curriculum emphasizes such glaring omissions, and the curriculum's significant shortfalls, overall. This kind of negligence is not without effect—The Public Health Agency of Canada's *Reducing the health impact of sexually transmitted and blood-borne infections in Canada by 2030: A pan-Canadian STBBI framework for action* cites a "lack of holistic, comprehensive, and consistent sexual health education" as a factor in the trend of rising STBBI rates in Canada.

Contextually speaking, it is also important to note that in this current moment, and over the past year, society has changed in unimaginable ways. Just over a year ago, the COVID-19 pandemic brought the entire world to a stop. As countries grappled with lockdowns, turmoil, and unrest, people's lives came to a grinding halt. In March of 2020 schools went online, and students were isolated from friends and their social environments. One year later, they are back in the classroom but facing restrictions and limitations at every turn. The pandemic was not the only event to mark 2020 as a year unlike any other. In May of 2020, George Floyd, a 40-year-old Black man was murdered by Derek Chauvin, an on-duty police officer in Minneapolis, Minnesota. Chauvin knelt on Floyd's neck for 8 minutes and 46 seconds, despite cries from onlookers and Floyd himself. Floyd's death would spur on the largest civil rights movement that North America has seen in decades. The outrage spread globally, with protests taking place in all corners of the world. It is no coincidence that these protests and the COVID-19 pandemic were happening at the same time. Marginalized people, and Black Americans more specifically, were disproportionately impacted by COVID-19, being already more susceptible to adverse health outcomes due to racism and social class positions.

I conceived the general concept for this thesis six years ago, and in the time since then, I have spent most moments of most days thinking about this topic. My graduate work has allowed me to reflect critically on my practical experiences in the field, and conversely, my experiences in the field have influenced my graduate work. My world has changed drastically in the last year, too, and that has necessitated a reframing of my project. First, my relationship to students in the classroom has changed. In the past, I was physically present with them, which increased the ease of rapport. Now, I present virtually and appear only as a face on a screen. Classrooms have been

divided into smaller groups to reduce contact risk, which has resulted in a greater frequency of presentations to reach the same number of students. This is challenging, given the limitations of virtual presentations. However, the pandemic has also offered opportunities. I have noticed a greater depth of newly acquired knowledge where health literacy skills are considered. Terms like transmission risks, viral loads, and close contacts were unfamiliar and foreign prior to the pandemic. Now this kind of discourse is used daily. Even the concept of "a prophylactic" has become more familiar, as masks have become a necessary means of protection when venturing into the outside world. Our lives have also become more regimented in many ways. There are fewer opportunities to explore or stray, our movements are largely restricted between home, work, and school (especially for young people). This has meant that they have had to rely on other measures to stay connected with their peers, which like the rest of us, includes a heavy reliance on technology. There are no hard data on how sexual behaviours have been altered by the pandemic, but I suspect there will certainly be an increase in social-distancing-friendly behaviours like sexting. And though sexting may not carry the traditional risks of penetrative sex, there are still concerns and issues worth exploring before young people commit to sending nude photos.

In March of 2020, when the healthcare system in Saskatchewan was grappling with its pandemic response, a great number of resources were redeployed to support COVID-19 testing. From March until June of 2020, it was not possible to submit chlamydia or gonorrhea samples to local or provincial labs for testing. The Saskatchewan Health Authority's sexual health clinic in Saskatoon has not offered STI testing since the onset of the pandemic. Preliminary data from 2020 have most public health professionals extremely concerned for the situation this province will find itself in over the coming years (Vescera, 2021). In 2020, our syphilis infection rates doubled from those reported in 2019 (Vescera, 2021). HIV infection rates dropped for the first time in 10 years; however, these infection rates are not representative of the reality, 28,480 fewer HIV tests were performed in 2020 compared to 2019 (Vescera, 2021). The situation is dire, and education will play a critical role in helping the province recover from the COVID-19 pandemic.

The chronically high rates of STBBI, teenage pregnancy, and sexual violence faced by young people in Saskatchewan are not problems that will be solved with stop-gap measures. Overwhelming evidence has shown that Comprehensive Sexuality Education (CSE) is the upstream, preventative solution to these problems (Haberland & Rogow, 2015; Mon Kyaw Soe,

Bird, Schwandt, & Moraros, 2018). CSE refers to age-appropriate education about human rights, human sexuality, relationships, and sexual and reproductive health. It achieves these solutions through the provision of scientifically accurate and non-judgmental information. It fosters the development of decision-making, critical thinking, and communication skills in adolescents. CSE offers the information young people need to make decisions about their bodies and health, and to develop the skills necessary to nurture healthy relationships.

Comprehensive sexuality education may be the best practice for sexual health education; however, one of the most important indicators of effective programs is the educator's comfort and willingness to engage in these challenging and nuanced topics (Allen, 2005). In my time as the educator for SSH, I have intentionally pursued current best practices in CSE, while also revising and developing content for our education program. In 2015, I attended the Western Biennial Sexual Health Conference, where Toronto-based educator B.K. Chan delivered a session entitled "Emotional Intelligence Crash Course for Sex Ed" (2015), which immediately captured my attention. Emotional intelligence (EI) is described as:

> perceptiveness and skill in dealing with emotions and interpersonal relationships; […] the capacity to be aware of, manage, and express one's emotions, and to handle a variety of interpersonal situations in an intelligent, judicious, and empathetic manner. ("emotional intelligence," n.d.)

In B.K.'s presentation they discussed the importance of understanding emotions as a form of literacy. They spoke about emotions being rational, and neither positive nor negative. This counters a common narrative in thought politics, that emotions are somehow irrational or weak. There are also connections to be drawn between the validity of emotions being affirmed or not depending on who is expressing them. Most importantly, B.K. also spoke about the reality of emotions being complex and contradictory. I was struck by the demonstrated value of incorporating emotional intelligence as a teaching tool because it provides a simple and effective opportunity to impact the actual outcomes of sexual health education. Research on emotional intelligence has found that it is helpful not only to teachers in the classroom, but also to their students, as it enhances the learning process (Fer, 2004). For educators, incorporating EI as a teaching and learning strategy may allow them to better address their own discomfort and emotional biases when teaching, and also to recognize the social and emotional barriers with which their students may be struggling.

Research on emotional intelligence has identified five behaviours which together form the basis of exercising emotional intelligence: *self-awareness, self-regulation, internal motivation, empathy, and social skills* (Goleman, 2006). Self-awareness and self-regulation can help teachers to understand their own emotions, while empathy and social skills can help them communicate effectively with students. EI encourages responsiveness and adaptiveness to students' needs. Similarly, students in the classroom where EI is being incorporated will have the opportunity to explore the complex social circumstances in which they experience their sexualities, while learning strategies to navigate these experiences, and gaining tangible skills to implement their strategies effectively. Emotions, when presented as irrational, are at odds with learning, when in reality, my experience as a sexual health educator has taught me they are inextricable from meaningful learning.

1.2 Objectives of Study and Research Question

Throughout my research, I explored the following questions: "Why don't teenagers use condoms?" And in response to this question: "As an educator, what can I do to support their safer sex practices?" Ensuring that young people have access to accurate and inclusive CSE helps them to think critically about their sexual health and enables them to create better strategies for negotiating safer sex practices. Because there is currently no research on incorporating emotional intelligence as a core strategy in sexual health education, further exploration of its implications and applications is a critical contribution arising from my research. The purpose of my thesis is to develop insights that will help me to implement a practical application drawing upon and affirming emotional intelligence in a sexual health education program, in order to advance best practices, and contribute to the existing body of knowledge on sexual health education, while striving for relevant, intentional, holistic, and most importantly, effective, comprehensive sexuality education.

1.3 Overview of Chapters

Chapter 1 is an introduction to comprehensive sexuality education and provides background information on its delivery, including current barriers and challenges. I will outline the context of my professional work and its relationship to my project and discuss the objectives of the study and my research questions.

Chapter 2 is review of relevant literature on sexual health education, risks, gender and sexuality, race and class, and social and emotional intelligence. I also provide an explanation of my theoretical framework, based on feminist standpoint theory, theory as a liberatory practice, reproductive justice, intersectionality, and sex-positivity.

In Chapter 3, I explain my chosen research methodology, drawing upon thematic analysis, feminist standpoint theory and its relevance to Participatory Action Research. I also explain the design for my data collection through a sequential procedure involving collective biography, a focus group discussion, and individual interviews. I also discuss my thematic analysis of the data gathered.

Throughout Chapter 4, I share the results of the collective biography exercise, the focus group discussion, and interviews. I discuss findings and observations, reflecting upon the four emergent themes of embodiment, agency, identity, and experience to situate the grounded experiences of participants within broader narratives circulating around adolescent sexuality.

Chapter 5 contains my discussion and elaborations upon the findings of my research, including what I have learned with participants that relates to teacher's roles in delivering comprehensive sexuality education, barriers for adolescent girls, and strategies for overcoming current challenges.

Finally, Chapter 6 is the conclusion of my thesis, a final summation of my results, including strengths, limitations, and future considerations for further research on the role of emotional intelligence in advancing comprehensive sexuality education.

Chapter Two

Literature Review: "What's an Encyclopedia?"

2.1 Introduction

Research related to improving sexual health outcomes for adolescents has become an important area of focus across a number of disciplines including medicine, nursing, psychology, social work, and feminist studies. Given the many nuances in a topic such as sexuality, it is understandable that research findings identify a wide range of key themes pertaining to more positive outcomes in adolescent sexual health. The purpose of my literature review is to identify these themes across disciplines and gain a better understanding of the ways they interact with one another within a holistic and multi-dimensional framework for teaching healthy sexuality. My ultimate goal is supporting the creation of educational programming that addresses adequately the barriers adolescents experience in navigating safer sex practices.

This chapter will first discuss my theoretical framework, exploring theory as a liberatory practice, reproductive justice, intersectionality, and sex-positivity. Through the available literature, I will explore abstinence-only education in comparison with comprehensive sexuality education. I will also discuss sexual health risks using a broad determinants perspective that moves beyond a traditional focus on physical risks. I will also explore the implications of gender, race, and class in the delivery of comprehensive sexuality education. Finally, I will explore emotional intelligence as one potential strategy to improve sexual health education.

2.2 Theoretical Framework

My theoretical framework is based on a set of theories and values that have become inextricable from my work. As a sex ed teacher, it is evident that my approach to social work is unconventional. Even within my role as a sexual health educator, I take a more radical approach than some. The framework I describe here is a sex-positive, intersectional, feminist, justice-seeking, liberatory practice.

The first theoretical perspective that informs my research project is feminist standpoint theory or standpoint feminism. This theory, which was popularized by authors like Dorothy Smith, Nancy Hartsock, and Patricia Hill Collins, suggests that any theorizing on women's experiences must be practiced from their respective standpoints, respecting their specific social locations. Feminist standpoint theory "provides the justification for the truth claims of feminism while also providing it with a method with which to analyze reality" (Hekman, 1997, p. 341). Patricia Hill Collin's expansion on the idea of feminist standpoint theory considered the experiences of Black women in particular. Feminist standpoint theory is beneficial to my research because it values the perspectives of the individuals who generate the knowledge and the data I will be evaluating, in ways that hegemonic patriarchal theories do not.

In framing theory as liberatory practice, bell hooks speaks to her use of theory as a way to engage and mobilize a revolutionary feminist movement. She starts by saying:

> I came to theory because I was hurting – the pain within me was so intense that I could not go on living. I came to theory desperate, wanting to comprehend – to grasp what was happening around and within me. Most importantly, I wanted to make the hurt go away. I saw in theory then a location for healing." (hooks, 1991, p.1)

As a Black woman, hooks recognized the ways that academia, even within feminist studies, marginalized and excluded her. She did not belong in the academic institution because she was a woman and because she was Black. She did not belong in feminist studies because her work centered her activism and was not "rigorous" enough for their intellectual standards, which gave primacy to gender politics. hooks' work is political; it is written in plain language in order to be accessible to the very women whose lives and experiences inform and depend upon it. Her colleagues deemed this work to be too informal, even as she struggled to advocate for the importance of theory within Black activist communities, who pushed back on the institutions that had excluded and oppressed them. hooks discusses the important role that theory played in her

own healing: [t]his "lived" experience of critical thinking, of reflection and analysis, became a place where I worked at explaining the hurt and making it go away. Fundamentally, I learned from this experience that theory could be a healing place" (hooks, 1991 p. 2).

Above anything else, theory as liberatory practice resonates deeply for me because I did not grow up in a family with an academic background. I am the first to attend university and I spent a lot of my time lost. hooks says, "theory is not inherently healing, liberatory, or revolutionary. It fulfills this function only when we ask that it do so and direct our theorizing towards this end" (hooks, 1991, p.2). As I have grown older, the sole focus of my theorizing has been the liberation of marginalized communities, especially those to which I belong; I seek liberation for women, Black people, queer people, and colonized peoples. Theory as a liberatory practice also means recognizing that most people theorize, whether or not they have the language to recognize it: "the possession of a term does not bring a process or practice into being; concurrently one may practice theorizing without ever knowing/possessing the term just as we can live and act in feminist resistance without ever knowing the word 'feminism'" (hooks, 1991, p. 3). This approach fits well with my professional practice and my goals in this study.

hooks discusses the ways that feminist theory, as it is maintained by white feminists attempting to conform to a patriarchal academic standard, actually alienates the very people the discipline is intended to benefit:

> imagine what a change has come about within feminist movements when students, most of whom are female, come to women's studies classes and read what they are told is feminist theory only to feel what they are reading has no meaning, cannot be understood, or when understood in no way connects to 'lived' realities beyond the classroom. (hooks, 1991, p.5)

In contrast, I hope that this exercise becomes a place where participants begin to reflect on their own lived experiences, learning language that helps them speak to their oppression. Academia can be an isolating place, but there is also power in learning about the ways in which one has been marginalized by gaining language to dismantle the patterns of thought and action arising from those systems: "[w]ithin revolutionary feminist movements, within revolutionary Black liberation struggles, we must continually claim theory as a necessary practice within a holistic framework of liberatory activism" (hooks, 1991, p. 8). I see immense value in the language that theory, and hooks in particular, has given to me, and I hope I can share that with the young

people I teach. hooks' work invites readers to practice critical reflection in order to intervene in their own lives and the lives of others:

> Personal testimony, personal experience, is such fertile ground for the production of a liberatory feminist theory because usually it forms the base of our theory-making. While we work to resolve those issues (our need for literacy, for an end to violence against women and children, women's health and reproductive rights, our need for housing, for sexual freedom, etc. to name a few) that are most pressing in daily life, we engage in a critical process of theorizing that enables and empowers (hooks, p. 8).

Beyond theory as a liberatory practice, the third concept central to my theoretical framework is reproductive justice. Reproductive justice was a term first coined by Women of African Descent for Reproductive Justice in 1994 as an amalgamation of the terms reproductive rights and social justice (Ross & Solinger, 2017). Today, reproductive justice is championed by SisterSong Women of Color Reproductive Justice Collective, and features three primary pillars:

(1) The right *not* to have a child
(2) The right to *have* a child
(3) The right to *parent* children in safe and healthy environments

Reproductive justice was conceptualized after the reproductive rights movement in the United States left Black and other women of color behind. Marginalized women, including those who were 2SLGBTQ+, disabled, or transgender, felt excluded from the conversation on reproductive rights, which had primarily been focused on white women's concerns, and more specifically on the narrow pro- and anti-choice debates. Marginalized women were concerned about issues such as financial inequity, food security, police violence, and the environment as they impact reproductive justice. These are concerns still present today, as seen through the Black Lives Matter protests or the Wet'suwet'en blockades. I use a framework of reproductive justice to ground my research and practice, so that I do not lose sight of what is at stake. Sexual health education is often treated as an afterthought. Its importance is diminished and dismissed, perhaps exactly because it has such revolutionary potential. Sex ed, when viewed through a lens of reproductive justice, is a critical site for social justice intervention.

The disconnect between the goals and needs of white, Black and other minoritized feminists have been apparent in each popularly recognized wave of the feminist movement. From Sojourner Truth's "Ain't I a Woman":

> Then they talk about this thing in the head; what's this they call it? [member of audience whispers, "intellect"] That's it, honey. What's that got to do with women's rights or negroes' rights? If my cup won't hold but a pint, and yours holds a quart, wouldn't you be mean not to let me have my little half measure full? (Truth & Kennedy, 1992)

to the Combahee River Collective Statement:

> One issue that is of major concern to us and that we have begun to publicly address is racism in the white women's movement. As Black feminists we are made constantly and painfully aware of how little effort white women have made to understand and combat their racism, which requires among other things that they have a more than superficial comprehension of race, color, and Black history and culture. Eliminating racism in the white women's movement is by definition work for white women to do, but we will continue to speak to and demand accountability on this issue. (Combahee River Collective, 2014, p. 279)

This disconnect came to be the central tenet of identity politics, a term coined by the Combahee River Collective to express the intersecting struggle they experienced as black lesbians. Identity politics became the foundation for intersectionality, a framework conceived in 1989 by Kimberlé Crenshaw. Crenshaw's concept of intersectionality arose from what she understood to be a disconnect where race and sex were concerned in discrimination laws:

> Because the intersectional experience is greater than the sum of racism and sexism, any analysis that does not take intersectionality into account cannot sufficiently address the particular manner in which Black women are subordinated. (Crenshaw, 1989, p. 140)

As Patricia Hill Collins further explains:

> The term intersectionality references the critical insight that race, class, gender, sexuality, ethnicity, nation, ability, and age operate not as unitary, mutually exclusive entities, but rather as reciprocally constructing phenomena. (2015, p.1)

As someone who has multiple overlapping marginalized identities (Black, woman, queer), intersectionality has been critical for my own reflection on experiences in the world, especially as they relate to sexuality. I understand intersectionality to be a necessary critical lens for any practice seeking social justice.

The final concept that will underpin my theoretical framework is sex-positivity. Sex-positivity is:

> an attitude that celebrates sexuality as an enhancing part of life that brings happiness, 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 concerns and risks associated with sexuality without reinforcing fear, shame or taboo of young people's sexuality and gender inequality. (IPPF, 2012)

Sex-positivity is an important departure from the traditional sex negative narratives that were once the hallmark of sexual health education. Sex-positivity acknowledges sexuality, in all of its forms of expression, as a normal part of the human experience. Sex-positivity is an antidote to the pervasive shame and stigma that have dominated conversations about sexuality, nurturing acceptance for the individual and anyone else they may encounter. Knowing that sexuality can be a site of trauma (i.e., sexual abuse or sexual assault), makes CSE a particularly salient point of intervention. In their 2013 article, Williams, Prior, and Wegner discuss the countless social problems that arise when societies favor a sex negative attitude. From high rates of teen pregnancy and sexually transmitted infections to alarming incidences of sexual assault, the devastating effects of these pervasive attitudes are present in all aspects of society. This article addresses a number of societal issues and suggests ways that sex-positivity can help to address them. Framing a sex-positive approach as being open, communicative, and accepting of individuals' differences related to sexuality and behavior (Williams, Prior, & Wegner, 2013), the authors help to situate the concept of sex positivity within social work practice.

I have been a registered social worker for five years, and have worked out of scope for the duration. Social workers are often tasked with solving or attempting to solve complex social problems at the level of the individual. At the beginning of my career, I thought I was interested in counselling, but working with children who have already experienced complex trauma can be discouraging. I realized that I was not interested in intervening with social problems once they have already been created; I prefer preventing trauma from happening in the first place. I believe that sex-positivity taught through comprehensive sexuality education is one invaluable element of that prevention work. Sex-positivity also helps to counter the pervasive sex-negative (risk and consequence) narrative with which young people are constantly overwhelmed.

2.3 Literature Review: Context for Sexual Health Education

In the summer of 2018, I conducted research for an organization called Action Canada for Sexual Health and Rights. Action Canada was formed through the amalgamation of three national entities focused on sexual and reproductive rights, including the former Planned Parenthood Federation of Canada. Saskatoon Sexual Health is a member of Action Canada, and the two organizations are frequent collaborators. Action Canada's focus is on upholding and advancing sexual and reproductive health and rights both in Canada and globally. Our project over that particular summer was a review of all of the sexual health curricula in Canada, which until that point, had never been assessed from a national perspective. There was a particular urgency to this research, as the incoming government in Ontario had made sexual health education a platform issue in the provincial election and they were threatening to repeal the most recent CSE curriculum.

Prior to 2015, the last update to the curriculum in Ontario had been in 1998, long before Snapchat, sexting, and celebrity sex tape scandals entered the cultural milieu. This controversial policy decision by the newly-elected government was spurred on by conservative backlash to the inclusion of topics such as gender identity, sexual orientation, and consent in sexual health education. Lawmakers know that sex ed can be critical in shaping values for young people, and they often impede its delivery in an attempt to appeal to their voter base (Bialystok, 2020). This threatened repeal of an updated and revised curriculum brought protest from students, parents, and educators alike. Research has demonstrated that Canadian parents are overwhelmingly (85%) in support of substantive, current and comprehensive sexual health education being taught in schools (SIECCAN, 2020). Even in relatively conservative provinces like the Canadian prairies, 89% of parents were in favor of sexual health education being delivered in schools (SIECCAN, 2020); however, a vocal minority force a constant discourse on the morality of issues related to sexuality and gender, creating the illusion of controversy (Bialystok, 2020).

The need for comprehensive sexuality education is no longer up for debate. General comment No. 22 (2016) on the right to sexual and reproductive health (article 12 of the International Covenant on Economic, Social and Cultural Rights) indicates that when States fail to "ensure that all educational institutions incorporate unbiased, scientifically accurate, evidence-based, age-appropriate and comprehensive sexuality education into their required curricula," then they have failed to meet their human rights obligations. As a signatory to this convention,

Canada is responsible to ensure that all jurisdictions are in compliance with human rights law. Action Canada submitted an appeal to the UN's Special Procedures to draw attention to the human rights violations being committed by the provincial government in Ontario, which precipitated a response from the UN Special Rapporteurs in December of 2018. The response remarked:

> We wish to express our concern that the reinstatement of the 1998 curriculum appears to represent a retrogression in terms of the State's commitment to employ a comprehensive sexuality education curriculum and runs contrary to the State's obligations to promote gender equality, non-discrimination, the right to equality of women and girls, the right to the highest attainable standard of health and to the prohibition of sexual and gender-based violence. (p. 4)

The United Nations upholds human rights through mechanisms like the Convention on the Elimination of Discrimination against Women and the Convention on the Rights of the Child, both of which outline what is at stake when young people are denied critical information about their sexual and reproductive health. Sexual health education is not an election talking point; it is a necessary and vital intervention for the health of not only communities, but of women and girls, in particular, who bear the brunt of the reproductive burden and are disproportionately and adversely impacted by biological, medical, and social issues related to sexual and reproductive health.

In Canada, there are two significant documents germane to the delivery of comprehensive sexuality education. The first is the UNESCO International Technical Guidance on Sexuality Education. Most recently updated in 2018, this document sets the best practice standard for the delivery of high-quality comprehensive sexuality education. Based on scientific evidence, the technical guidance advocates for sexuality education delivered within a framework of human rights and gender equity. The purpose of the document is to help policy makers across the world develop effective curricula and provide global standardization in programming.

The second key document in a Canadian context is the SIECCAN *Canadian Guidelines for Sexual Health Education*, most recently updated in 2019. These guidelines help to frame the delivery of CSE in a Canadian context, distilling the UNESCO Technical Guidance into a more digestible format, easy for educators to reference. The guidelines also strive to include all of the settings responsible for the delivery of comprehensive sexuality education (homes, schools,

community correctional and detention facilities, etc.) and all the people responsible for its delivery (parents, Elders, teachers, etc.) defining their roles and how they can best be supported for success (SIECCAN 2019). The SIECCAN guidelines are accompanied by a helpful *Questions & Answers* document which was published in 2020 (SIECCAN, 2020). Although the creation of individual sexual health education curricula ultimately falls to provincial authorities, there is a robust and proven framework for creating high quality CSE available in Canada.

Sexual health education. Sexual health education, colloquially referred to as sex ed, is the classroom instruction of a variety of topics related to sexuality, such as puberty, STIs, and pregnancy. Throughout this thesis, I will use the terms sex ed and sexual health education interchangeably, in reference to formal classroom learning. For context, some researchers may also refer to sex ed as sexuality education. In addition to sex ed, I will also make reference to informal sexuality education, or the lessons that come through peers, the Internet, or experience.

What we consider to be "sex ed" today, emerged as a practice in the early 20th century, when children were taught about reproduction by studying animals and their reproductive systems. Following the second World War, sex education was repackaged as family life education, then population education in the 1960s and 1970s, then AIDS education in the 1980s and 1990s (Zimmerman, 2015). In the United States, the American Social Hygiene Association attempted to eliminate venereal disease and prostitution by educating adolescents through biology, physiology, or hygiene classes (Zimmerman, 2015). Sex education, as it was initially conceived, had strong foundations in eugenics, and protecting/controlling the population: "if people were sexually promiscuous, the argument went, they did not merely place themselves at risk; they would also injure others, exposing spouses and offspring to disease and—even worse—weakening the overall strength of their nation and race" (Zimmerman, 2015, p. 33) Sexual health education, then, was originally a project that targeted white, heterosexual, cisgender, middle class, able students, in an attempt to reserve reproductive capacity for desirable offspring. This racist narrative is still evident in sexual health education today, when one considers the varying approaches to central topics, based on student demographics, and the focus of the imagined learner as a white cis-het adolescent.

Abstinence only education. Sexual health education has traditionally been risk and consequence based, focusing on the reduction of unintentional teenage pregnancies and

transmission of STIs, and relying heavily on fear-based tactics to dissuade youth from engaging in sexual activity, altogether (Kantor, 1993). Abstinence-only programs are the epitome of this ideology, attempting to persuade young people to "save" themselves until marriage. In Saskatchewan, the health education curricula have an explanatory section on controversial topics which states:

> Sexual health is a major part of personal health and healthy living. Human sexuality research emphasizes abstinence from all sexual activity involving risk as the best and healthiest decision for adolescents. (Saskatchewan Ministry of Education, 2009, p. 14)

This emphasis on abstinence in the introduction to sexual health education only supports the false narrative that sexual health education is controversial, which is not supported by research. Abstinence-focused programs have been criticized by many sexual health experts who argue that they are ineffective and even unethical (Santelli et al., 2006), primarily because they fail to provide youth with information that is vital to their health and well-being. This is information youth want— a 2003 Canadian study by Byers et al., found between 77% and 99% of the youth they surveyed identified topics such as personal safety, sexual intercourse, and pleasure as topics that should be included within sexual health education.

Comprehensive Sexuality Education. The antidote to abstinence-only education is Comprehensive Sexuality Education (CSE), which is endorsed by the United Nations Educational, Scientific, and Cultural Organization (UNESCO). CSE is defined as:

> An age-appropriate, culturally relevant approach to teaching about sex and relationships by providing scientifically accurate, realistic, non-judgmental information. […] The term *comprehensive* emphasizes an approach to sexuality education that encompasses the full range of information, skills and values to enable young people to exercise their sexual and reproductive rights and to make decisions about their health and sexuality. (2016)

CSE is the gold standard for sexual health education and has been proven to be more effective than abstinence-only programs.

A study by Kohler, Manhart, and Lafferty (2008) found that young people who received CSE were significantly less likely to experience unintentional pregnancies than their counterparts in abstinence-only programs. One common argument against CSE is founded on the belief that

providing youth with information about sex will lead them to have more and earlier sexual experiences. This myth is referred to as "promiscuity propaganda," by sexual health educators, especially when it is wielded by conservative governments in an attempt to control educational curricula. On the contrary, the researchers found that teaching students about contraception was not correlated with an increased risk incidence of sexual activity or unintended pregnancy (Kohler, Manhart, & Lafferty, 2008). A federally funded study commissioned in the United States examined four abstinence-only programs and concluded that students who participated were no more likely than those not in the programs to delay sexual debut, to have fewer sexual partners, or to abstain entirely from sex (Trenholm et al., 2007). Young people need and want sexual health education that exposes them to a wide array of topics, including pleasure and communication skills, alongside reliable information about STIs, as well as effective refusal skills so that they are well equipped to navigate their sexual lives.

Sandra Byers has been conducting research on sexual health education in Canada for decades. In 2003, two articles arising from her collaborative research program were published on the adolescent perspective of sexual health education in schools and at home (Byers et al. 2003a, Byers et al. 2003b). Both examined the experiences of students (high school and middle school respectively) in New Brunswick. Their contributions have been critical in shaping the landscape of sexual health education delivery in Canada and are referenced frequently in both the *Canadian Guidelines for Sexual Health Education* (2019) and the accompanying *Questions and Answers* document (2020).

In their research, Byers et al. surveyed 745 middle school students on their attitudes towards sexual health education (2003b). That same year, similar interviews were conducted with 1663 high school students (2003a). In both instances, participants were overwhelmingly in favor of sexual health education being taught at school, and many supported the inclusion of topics like sexual pleasure and enjoyment. Another common theme was a lack of breadth in sexual health education (Byers et al, 2003a). Although this research is nearly two decades old, my practical experience over the last seven years as a sexual health educator indicates that these continue to be common concerns for young people in Canada. Byers revisited the topic in 2017, this time interviewing university students on their experiences in middle and high school. Participants in this more recent study attended middle or high school in New Brunswick, Nova Scotia, or Ontario (75 participants from other provinces were excluded due to lack of adequate

data for analysis). Participants rated the quality of their sexual health education to be higher when a diversity of topics were covered, when the curriculum included subjects that interested them, and when teachers used a variety of delivery methods (Byers, Hamilton & Fisher, 2017). Participants further indicated that six topics (puberty, menstruation, reproduction, contraceptives, abstinence, and STIs) were best covered, while, as may have been expected from the earlier studies, topics covering personal, behavioral, and problematic aspects of sexuality were poorly represented (Byers et al., 2017).

The authors also remarked that sexual health education appears to do a worse job of meeting the needs of girls in comparison to boys. This indicates that special attention must be paid to the social construction of gender, as it impedes or encourages young people in adopting healthy behaviors. The data collected did not differ based on the province where the students attended school, suggesting that subpar sexual health education is the rule, not the exception for Canadian students: "Canadian students, at least in New Brunswick, Nova Scotia, and Ontario, are not receiving [sexual health education] that they perceive as high quality and that provides in-depth coverage of the topics that are important to them" (Byers et al., 2017, p. 193). This position solidifies prior work completed by Louisa Allen who emphasized the importance of meeting the needs and interests of young people in order for sexual health education to be effective (2005). Byers et al. (2017) advocate for focused teacher training in the delivery of effective sexual health education in order to improve the sexual experiences and lives of young people across the country.

Katie Fitzpatrick examines sexuality education as a policy for social justice in New Zealand (Fitzpatrick, 2018). In 2015, the Ministry of Education in New Zealand released a policy document focused on diversity and intended to promote inclusive school environments. The policy document introduced the concept of sexuality education as an area of study in and of itself, rather than as a health promotion intervention. Fitzpatrick's article is of particular interest, given the similarities between Canada and New Zealand. Both boast universal healthcare, feature a three-tiered education system, and significantly, both countries are former British colonies, with Indigenous populations that have been adversely impacted by the process of colonization. Fitzpatrick reports that both Health and Physical Education are mandated in the New Zealand curriculum; however, similar to Canada (and Saskatchewan), implementation, reporting, and monitoring are inconsistent. Another important similarity is the presence of Indigenous

communities and Indigenous ways of knowing. Fitzpatrick speaks to the importance of a holistic approach, which is consistent with Indigenous Māori conceptions of "the physical body being inseparable from the emotional, social, spiritual, and mental aspects of sexuality" (Fitzpatrick, 2018, p. 603). Fitzpatrick makes linkages between social justice and collective action, as opposed to individualistic notions of health, emphasizing the curriculum's focus on issues related to sexuality and gender. This particular model for the delivery of CSE is both intriguing and encouraging. More importantly, Fitzpatrick indicates that such policy documents "hold space for progressive, feminist, queer, culturally responsive and knowledge-based sexuality education in schools" (Fitzpatrick, 2018, p. 606). These particular aims fit my personal and professional ideals for the delivery of sexual health education and fall within best practice standards identified by SIECCAN (2019) and UNESCO (2018), providing a framework for the delivery of high quality CSE in a context similar to Saskatchewan's.

A 2004 article by Louisa Allen addresses the missing discourse of erotics in sexuality education, and the impacts this has on program efficacy. Allen builds on prior work in discourses of desire and focuses on "the acknowledgment that all young people, whatever their gender and sexual identity (transgender, intersex, female, male, lesbian, gay, bisexual, heterosexual, or something else) are sexual subjects who have a right to experience sexual pleasure and desire (Allen, 2004). Allen's research involved 515 participants, who ranged between 17 and 19 years old. Allen argues that in the Western world, the function of sex education has been to address rates of STBBI, and address social issues such as promiscuity, sexual deviance, or teenage pregnancy (2004), which left desire and pleasure excluded from the conversation:

> In fact, the pursuits of desire and pleasure outside of marriage have generally been perceived as a core factor contributing to these problems. Subsequently, sex education's messages have often sought to quell sexual desire and underplay sexual pleasure in an endeavor to discourage seemingly inappropriate quests for either. (2004, p. 154)

Allen argues that this conversation has been shifted by conservative approaches that render sexual intercourse synonymous with reproduction, averting attention from embodied experiences of pleasure. Her argument also speaks to gender, and the dominant discourses which reinforce subject positions for young men and women, emphasizing the ramifications for young women, in particular. Allen contends that ignoring the pleasurable benefits of sexual activity denies young women a subject position where they may make an active choice, and in doing so "fails to

convey a sense of personal empowerment and entitlement" (Allen, 2004, p. 156). This lends to the prevailing narrative that women are passive and denies them understanding of their bodies as capable of experiencing pleasure. Allen argues that "by not acknowledging and positively incorporating young women's desires and pleasures into sexuality education, there may be a failure to communicate a sense of personal empowerment and sexual entitlement to them" (Allen, 2004, p. 163). Her research also produced evidence suggesting that a discourse of erotics may help to bring sexuality education's messaging in closer alignment with the interests and concerns of young people themselves.

In a more recent article, Allen writes about young people's suggestions for improving sexuality education in New Zealand, engaging with the idea that "sexuality education's 'effectiveness' is largely adult conceived" (2005, p. 389) primarily focusing on STBBI, pregnancy, and other negative outcomes. In this circumstance, the author argues for greater emphasis in the participants' conceptions of effectiveness. Allen focuses on three specific elements of pedagogy: "how classroom activity is structured, the nature of the curriculum content, and teacher's comfort and competency" (Allen, 2005, p. 390). The author circulated surveys to more than 1000 high school students in New Zealand, from a variety of socioeconomic and cultural backgrounds. Her results indicate that participants felt schools should spend more time on sexuality education and begin at an earlier age. Here, low prioritization of sexuality education by school administrations is a significant barrier.

Allen's analysis of the comments from study participants highlights young people as sexually knowing subjects, who are frustrated with the fact that sexuality education refuses to acknowledge their capacities (Allen, 2005). Allen theorizes that "sexuality education depreciates young people's own knowledge and experiences, positioning them as child-like rather than as young adults" (Allen, 2005, p. 397).

Allen's findings support the inclusion of a discourse of erotics, a concept she explored in her 2004 research. Allen's research emphasizes the importance of incorporating pleasure and desire into effective conversations around sexuality. This necessitates sexual health educators being comfortable and confident in the delivery of explicit content: "effective sexuality education is conceptualized by many when sexuality educators can be open, candid, and comfortable talking about sexual issues" (Allen, 2005, p. 400). Allen also notes that young people are particularly skilled at sensing apprehension in sexuality educators, which in turn

inhibits their ability to learn. The implications of Allen's research are particularly salient to my research topic, in that they suggest a shift in focus to effectiveness markers that are relevant to young people's ideas of success and the need for youth-led research, programming, and evaluation. Results also affirm emotional intelligence as a site for engaging youth more responsively in improving the quality of their sexual health education.

Sexual Health Education: Understanding the Role of Risks

Social risk. First, it is important to understand that pregnancy and STIs are not the only risks young people face in exploring their sexualities— there are many other social, emotional, and physical risks and consequences to consider. For young women, there is a risk to prevailing constructions of femininity, should they choose to demonstrate sexual agency by carrying condoms. To some, having condoms in one's possession implies an *intention* to have sex and connotes availability, which challenges the relationship between femininity and passivity and may be interpreted as a tendency towards promiscuity, rather than girl scout preparedness. A 2011 study by Catherine Cook used a qualitative, feminist, post-structuralist research design to explore the risks related to condom negotiation and feminine identity, concluding that young women do feel their social status is at risk if they choose to discuss safer sex practices with sexual partners. As such, it is exceedingly important for health care professionals to give advice that addresses the dissonance between "'rational' safer sex messages and social expectations of appropriate femininity" (Cook, 2011, p. 535). This dissonance in implicit and explicit social cues is often overlooked and, as a result, safer sex messaging too often falls on deaf ears.

A 1998 study by Hillier, Harrison, and Warr identifies two reasons why the narrative of 'safer sex = condom use' is counterproductive. The first is that the strategy is male-focused and may not resonate with young women and their experiences with the "rigid societal gender norms, which govern sexual behaviour" (1998, p. 15). The implications of this finding are profound, especially when one returns to the prevailing idea of women as passive participants in their own sexualities. Without a strong sense of sexual agency, young women may not feel that they have the ability to influence their partner's decisions regarding condom use, which prevents them from ever attempting to do so. Secondly, the researchers hypothesized that the strategy of "safer sex=condom use" is based on a model of rational decision-making, which overlooks the non-rational nature of arousal and desire and ignores the unequal power dynamics

that often exist between young women and men. Their research confirms their hypothesis that while young people do associate condoms with safer sex, they are ambivalent about using them, citing difficulties of negotiation (clear communication and dialogue) and social risks, such as a damaged reputation, among the reasons for not using them. This result is indicative of the ways in which social and emotional risks faced by youth contradict traditional narratives on romance and love. Given that many adolescents are still developing social skills and learning to communicate effectively, this research reveals a critical learning opportunity that educators can effectively focus on.

A 2009 study from Gallupe, Boyce, and Fergus drew data from the Canadian Youth, Sexual Health and HIV/AIDS study to better understand non-use of condoms among Canadian youth. One particular finding of note was the correlation between girls and condom non-use when they were pressured to have sex against their will. These findings indicate a need for programs that teach youth about equality, respect, and negotiation skills. Negotiation and social risk are also identified as key themes in research from Choi et al. (2004), which explored the various communication styles women used to introduce female condoms into sexual contact. They also found that safer sex education requires that healthcare professionals address factors such as power relations in order to be effective. While the women in their study had many strategies to introduce the use of condoms, they often had to navigate the dynamics of the relationship and consider their partner's personal characteristics in order to be successful.

Relational commitment. Other research has identified the nature of relationships as a significant factor in condom use. Umphrey and Sherblom (2007) studied the impact of relational commitment and maintenance goals on condom use. Their study of 133 college students ages 18-45 found that individuals with high levels of relational commitment were less likely to request a condom than those with low levels of relational commitment. Significantly, individuals who felt such a request may threaten their relationships were less likely to ask to use a condom in order to maintain relationship goals (Umphrey & Sherblom, 2007). On either end of the spectrum, whether individuals have high or low levels of relational attachment, negotiating condom use is perceived to be a threat to the relationship.

In a 2016 study on attachment from Kitchener, Sakaluk, and Gillath used three different attachment primes to examine their effect on condom usage. The findings suggested that the individuals who were primed with secure or anxious attachment were led to perceive

their partners as less of a sexual health threat, which led them to negate condom use. The findings of these two studies are compelling, because they suggest an individual who is secure in a relationship, and an individual who feels insecure in a relationship are both likely to negate condom use, but for strikingly different reasons. In a secure relationship, the individual may give *trust* as a reason for condom non-use, while a peer in an insecure relationship may claim *trepidation* as a reason for condom non-use. Exploring these nuances will help youth to identify strategies to negotiate safer sex practices across a multitude of circumstances.

Research by Vasilenko, Kreager, and Lefkowitz (2015) intended to gain a better understanding of the decision-making that happens within a romantic couple (dyad). Data were collected from 488 heterosexual couples, with the findings indicating that only male partners' attitudes had an influence on condom use. These factors were also studied by Woolf and Maisto (2008) with the intention of investigating the theory of gender and power as it relates to condom use. The researchers asked college students to rate how hard it would be to ask to use a condom in a number of different situations. They found that difficulty initiating condom use was significantly correlated with difficulties in both using and negotiating condom adoption. In their recommendations they suggested that interventions aimed at increasing condom use should incorporate concepts of power and relational commitment, in order to be more effective.

Gender

Because sexuality is such a complex and nuanced topic, researchers across a number of disciplines have sought solutions that enable youth to be actively engaged in their sexual health. While the quantitative findings of traditional scientific research are often favored, it is also important to explore sexual health narratives using a qualitative approach. The complexities of sexuality cannot be taught through rigid lesson plans and public health parables. A standpoint feminist lens is a useful tool for educators looking to approach sexuality holistically, in a manner that incorporates the lived experiences of the students they aim to support. In my discussion of gender, I will make use of the term empowerment. Empowerment is a term used both by neoliberals and progressives, with differing implications. In the case of neoliberalism, it refers to a hyper-individuated market-based choice. In the case of progressives, it is used to describe active agency and solidarity. Although I do not have the space to elaborate on the complexities which inform the empowerment theory in this thesis, I will use the term to refer specifically for

approaches to teaching CSE that support the agency and autonomy of adolescent girls.

Sexual agency. Angela McRobbie (2007) uses the term *new sexual contract* to describe a rewriting of the traditional narrative of purity and virginity, which encourages young women to embrace their sexualities. Young women are now often expected to perform as though they are autonomous beings with unlimited choices; however, in reality, choice is an illusion masked by misogyny and patriarchal hegemony. McRobbie discusses entitlement to sexuality and the control of fertility as key factors. Recent advances in reproductive health technology alongside the increased hypersexualization of girls through social media have created a climate where young women must carefully navigate their sexual identities or risk falling victim to stereotypes and normative assumptions. This new sexual contract dictates that young women should delay motherhood and encourages them to pursue careers and financial stability before starting a family. As long as they do not become pregnant, young women are free to possess a healthy sexual appetite and identity. McRobbie has termed this new sexual identity the *phallic girl*—a young woman who pursues her sexuality in the same manner as a young man. However, unlike a young man, the phallic girl still experiences limitations to performance of her sexual identity and desire, which are ultimately still being managed by patriarchal privilege and masculine hegemony. Young women may have the identity of the *phallic girl* available to them, but it is differently available to some of them, based on their social locations. McRobbie's perspective disrupts the narrative currently being presented in the vast majority of relevant literature, which focuses on desirability as it relates to idealized notions of femininity and virginity (Cook 2011; Hillier, Harrison & Warr, 1998). When it comes to condom use, a young woman's expertise is rarely seen as a positive characteristic, so young women may be caught within the contradiction of being expected to demonstrate an appetite for sex, without demonstrating any of the practical skills that accompany that experience.

Laina Bay-Cheng has made considerable contributions to the topic of young women and their sexual identities. Of these contributions, perhaps the most galvanizing is the introduction of an idea called the "agency line." The concept was first introduced in 2015, as a neoliberal metric for appraising young women's sexualities. Bay-Cheng contends that young women's experience has become increasingly complex, has grown beyond the Virgin-Slut Continuum, and has begun to intersect with what she refers to as the agency line. Bay-Cheng argues that

young women's sexuality is no longer solely measured in moralist terms, but rather, neoliberal ideals of individuated agency. In sharing this research, Bay-Cheng indicates that her "primary objective in suggesting this model is to facilitate various stakeholders' (e.g., researchers, policymakers, practitioners, parents) ability to offer relevant and meaningful support to young women" (2015a, p. 280). Bay-Cheng argues that it is no longer the amount of sexual activity that girls are judged by, but also the agency in which they express that sexuality. Low agency, low activity may suggest one is undesirable. High agency and low activity are indicative of a highly moral celibacy. Low agency and high activity are indicative of a girl who is promiscuous and has little control. High agency and high activity posit a girl who is in control and unabashed about her sexuality, recognizable in McRobbie's *phallic girl* (2007).

Each identity carries within it convention and contradiction, creating a dizzying terrain for young women to navigate: "The discourse of sexual agency and choice on offer by neoliberalism props up a façade of personal freedom that conceals the constant strategizing, divisive status jockeying, and relentless self-surveillance entailed in keeping oneself about the Agency Line" (Bay-Cheng, 2015a, p. 288,). After publishing the original article, Bay-Cheng responded to commentary and criticism on the agency line, clarifying that she understands it not to be a characterization of young women's sexual experiences, but rather a prescribed and prescriptive social force (Bay-Cheng, 2015b).

Bay-Cheng revisits the concept of agency again in 2019, this time asking what Western society perceives as agency, and to whom it is attributed. Here she argues that there must be a clarification of what is meant by agency and that adults must work diligently not to oversimplify it. The agency line, as Bay-Cheng describes it, is a neoliberal metric, meaning that sexual behaviours are not measured by their moral qualities, but rather a capitalist discourse on agency, with a subtext that positions women as property. She also argues that Western society must be more perceptive and responsive to what is considered to be agentic (Bay-Cheng, 2019) and suggests that girls who choose to act against hegemonic forces, or with them, are expressing a kind of agency in each situation:

> We must also reckon with the fact that the social and material conditions of many young women's lives –over which we, as adults and especially as ones imbued with expert authority, have tremendous sway—can thicken or thin their agency, channeling it into acts including compromise, compliance, and sacrifice. If we are unsettled by the fact that

> many women judge silence and concession to be their best options, we should commit ourselves to ensuring they have better ones. (Bay-Cheng, p. 471, 2019)

These reflections on agency are indicative of the challenges facing not only young women, but those who seek to support them in becoming happy and healthy adults. These are challenging ideas for anyone to navigate, let alone a young person who has been thrust into an adult's construction of ideal femininity, girlhood, or womanhood.

Marianne Cense wrote on the complexity of young people's expressions of sexual agency and how they position themselves in relationships in alignment with concepts of sexual identity, desire, and sexual practice (Cense, 2019). Elaborating on prior research, Cense focuses on a four component model of sexual agency which emphasizes embodied, bonded, narrative, and moral agency. Cense emphasizes that constructing a sexual self among conflicting social, cultural, narrative, and moral landscapes is even more challenging for young people who deviate from 'cultural normalcy' "by not conforming to dominant cultural notions of being a 'good girl'" (Cense, 2019, p. 263). The author concludes that comprehensive sexuality education could by improved by garnering a better understanding of the strategies young people use to navigate these varying contexts.

> The complexity of young people's strategic negotiations requires a change in sexuality education to meet the lived realities and actual challenges facing young people with diverse backgrounds and affiliations to support them in developing sexual agency over themselves. It is crucial therefore to view sexual agency in the full multisystemic context of personal desires, interpersonal dynamics, available narratives, social norms and social inequities (Cense, 2019, p. 272)

Cense remarks that the first step to achieve this is recognizing young people's connections to other people, other cultures, and other versions of themselves. This, by necessity, creates negotiation in their choices, establishing challenging expectations and prompting challenging emotions. I also appreciate that Cense considers the issues for educators who are utilizing this new approach. Cense promotes a model for sexuality education which requires "educators to develop skills in nurturing open and thoughtful dialogue in class" (p. 272). I find this to be a reassuring idea, and one that is very much in line with the central hypothesis of my research, on the main benefits of mobilizing educator and student emotional intelligence in sexual health

education. Cense acknowledges that sexuality education "cannot be the panacea for all the world's problems" (p. 273), but can be a critical site for the beginnings of social change.

Sharon Lamb (2010) discusses three ideals of healthy sexuality for adolescent girls as they have been established in feminist discourses on agency and desire. Within these ideals of desire, pleasure, and subjectivity, Lamb finds a number of problems. First, she believes they are difficult to attain—describing this view of sexuality as a project that girls and women are constantly expected to work on until perfection is achieved. Next, she addresses the unintentional reification of subject and object positions. By encouraging girls to embrace subject and reject object positions, she argues that adults are also suggesting there are only two ways to be sexual. These binarized positions are then translated from subject/object to active/passive, which is then read as female/male, creating limiting dichotomies for both men and women. In reality, sexuality is a complex relationship involving all of these factors and more, and most individuals will fulfill different roles at different times in their life. Lamb also argues that creating a relationship between pleasurable sex and "good" sex can cause problems for teenage girls. She worries that there has been a psychological link created between objectification and pleasure and believes it is becoming increasingly impossible to distinguish between the two, especially for teenage girls. Young women may pursue some actions under the pretense of pleasure, but a deeper examination may find connections between said pleasure and patriarchal norms. For example, there is some literature (Rosenthal, Biro, Succop, Baker, & Stanberry, 1994) suggesting that young women may choose not to use condoms because sex is more pleasurable without them; however, when this is explored further, it becomes apparent that their partner's perception of pleasure is more influential than their own in this construction.

Social constructions of gender. Research by Grose, Grabe, and Kohfeldt (2014) sought to evaluate a sexual health education program that addressed social factors related to negative health outcomes, such as traditional gender and sexuality norms. The researchers used a pretest-post-test survey of a sexual health education program that was facilitated through school and community collaborations. The study observed the connection between components of sexual empowerment, gender ideology, sexual knowledge, and contraceptive beliefs, with encouraging results. Participation in the program was correlated with "more progressive attitudes toward girls and women, less agreement with hegemonic masculinity ideology, and increases in sexual health and resource knowledge" (Grose, Grabe & Kohfeldt, 2014, p. 742). These findings are

promising because they demonstrate the tangible impact of including feminist thought in CSE, which ends up addressing not only the physical health outcomes for young people, but also the social and emotional outcomes that are more challenging to achieve. The researchers also support the adoption of practices that facilitate the development and use of emotional intelligence in order to create more effective sexual health education: "The longitudinal findings in the current study hold great promise for school-based sexual education curricula that can facilitate shifts in interactional and intrapersonal components of sexual empowerment" (Grose et al., 2014, p.750). Emotional intelligence and its fit within the CSE format will be discussed in greater detail toward the end of the chapter.

Race & Class

Matters are further complicated by race and class, which contribute to the discourse on reproductive capacity, and often have punitive consequences for young women who are racialized or poor. For example, the new sexual contract described by Angela McRobbie (2007) does not permit an embodied sexuality for young Black women, who are still hypersexualized and face the threat of stereotypes should they choose to embrace their sexualities. Likewise, young Asian women are too often excluded from robust conversations about adolescent sexuality, polarized between dominant cultural perceptions of benign asexuality and fetishized exoticism.

Sharon Lamb (2010) delves further into this subject, outlining three ideals of healthy sexuality present in feminist theory. She argues that ideals of desire, pleasure, and subjectivity are problematic because they ignore the differing historical meanings of these ideals for girls from diverse backgrounds, echoing the clauses identified in McRobbie's new sexual contract. Lamb argues that an idealization of teen sexuality could have negative consequences for racialized girls, who are subject to stereotyping and marginalization: "Pleasure, subjectivity, voice, and desire, words that evoke a delicateness and specialness about teen girls' sexuality, unwittingly also evoke conceptions of a white, middle class, heterosexual femininity that needs to be protected" (2010, p. 300). When it comes to safer sex practices, the othering effect of these discourses creates more barriers for racialized girls, who risk hypersexualization should they choose to embrace their sexual autonomy. As my research is being conducted in a Canadian prairie setting, it will be important to consider the hypersexualization of Indigenous women and

the impact this has on Indigenous girls.

While it is evident that race is a significant factor in adolescent experiences of sexuality, little research has taken the time to weigh the merits of anti-racist sex education. Recent events have shone a spotlight on the experiences of marginalized communities in North America, particularly those of the Black community, who have fought against violent and deadly oppression for centuries. Anti-racism efforts have seen a renewed interest over the last year, as the murder of George Floyd spurred international protest and the growth of the Black Lives Matter movement. Anti-racist practice is relevant to all areas of research and practice and, as such, has a rightful place in substantive conversations surrounding sex education.

A 2014 article by Whitten and Sethna speaks to the need for anti-racist sex education, and its glaring omission from curricula across the country. Their analysis reviewed the Ontario public school sex education curricula and compared it to the 2008 *Canadian Guidelines for Sexual Health*. The authors reflect on the 2010 repeal of a new sex education curriculum in Ontario (this controversy would later be dwarfed by the repeal of the sex education curriculum in 2018). The authors point to several instances where issues of race and sexuality overlap. First, race, and by extension, ethnicity, culture, and religion, shape an individual's understanding of their sexual selves. This is reminiscent of findings by Cense (2011). Race is also linked to the taboo and the fetishization of people of color. Further, race remains a determining factor in whose bodies were deemed disposable in birth control trials, infection experimentation, and in forced sterilization and eugenics (Whitten & Sethna, 2014). White people have benefitted from this inequity for centuries in North America, yet these conversations are rarely brought to the table when teaching sexual health education. Years of sexualized violence and coercion have also created a rightful distrust in the medical system among racialized and other minoritized groups, erecting barriers against young women of color being fully engaged in sexuality education. Whitten and Sethna argue that:

> the provincial documents in general emphasize that culture, religion, race, and ethnicity are essential to young people's lives but must be overcome for the purposes of sex education. The concept of young people being able to suddenly and at will cast off the influences of culture, race, ethnicity, and religion is a direct result of white supremacy and a demand of young people to become literally raceless. (2014, p. 422)

This emphasis on race, ethnicity, culture and religion as barriers to overcome in providing sex education are not unique to the former Ontario curriculum. In my practical experience as a sexual health educator, I find these to be recurrent themes in Saskatchewan. While our curriculum may be better structured to support diverse learners (white privilege and colonization are directly mentioned in the learning outcomes), there is a tendency to default to comfortable methods of program delivery, which are centered in Eurocentric and white supremacist ideals, such as whose sexuality is permissible, and whose reproduction is desirable. The authors emphasize the interlocking framework of anti-racist theory, and the intersectionality of race, class, sexuality, and gender, arguing that these conversations are inextricably linked to learning outcomes, rendering them critical within CSE.

Gender and Sexual Diversity

Language and terminology that addresses socially constructed differences shift rapidly, and vary across social and cultural contexts. The research discussed in this section was produced in a variety of cultural settings, and as such the language differs from one article to the next. I have chosen to use the acronym 2SLGBTQ+ (two spirit, lesbian, gay, bisexual, trans, and queer) through the majority of this exploration, as it is concise, but inclusive of a variety of gender and sexual identities. It is, however, worth mentioning that this term is not entirely inclusive, and there are dozens, if not hundreds of other identities not represented. Where I am discussing research produced by others, I have maintained the terminology used in the original articles, which is, as indicated, variable.

Research by John Elia and Mickey Eliason (2010) examined the history of abstinence-only-until-marriage programs in the United States and concluded that they are unethical, uncaring, and undemocratic, perpetuating an exclusionary dialogue:

> Abstinence-only-until-marriage sexuality education has helped to create and maintain the injustices perpetrated on LGBTQ people and others who violate the marital heterosexuality imperative. In addition, the focus on reproductive biology and negative health consequences […] has denied all students a balanced understanding of sexuality: pleasure and danger; intimacy and self-exploration; and the biology, culture, and psychology of sexuality. (p. 31)

Oppressed populations often suffer negative health outcomes due to stigma and marginalization,

which remains true for 2SLGBTQ+ populations, who face poorer sexual health outcomes in relation to their cisgender and heterosexual peers. A study conducted in British Columbia of students in grades 7-12 found that LGBTQ students had higher rates of psychological and social difficulties (Saewyc et al., 2007). The youth studied were more likely to be sexually experienced, more likely to have been pregnant or gotten someone pregnant. The same study also found that LGBTQ students were more likely to engage in high HIV-risk activities, with a correlation between high-risk activities and past experiences of sexual abuse (Saewyc et al., 2007). These considerations are extremely important as they relate to sexual health education for LGBTQ populations.

A 2014 study from L. Kris Gowen and Nichole Winges-Yanez explored LGBTQ youth's perspectives on sexual health education. In programs that were LGBTQ exclusive teachers either ignored, dismissed, and avoided questions related to LGBTQ issues, presenting heterosexuality as the norm for sexual orientations. They also pathologized LGBTQ sexuality by equating queer lifestyles with negative health outcomes, such as increased risk for STIs. In classrooms with inclusive sexuality education, teachers fared only marginally better. They offered token acknowledgment, doing the bare minimum to address LGBTQ issues, either by vaguely alluding to LGBTQ populations, or briefly mentioning a statistic. Some educators did not speak to LGBTQ issues during lessons but provided students with resources and information when approached outside of class. These researchers' findings provide much needed perspectives in LGBTQ inclusivity in sexuality education. The findings also incorporated the perspectives of LGBTQ youth. The youth suggested that there is a correlation between inclusive sexuality education and a safer school environment, therefore improving classroom dynamics by discussing LGBTQ issues: "I personally feel that all teachers should have to take a course on gender and sexuality before teaching any class" (Gowen & Winges-Yanchez, 2014, p. 794). The findings from Gowen and Winges-Yanez's research support the benefits of providing inclusive sexuality education, whether that be creating safer school environments (Baams, Semon Dubas, & van Aken, 2017), or improving health outcomes for LGBTQ students (Sanchez, 2012).

Eleanor Formby (2011) analyzed three studies that asked participants about their experiences with sex and relationships education (SRE) and their broader views on sexual health. After analyzing the data, Formby identified four key themes: invisibility and marginalization; conceptualizations and understandings of sexual health; influences on sexual activity, 'risk

assessment' and safer sex; and access to services. Participants reported that same-sex relationships were completely omitted from their school SRE which led to an alienation from the curriculum, or a complete lack of understanding of the issues facing LGB populations. The second theme, conceptualizations and understandings of sexual health, focused on the tendency to favor a biomedical model in SRE, prioritizing the prevention of infection, which fails to prepare students to deal with the social and emotional aspects of sexuality. Next, influences on sexual activity, 'risk assessment' and safer sex, spoke to the participant's decision-making strategies when it came to sex. Participants mentioned factors such as drug/alcohol use, but also communication and access to safer-sex supplies. Finally, participants cited lack of access to safer-sex supplies, appropriate information, and health care services. Many participants spoke to the Internet as a substitute for SRE when inclusive instruction was not provided. Formby (2011) urges greater understanding and knowledge among educators and healthcare providers, as well as the creation and promotion of LGB specific materials and services.

In his critical work, *Disidentifications: Queers of color and the performance of politics*, queer theorist José Esteban Muñoz, introduces the term "disidentification" to discuss the ways that marginalized people, and more specifically queer people of color, position themselves against hegemonic narratives about sexuality or race (Muñoz, 1999). By choosing not to identify with dominant identities such as whiteness or heterosexuality, nor against them with Blackness or queerness, minoritized people draw attention to the ways that these familiar narratives exclude them. Muñoz describes disidentifications both as a means of survival, and of resistance:

> Disidentification is meant to be descriptive of the survival strategies the minority subject practices in order to negotiate a phobic majoritarian public sphere that continuously elides or punishes the existence of subjects who do not conform to the phantasm of normative citizenship. (1999, p. 4)

He argues that by disidentifying, one is neither forced to identify through assimilation to mainstream culture, nor counter-identify, which runs the risk of reproducing long established hierarchies. Instead, disidentifying allows one to embrace the many complexities and contradictions of living outside the margins. For queer students searching for meaning in sexual health education designed for their cisgender and heterosexual peers, the process of learning necessitates disidentification at each turn.

For people who do not conform to a hegemonic heterosexist worldview, there is a near constant negotiation of identity. On a panel called "Are You Still a Slave? Liberating the Black Female Body," bell hooks spoke about queerness and sexuality, and creating a liberatory sex-positive framework for Black women: "What does that liberatory sexuality look like? I mean, let me theorize that it may very well be that celibacy is the face of that liberatory sexuality" (hooks, 2014). Here hooks challenges the notion that sex-positivity is synonymous with rampant sex, suggesting rather, that it provides an opportunity to move beyond the oppressive norms which dictate any particular sexual behaviour at all. She then goes on to say: "queer as not about who you're having sex with—that can be a dimension of it—but queer as in being the self that is at odds with everything around it and has to invent, and create, and find a place to speak, and to thrive, and to live." (hooks, 2014). I see a connection here to Muñoz' notion of disidentification, but also to the ways that queerness as embodied by a wide range of identities, including asexuality, makes space for individuals to find pleasure in a variety of experiences.

By addressing 2SLGBTQ+ specific issues, deconstructing heteronormative discourses of sexuality, and promoting harm reduction strategies that acknowledge and respect diversity, teachers and educators are better able to promote inclusion in sexual health education. All students, regardless of their sexual desire, or lack thereof, deserve sexual health education that addresses their needs as individuals, while validating and supporting their unique experiences. Future research would do well to focus efforts on the experiences of asexual, trans-identified, and non-binary individuals, as their experiences have been neglected from the majority of studies on 2SLGBTQ+ experiences in sexual health education. It is important to remember that societal understandings of gender and sexuality are constantly evolving, and as such open-minded and flexible programming for young people is necessary.

Emotional Intelligence

In sexual health education, there is a tendency to favor certainty over ambiguity. It is easier for teachers to discuss the pathology of STIs than it is to discuss the intricacies of negotiating consent, which can be all too easily overlooked when time and resources are scarce. For this reason, there is an important opportunity for improvement when it comes to CSE and mobilizing emotional intelligence (EI) in its service. Emotional intelligence is defined as "perceptiveness and skill in dealing with emotions and interpersonal relationships; […] the

capacity to be aware of, manage, and express one's emotions, and to handle a variety of interpersonal situations in an intelligent, judicious, and empathetic manner" ("emotional intelligence," n.d.). Daniel Goleman is an American author and psychologist who has made significant contributions to research on emotional intelligence. He identifies five behaviours which together form the basis of emotional intelligence: *self-awareness, self-regulation, internal motivation, empathy, and social skills* (Goleman, 2006).

When I was introduced to the idea of emotional intelligence by B.K. Chan in 2015, I immediately incorporated the strategy into my practice. B.K. talks about the three overlapping messages that young people are processing in any given situation. Take condom use for example: first, there is the message: *use a condom*. Sometimes that is the whole conversation when it comes to conventional sex ed, but it is hardly persuasive. Using emotional intelligence means talking about the feelings attached to the message: *excited, nervous, and embarrassed*. It also means acknowledging the stories young people are telling themselves about the message: "*Gross," "they smell weird," "I would die if I had to buy them* (Chan, 2015). By using emotional intelligence, I am better able to address all of the concerns students may have. This strategy for talking about condoms is applicable in many other contexts. When I have conversations with students about consent and substance-use, it means that I take the time to acknowledge that substances can make people feel more comfortable in a sexual situation and provide other strategies for navigating those moments.

In my experience, incorporating emotional intelligence in my work as a sexual health educator has improved the quality of my educational programs, by helping me empathize with the emotions that students are experiencing. This is an anecdotal finding that can be supported using data from research. A 2004 study examined the efficacy of an emotional intelligence in-service attended by secondary school teachers, concluding such programs are "useful for both teachers and students since the data from this research indicates that teachers do need [emotional intelligence] skills. And they also see the usefulness of these skills in the classroom environment to enhance the learning process" (Fer, p. 583). When educators incorporate emotional intelligence into their lesson plans, they improve outcomes, but also improve students' adeptness in emotional intelligence.

A particularly interesting article was published by Saville Young, Moodley, and Macleod in 2019, featuring a psychosocial analysis of one individual sexuality educator's experience

delivering sexual health education (Life Orientation) in South Africa. They focused on the educator as a psychosocial subject, using both psychological and social processes to navigate their experiences. The ultimate goal of their research was to understand better the educator's construction of themselves, the programs they teach, and their constructions of young people as learners. The primary research question was "what are this educator's emotional attachments to normative knowledge systems or discourses?" (Young Saville et al., 2019, p. 488). Further, the interview focused on four key areas: personal and local context, perceived outcomes of sexuality education, approach to teaching, and personal and system issues related to teaching sexuality education. Their conclusion is that social and psychological processes in delivering sexuality education are intertwined and should be treated as such. They argue that teaching Life Orientation:

> needs to be acknowledged as an affective and social endeavor that will not necessarily be improved by giving educators more skills and knowledge. An emphasis on improving skills and knowledge fails to recognize the extent to which educators invest emotionally. (2019, p. 497)

The authors recommend the site of change for sexuality education therefore needs to be at the level of emotional engagement of educators. They also argue that it is important for educators to be afforded the opportunity to receive training and support in exploring their own personal relationship to sexuality education curriculum.

A similar 2015 article explored emotions and pedagogies of discomfort for educators who are teaching gender and sexual diversity in South Africa. The authors argue that "emotions are inextricably linked to teaching and to effective pedagogy, including liberatory and social justice pedagogies" (Reygan & Francis, p.103). The authors also state that emotions are critical to the project of social justice, especially in relationship to trauma, which necessitates a critique of emotional responses to societal norms. These norms often uphold injustice; therefore, our emotions play a role in dismantling them (Reygan & Francis, 2015). They interviewed 25 participants who had experience teaching Life Orientation in South Africa. Participants in the study reported a variety of emotions; however, discomfort, disapproval, and fear were the primary emotions reported. The researchers note that these emotions were a significant barrier in delivery of the curriculum, arguing that it is necessary for teachers to understand the ways emotions are produced and reproduced:

> This is because increased awareness of the emotional salience of anti-oppressive education facilitates educators and learners in understanding the ways in which social justice is played out through emotional connections to particular values and beliefs. (Reygan & Francis, 2015, p. 117)

Social Emotional Intelligence. Social-emotional intelligence (SEI) is beginning to gain traction as a resource and outcome in the field of education. Previously believed to be a quality inherent to one's personality, recent research suggests that SEI, like other forms of intelligence, is something that can be taught: SEI is "the ability to recognize and manage one's own and others' emotions" (Lando-King et al., 2015, p. 836). By incorporating social emotional intelligence into sexual health education, educators are better able to address their own emotional biases when teaching and recognize the social and emotional barriers that are present for their students. Using SEI, educators can anticipate emotions students might be experiencing, such as fear, awkwardness, excitement, trepidation, or disgust and acknowledge their particular social skills and stage of social development. By incorporating young people's concerns into educational programs, educators can provide tools and skills that young people can use to negotiate their needs, while also addressing the complexities of sexuality and safer sex practices. Currently, there is a lack of research devoted to using social emotional intelligence as a strategy for improving CSE programs. The promise of SEI represents an opportunity to create more effective and impactful sexual health curricula.

Lando-King et al. (2015) explored the relationship between social-emotional intelligence and sexual risk-taking behaviours in adolescent girls, hypothesizing that those with higher levels of SEI would be better equipped to navigate complex romantic and sexual relationships. Using a cross-sectional sample of sexually active adolescent girls, the researchers examined three indicators of SEI (intrapersonal skills, interpersonal skills, stress management skills) against sexual risk-taking behaviours. The findings of their research confirmed their hypothesis and suggested that SEI may be used as a buffer against sexual risk-taking behaviours. They suggest that these findings "broaden the evidence base regarding association of SEI with an important set of adolescent risk behaviors and further extend it to an understudied population, namely adolescent girls at high risk for adverse health outcomes" (2015, p. 838). The researchers believed that girls' SEI and risk-taking behaviours could be influenced by their partners, gendered norms, and power relations, but were not able to account for such dynamics in their

study, and as a result, recommend that future studies explore these complexities. They also suggested intervention activities that "incorporate practice and feedback to help young people accurately recognize relevant social cues in romantic and sexual relationships, examine partners' intentions, generate solutions to relationship problems, and build social skills needed to attain desired outcomes" (2015, p.839). This statement stresses the importance of addressing emotional factors pertaining to sexual health and supports the creation of CSE programs that cultivate emotional intelligence as a core teaching strategy.

As evidenced through the literature, there are multiple factors to consider in the delivery of sex ed. In this chapter, I have discussed my theoretical framework, the use of theory as a liberatory practice, reproductive justice, intersectionality, and sex-positivity as the foundational underpinnings of this research. Next, I discussed the history of sexual health education, and the differences between abstinence-only programs and comprehensive sexuality education, in terms of content and outcome. I also explored research which engages the idea of risk, including social and emotional risks for girls in particular. Cook (2011), Choi et al (2004), and Hillier, Harrison, and Warr (1998) all highlight the importance of discussing femininity in relation to condom use. Understanding gender is also critical to conversations around sexual health education, so I considered perspectives from Cense (2019), Bay-Cheng (2015), McRobbie (2007) and Lamb (2010), who all discuss the distorting effects of patriarchal norms on girls' constructions of sexuality, and other intersecting factors which may impact their experiences or agency. I also explored emotional intelligence as described by Goleman (2006), and its impact on teacher comfort (Reygan & Francis, 2015) with their own understanding of their relationship to sexuality (Saville Young et al., 2019. Finally, I presented the work of Lando-King et al. (2015), who discuss the potential for social and emotional intelligence to address sexual risk-taking behaviours among adolescent girls. These findings will help to guide my discussion in a later chapter. Having laid out the theoretical framework informing my research, I will now move on to the methods I used in the execution of this study.

Chapter Three

Methodology: "Learning Along the Way"

3.1. Introduction

The aim of this research is to better understand the social and emotional barriers to condom use and other sexual and reproductive self-care practices among adolescent girls, and further, to provide educators with additional tools to help young people navigate some of those barriers. Ethical approval to conduct this research was attained through the University of Saskatchewan Ethics Board under the supervision of Dr. Marie Lovrod from Women's, Gender and Sexualities Studies.

Assumptions

It is my belief that all academic pursuits should include strategies for reflexivity, in order to be accountable to the multitude of factors which help to shape our lives and unique experiences. As a sexual health educator, my personal and professional values, beliefs, and assumptions have been shaped by a host of complex factors. I was born into a relatively progressive, accepting, two-parent household, in a first world country, able in mind and body. However, I am also a queer Black woman in a Western colonial context, which has made sexism, racism, and homophobia a salient part of my daily existence. I was formally educated in the fields of psychology, feminist and gender studies, and I am a practicing social worker. All of the disciplines in which I have been trained have problematic relationships to colonization and White supremacy. It is critical that I remain cognizant of these disciplinary biases and reflect on the ways that they may cause harm to marginalized or oppressed groups.

Academia in a Canadian context is inherently rooted in capitalism, sexism, classism, and white supremacy, all of which serve to reproduce many of the hegemonic norms that I seek to dismantle in my day-to-day practice. Nor is social work without flaws. Deeply rooted in white supremacy and saviorism, social workers at times function as law enforcers and institutional gatekeepers. Over the past year, as conversations around anti-racism have called for the abolition

of policing, internal critiques of the field of social work have also emerged. As a result, I must remain vigilant in understanding my relationship to professional practice and the systems I participate in and uphold. Although I may hold more progressive or radical views, there are moments when I am complicit within hegemonic power structures. For example, when I am invited into a classroom in rural Saskatchewan, I may alter the way I broach "controversial" topics. On other occasions, I have been asked to teach "only what's in the curriculum," as a means of controlling the narrative in the classroom. This role often requires me to negotiate with my personal values and my professional responsibilities. These are all realities that I bring with me, every time I set foot in a classroom, answer a student's question, or design research.

3.2 Research Methodology

Participatory action research was the primary methodology utilized for this study. Participatory action research (PAR) is a methodology which involves the people affected by an issue in studying its impact, identifying potential interventions, and evaluating their success (Kirst-Ashman & Hull, 2012). This focus on collaboration, capacity building, and consciousness raising resonates with substantive sexual health education, which, in my case, is informed by theory as a liberatory practice and reproductive justice. PAR is also popular in social work research, which favors empowerment over potentially problematic positivist methodologies which may adopt inherently unequitable power dynamics based on the elimination of contextual variables. By using PAR, I seek to engage the participants authentically, and allow them to take initiative in generating the knowledge that results from the project. Although the World Health Organization considers adolescence to span the ages from 10 to 19, this research will focus on individuals between the ages of 16 and 19, largely for purposes of autonomy of choice in electing to participate in the study.

3.3 Participants

Of all the populations with whom I am privileged to work, I enjoy my interactions with adolescent girls the most. Perhaps this is because I can identify with their experiences. I was fifteen once. I remember the feelings of uncertainty, excitement, fear, and metamorphosis, nauseating and liberating at the same time. Beyond this personal identification, I also appreciate the opportunity to make a significant impact in the lives of the girls with whom I work, and in

the rare instances when I am able to witness the significance of our interactions in their lives, I am struck by the profound changes that can happen in the blink of an eye. For example—in one previous lesson, I was discussing female masturbation with a small group and watched the light go on for a fourteen-year-old girl who immediately exclaimed: "You mean girls can masturbate?!"

While traditional sexual health education is targeted at issues facing cisgender heterosexual teenagers, it is important to acknowledge that risk discourses around consent, sexually transmitted infections, and pregnancy are all influenced by our understanding and enactment of sexualities. For the purposes of this research, my initial plan was to focus primarily on the experiences of cisgender females and their interactions with cisgender heterosexual males, owing to the power dynamics involved, and the cisgender and heteronormative emphasis of most sexual health education, even today. Nevertheless, my goal was always that participant perspectives from multiple identities and social locations would be respected. Given my investment in the development of theory as liberatory, I remain committed to future research focused on interventions aimed at marginalized populations, whose experiences are complicated by sexism, homophobia, transphobia, ableism, and their many intersections. It is important to note that no one was excluded from participating in the programming for this study, which is inclusive in and of itself, and all participants' responses were recorded and analyzed.

In total there were seven participants in this research project. Demographic data were collected using an online survey document. Participants for this research study were recruited using existing personal networks, social media, and connections with community-based organizations and group homes across the city of Saskatoon. Remarkably, the recruitment through social media resulted in three participants joining the research from Quebec. Participants were offered a $10.00 coffee shop gift card as thanks for their participation.

Recruitment of participants turned out to be more challenging than initially anticipated. There were three prior attempts to recruit enough participants for planned research activities, in which sample sizes were not sufficient. This is likely due to the challenging nature of the topic, with many young people being hesitant to discuss sexuality (as discussed in the literature review) and the rise of the COVID pandemic. Six out of seven participants completed the demographic survey. One participant was 16 years old; three were 18 years, and two participants were 19 years of age. Participants were predominantly white, with one self-identifying as mixed race

(half First Nations and half white). All participants came from middle to upper middle-class families. Only two of the seven participants indicated that they were heterosexual. The remaining four all chose bisexual (2), pansexual (1), or queer (1) to denote their identities, which may indicate a larger trend to greater acceptance of both gender and sexual diversity among contemporary youth (GLAAD, 2016).

In the analysis section, I will undertake a special consideration of this configuration of participants' self-positioning in relationship to their sexualities. All participants' demographic responses fit the criteria previously outlined, so no data were excluded from the aggregated analysis for the final report.

As a researcher, my relationship to the participants might be presumed to be very formal; however, as a sexual health educator, my interactions with youth often necessitate a familiarity that creates a comfortable safe space. As such, it was my hope that participants see me as a mentor in a reciprocal relationship. This approach will also be explored in the discussion section.

3.4 Steps of Analysis

This study made use of qualitative, and post-qualitative research methods. Qualitative research analyzes non-numerical sets of data, where post-qualitative data is more imaginative in its conception of data, allowing the process of research itself to become a kind of data worthy of analysis. Sexuality is an exceptionally complex and nuanced facet of the human experience, and as such I chose qualitative research in order to unearth the subtleties and contradictions that exist within each individual's stated experience. I collected data with the support of a collaborating peer research assistant who took notes. As a result of the COVID-19 pandemic, data gathering which was meant to take place in person had to be adapted for virtual collection. This was a challenge because sexuality education is a sensitive topic, which requires the creation and maintenance of a safe and welcoming environment. Sharing physical space also creates an environment where each participant collaborates to greater and lesser degrees with the facilitator and other members of the group. In my experience, this also leads to more sharing, and greater or lesser willingness to broach challenging topics.

Despite moving into a virtual format, I believe this collaborative condition was still accomplished, as a few participants shared their appreciation for "the safe space." Since it was not possible to meet in person, all research activities took place online, using WebEx, the

University of Saskatchewan's preferred web conferencing platform. I made use of the screen share, chat, and annotative functions to increase engagement and create interactive collaboration opportunities. I also made use of Google Jamboard, a virtual whiteboard software, to replicate the sticky notes which would have been used, in person, for the collective biography. Audio of all the research collection was later transcribed for analysis.

Given my use of feminist standpoint theory in my theoretical framework, I will also draw upon it here to affirm accountability to my participants. Feminist standpoint theory maintains that knowledge is socially situated, and as such focuses on the validity of individual experiences. A thematic analysis was used to review the data collected during the focus group and interviews, looking for any overarching themes and grouping together related emerging ideas. Thematic analysis' inductive methodology makes it conducive to my data collection process. Because there was a lack of prior work on emotional intelligence and sexual health education, I found this approach beneficial for collecting data that were both qualitative and iterative. Thematic analysis is also responsive to the nuances of how individuals interact with one another and their social worlds, allowing participants' contributions to shape outputs from the data set. I identified high level questions I wished to explore, and then analyzed the recurring ideas and themes which emerged from the data. When I initially started my literature review, I created a mind map of different concepts and terms that I felt may be relevant to my research project. I returned to the mind map often adding new ideas and reevaluating others. In my opinion, this cyclical process of contemplation is one of thematic analysis' greatest strengths.

I used two different strategies for coding. First, I used NVivo, a qualitative research analysis software to group data into what eventually became four emergent themes: embodiment, agency, identity, and experience. I used NVivo to code similar ideas together, under nodes such as *puberty* or *consent*. This process allowed me to look at segments of interview transcripts which may have been salient. After I performed my initial coding, I printed off all of the relevant data, which I then coded by hand on my kitchen floor, arranging and rearranging data points to explore themes. I returned to NVivo to seek out any data I may have previously overlooked and added new nodes to my coding. Through this process, I moved from thirty-one nodes to four emergent themes. In additional to the qualitative data I collected, I also reference quantitative data that were collected from reliable public sources such as the Saskatchewan Ministry of

Health and Public Health Agency of Canada, in order to contextualize and clarify my research findings.

Table 3.1 NVivo Coding Nodes:

Name	Files	Refer...	Created On	Created...	Modified On
Abstinence	2	10	2021-04-30, 10:52...	NM	2021-04-30, 10:52..
Autonomy	1	2	2021-04-30, 10:52...	NM	2021-04-30, 10:52..
Boys	2	4	2021-04-30, 10:52...	NM	2021-04-30, 10:52..
Comfort	3	25	2021-04-30, 10:52...	NM	2021-05-06, 11:02..
Condoms	3	46	2021-04-30, 10:52...	NM	2021-04-30, 10:52..
Consent	4	10	2021-04-30, 10:21...	NM	2021-04-30, 11:58..
Control	2	47	2021-04-30, 10:21...	NM	2021-05-06, 9:06...
Difference	3	40	2021-04-30, 10:22...	NM	2021-05-06, 11:08..
Friends	3	24	2021-04-30, 10:52...	NM	2021-04-30, 10:52..
Gender	4	24	2021-04-30, 10:52...	NM	2021-05-06, 11:24..
How to Have Sex	2	2	2021-04-30, 11:56...	NM	2021-05-08, 12:01..
Internet	3	24	2021-04-30, 10:52...	NM	2021-04-30, 10:52..
LGBT	3	7	2021-04-30, 11:37...	NM	2021-05-08, 12:00..
Men	2	21	2021-04-30, 10:52...	NM	2021-04-30, 10:52..
Parents	4	10	2021-05-01, 12:04...	NM	2021-05-01, 12:26..
Pleasure	4	20	2021-04-30, 10:52...	NM	2021-04-30, 11:58..
Power	1	4	2021-04-30, 11:03...	NM	2021-04-30, 11:03..
Presenter	1	1	2021-04-30, 11:57...	NM	2021-04-30, 11:57..
Puberty	2	4	2021-05-01, 12:31...	NM	2021-05-01, 12:31...
Race	2	2	2021-05-01, 12:00...	NM	2021-05-01, 12:02..
Sex Ed	3	21	2021-04-30, 11:03...	NM	2021-04-30, 11:03..
Sexual Health Education	3	9	2021-04-30, 10:22...	NM	2021-04-30, 11:40..
Sexual Violence	1	2	2021-04-30, 11:55...	NM	2021-04-30, 11:58..
Sexuality	1	1	2021-04-30, 11:52...	NM	2021-04-30, 11:52..
Shame	3	5	2021-05-01, 12:31...	NM	2021-05-01, 12:31...
SharingDialogue	1	5	2021-04-30, 11:54...	NM	2021-05-01, 12:00..
Stigma	2	5	2021-05-01, 12:31...	NM	2021-05-01, 12:31...
Teachers	3	16	2021-05-01, 12:03...	NM	2021-05-01, 12:03..
Trial and Error	1	1	2021-04-30, 11:34...	NM	2021-04-30, 11:34..
Vagina	3	23	2021-04-30, 11:37...	NM	2021-04-30, 11:37..
Violence	1	3	2021-04-30, 10:52...	NM	2021-04-30, 10:52..
Women	4	23	2021-04-30, 10:52...	NM	2021-05-01, 12:00..

3.5 Research Methods

The study was divided into four main components. First, participants took part in a 1.5-hour comprehensive sexuality education lesson focusing on healthy relationships, STIs, and contraceptive options. The content in this part of the program was adapted from Saskatoon Sexual Health's existing presentations materials. The lesson plan itself was divided into three topic areas. First, we explored healthy relationships and had conversations about relationship foundations and consent. Next, we discussed sexually transmitted infections, including

transmission risks, treatments, prevention, and testing. Finally, we explored contraceptive options and discussed methods, mechanisms, and efficacy. Following the lesson, I led a 45-minute exercise developing a collective biography, designed to create a shared timeline that engaged with pivotal life events and structural moments shaping the processes of sexual decision making.

In this activity, participants were asked to think back on their experiences with sexual health education and then worked together to develop a collective biography which documented a comparative pathway. The collective biography engaged four questions:

1. When did you start learning about sexuality and sexual health?
2. What did you learn about sex in informal educational settings? (i.e., peers, family, media)
3. What did you learn about sex in formal educational settings? (i.e., school)
4. What do you wish you had been taught about sex?

Collective biography is a post-qualitative research methodology developed primarily by Bronwyn Davies, which allows participants to build a collaborative narrative by sharing stories and experiences (Davies, 2015). Collective biography provides a process more than a method, which creates a set of emergent possibilities:

> The stories we tell of our remembered experiences are not treated as if they are fixed or real, or as if they exist only in some time past. Rather, each time the stories are accessed they are re-made in their virtual intensities in the present moment. The memories we work with are not of the subject, they are the subject. (Davies et al., 2013)

By taking the time to co-facilitate these conversations with me and one another, participants were provided with opportunities to reflect on their experiences with sexual health education, and more specifically, how their education, or lack thereof, impacted their experiences with sexuality as they matured.

After participation in the collective biography exercise, the third component of the study involved a brief 20-minute focus group. Focus group questions were asked in a semi-structured manner to allow for follow-up questions, or further exploration of ideas presented by participants. There were six questions asked of participants in the focus group:

1. How was this experience different than your past experience with sexual health education?
2. How was this experience similar to your past experience with sexual health education?

3. What would you like to change about sexual health education as you have experienced it to date?
4. Prior to this study, which safer sex practices did you know about?
5. Prior to this study, where did you access information about safer sex practices?
6. How comfortable would you be suggesting and/or using the safer sex practices discussed today?

This approach allowed participants to debrief and share any thoughts or questions that may have arisen during the educational portion of the program in a structured space where they do not need to disclose anything about their actual sexual practices.

Lai Fong Chiu suggested that focus groups have transformational potential in an analysis of three PAR research projects. Her research found that focus groups are particularly useful within the context of PAR in health promotion, as they challenge traditional ways of knowing and doing, which has the power to shift perspectives for participants on the possibilities they have before them (Chiu, 2003). Chiu's research was on cervical cancer screening with minority women; however, I note considerable similarities between the goals of her research and mine: "focus group methods were used as a vehicle for participation and empowerment with the goal of transforming health promotion practice" (2003, p. 180). The focus group debrief provided my participants with the opportunity to work through their own experiences with sexual health education and to reflect on the ways that they had acquired or been denied information critical to their empowered agency and embodied experiences.

The fourth component of the study provided an opportunity to participate in a voluntary individual interview. This interview allowed participants to share any information that they did not wish to disclose in the focus group. It also permitted them to provide feedback and suggest areas for program improvement. The interviews were conducted virtually via WebEx. The combination of a focus group and interview was designed to account for shortfalls in either method. The focus group allows participants to share ideas collectively, and may highlight issues not previously considered; however, it lacks anonymity, and some participants may not feel comfortable discussing all aspects of a topic as sensitive as sexuality in front of others. Interviews allow for more confidentiality but may not lead to the same exchange of ideas with peers as is possible in a larger focus group. Having outlined my methods, I will now move into data analysis in my next chapter.

The process used in my data collection followed a similar iterative process to my subsequent data analysis. First, participants learned as individuals, while I provided the sexual health lesson. Next, they learned as a cohort, and explored their experiences collectively, finding camaraderie and solidarity in the similarities and differences they discovered in their respective life histories. Finally, they began to educate themselves and each other, as they moved through the focus group and interviews. Each of these steps was an opportunity to see the question at hand with new eyes and bring new perspectives to the table. In the survey, I asked participants what the best part of their experience was, and each response spoke to the welcoming environment that was created and the ability to have non-judgmental conversations with their peers. I find this to be an indicator that Participatory Action Research was an excellent methodology for this study, especially for considering the liberatory potential of mobilizing emotional intelligence in sex ed.

Chapter Four
Results: "I Just Googled Everything"

I have spent the last seven years in classrooms across Saskatchewan, talking to students of all different ages, genders, and abilities— I have answered thousands of questions about sexuality. In my personal and professional opinion, the education that students are receiving in Saskatchewan schools is woefully inadequate. Substandard sex ed is so common, it has become a cliché. There have been many occasions where students tell me that their experience with sex ed was the same as the movie *Mean Girls*: "Don't have sex, because you will get pregnant and die!" (*Mean Girls*, 2004). Students deserve better, and they know it. In the short period of time I was able to interact with the participants in my study, I was shown just how insufficient their educational experiences had been. Through our conversations, I was reminded of the multitude of poor outcomes that take place when young people do not receive the empowering information they need to support their sexual development.

4.1 Collective Biography

When did you start learning about sexuality and sexual health?

Collective biography provides an opportunity for participants to explore their lives and experiences as a cohort, drawing on other participants' experiences and knowledge, in this case to create a picture of what a typical adolescent understanding of sexuality is, and how it becomes a defining experience for young people, girls especially.

The first question explored in the collective biography exercise was "When did you start learning about sexuality and sexual health?" Most participants placed this at somewhere between the ages of 11 and 14, with 8 being the earliest age, and 14 being the latest. This makes sense; in Saskatchewan, information about sexuality is first introduced in the grade five health curriculum, as students begin to learn about puberty. Some recalled explicit classroom lessons, while others had memories of informal lessons from peers. I often refer to this experience of peer-to-peer education as a "playground education," based on the lessons kids learn as they are whispered

from friend to friend at recess, lessons most often as uninformed, as they are innocent and sensational. In school, participants were introduced to sex ed through the topic of puberty around grade four or five, and then started to learn about STIs and pregnancy in grade eight or nine. These lessons were their final experiences with traditional sex education, after which they had to rely on friends or the Internet for new information. As participants shared sites of learning, I was able to follow their maturation, as they turned from peers on the playground to anonymous strangers on the Internet. As the Internet has grown and changed, so have the educational experiences of the participants. They grew from stumbling across amateur erotica as pre-teens to intentionally seeking out sexuality information on apps like TikTok as young adults. As a collective, they demonstrated ingenuity and intrepidity in their respective quests for information.

What did you learn about sex in informal educational settings?

The next collective biography question explored what participants had learned in informal educational settings. Here, the patterns of what information is and is not transmitted through traditional sexual health education becomes clear, as does what socialization, and learning from the worlds that youth are immersed in. As expected, many participants spoke about experiences of learning about sex positions and the act of sex itself from friends who were more informed, or who had prior experience. They also mentioned being provided with some information from their parents. Mainstream media, as in television shows and movies, came up often in reference to messaging on hegemonic gender roles. However, overwhelmingly, the majority of information accessed on sexuality came from the Internet, through a surprising number of avenues.

Gen Z (loosely categorized as those born between 1997 and 2012) are often considered "digital natives," meaning they grew up in a world where technology and the Internet were ubiquitous. This is a marked difference from the experiences I had as a young person. I made a joke to the participants about seeking information on sex in an encyclopedia and was then shocked when I had to stop and explain what an encyclopedia was. This is a critical difference. As a young person, my generation was limited to the information that was available to us through books or magazines, and occasionally television, or what is often referred to as traditional media.

New media, primarily via the internet, has opened a Pandora's Box—the sheer volume of content online being simultaneously beneficial and detrimental. Participants spoke about

websites like Tumblr, Wattpad, and Archive of Our Own. Tumblr is a microblogging and social networking site that allows users to share photos, blog posts, or other media. The site gained popularity among marginalized groups, who had previously struggled to find community in a traditional sense. For example, Tumblr was often regarded as a safe haven for the queer community. Tumblr was also infamous for the large volumes of sexually explicit content it hosted. In 2018, the service announced that any material deemed to be pornographic would be removed from the site. There was a significant amount of pushback in response to this censorship, as many felt the platform was providing necessary sex education, which was inaccessible elsewhere, especially for the queer community. Shortly after implementing these changes, Tumblr issued a response:

> Tumblr has always been home to marginalized communities and always will be. We fully recognize Tumblr's special obligation to these communities and are committed to ensuring that our new policy on adult content does not silence the vital conversations that take place here every day. LGBTQ+ conversations, exploration of sexuality and gender, efforts to document the lives and challenges of those in the sex worker industry, and posts with pictures, videos, and GIFs of gender-confirmation surgery are all examples of content that is not only permitted on Tumblr but actively encouraged (tumblr staff, 2018).

This pivotal event calls for further reflection. A social networking platform acknowledging its role in providing critical education around sexuality and gender shows more accountability than delivered by formal education systems, who are bound by international human rights conventions. What does it mean when the Internet becomes a replacement for classroom education? I will explore this idea in the discussion, especially as I consider the role pornography has also grown to play in educating young people.

In regard to Tumblr, these changes ultimately led to a decline in the popularity of the website. Wattpad and Archive of Our Own are both websites that support user-generated stories, which may be original content, but are more often imaginative and sometimes eroticized retellings of popular stories from books and movies, commonly referred to as fan fiction. Both websites are valuable to young people because they provide an opportunity to explore their sexualities through the consumption of familiar stories with a sexualized spin. For the bold, they also offer the opportunity to explore one's own sexuality through self-published stories, a chance to indulge in fantasy and connect with others who have similar passions. One participant shared:

> I was reading this Wattpad story, and they had a little scene in it and something about an orgasm when I'm like, starting to do some research. Yeah. So that definitely was, I know better than high school education. Some 18-year-old's, Wattpad story.

In contrast, a different participant described her experiences with these websites as "a hot mess," implying a sort of chaos created when adolescents are left to their own whims online. Social networking platforms like Tumblr, Wattpad, and Archive of Our Own play a pivotal role in the construction of adolescent sexuality and allow peer-to-peer education to flourish and thrive.

Social media apps like Instagram and TikTok also have a role to play for young people accessing information about sexuality. Instagram is an app that allows users to share photos and videos, with more focus being put on the aesthetic value than the content. In recent years, this has begun to shift as many have found it to be a useful tool for sharing resources and creating community through infographics and slide decks. TikTok, which started to gain worldwide popularity in 2018, is an app that allows users to share short videos, which can be sampled, copied, or replied to by other users. Masturbation, cervical fluids, ejaculation, orgasms, abortion, pleasure, gender, and the spectrum of sexuality all came up as topics participants explored through social media. Some participants felt the information came through reliable sources, like a credentialed gynecologist on TikTok; however, one participant remarked:

> It's never like, experts that are on the Internet that are telling you, it's like just other people who have had experiences with that; you don't get like doctors on Tumblr telling you about STDs. You get like a twenty-five-year-old girl who's had to deal with an ex-boyfriend who had an STD.

As I explore these sites of learning later in the chapter, I will challenge the idea of what constitutes a reliable source of information and begin to unpack the role of experiential learning in sexuality education. Another participant mentioned using online reference websites to find more information about sexuality:

> Yeah, I would kind of just whatever I can't even remember, like there's this wikiHow website; I feel like those were often helpful or like they would be like with certain terms and stuff there, I would use Urban Dictionary. Yeah. Just like with things that I would hear, like my classmates saying I'd be like, what the heck is that? I just kind of used whatever came up on Google.

wikiHow is a collaborative instructional website, where people can go to find step-by-step instructions for a wide range of tasks. This can present many problems, as similarly to Wikipedia, entries may be edited by anyone, at any time. Urban Dictionary is another popular website, for young people and adults alike. It is a crowd sourced dictionary that provides definitions for popular slang words. I often rely on the website to maintain a current understanding of new phrases students are using (e.g., Netflix and chill[1]). Urban Dictionary also hosts a wide range of sexually explicit definitions for varying sexual behaviours.

Pornography was also highlighted as an occasionally harmful site of learning: "I think it's worth to mention porn, even though it's a very negative type of sexual education." Pornography, whether it is accessed through magazines, pornographic videos, porn websites, or sites like Tumblr, has informed generation after generation of young people. One participant mentioned the expectations placed on women as a result of pornography, such as normalizing grooming behaviours or enthusiastically providing blowjobs. These digital sites of learning create a constant bombardment of contradictory messages, many of which introduce or reinforce negative stereotypes about women and their subjective roles in their own sexual experiences.

What did you learn about sex in formal education settings? (i.e., school)

The information participants received about sexuality in school is much more sanitized than the information they received online, and it follows a recognizable narrative. This narrative is recognizable because, for the most part, sexual health education has remained unchanged since its inception. Topics like puberty, sexually transmitted infections, and pregnancy were all common for participants who received sexual health education in school. For those who did not, abstinence was the primary focus of their lessons. This narrative is typical, where abstinence is presented as the ideal choice, but STIs or birth control are taught as necessary measures if a young person were to go so far as to actually engage in sexual behaviour. In this way, risks and consequences are incorporated as "deterrents," in a last-ditch effort to promote chastity: "My entire sex education in middle school is literally just STIs. And they just showed us like awful pictures about them. And we had a test on, like, all the bad effects about them."

Another common experience for participants was segregated sex ed classes: "At my school, we had a talk about puberty in grade four and we were split, like the gender, or boys and

[1] Having sexual intercourse under the guise of watching a movie

girls were split." Splitting the participants by gender is problematic because it creates secrecy around the other gender's experience, and it also prevents the students from acquiring necessary information about all bodies. These segregated lessons also caused confusion for students.

> And for me, sex was always sex ed was always separate the guys with guys and girls with the girls. So, we never we never learned anything about how the male genitalia worked and how their hormonal system worked. So, I didn't know anything until I did my own research, which scarred me a little bit because we don't know at 16, 15 what resources are actually genuinely good.

This separation of students by gender comes up again in the interviews as a problematic practice. Teaching students of all genders in the same lessons help them to empathize with one another and understand other people's experiences. It also gives them a shared understanding of responsibilities and expectations. One participant shared that her teacher taught the class "to attract men you need big boobs, and to learn to cook." This kind of messaging is detrimental to young women, and left the participant feeling demeaned and ashamed of her body, a common thread I will explore more later in the chapter. For most participants, many critically necessary lessons were left unspoken, creating shame, stigma, and misunderstanding for learners in the classroom setting.

What do you wish you had been taught about sex?

This was perhaps the most revealing question explored in the collective biography. The depth and breadth of topics participants wished had been taught in sex ed dwarfed what they had actually been taught. Some topics that had been explored through our discussion of informal education resurfaced, while others came to light the more the participants shared their educational shortcomings. Among what participants wished they had learned were topics such as: consent, pleasure, female reproductive anatomy, LGBT+ relationships, gender, and pornography. Consent came up a number of times, with participants emphasizing the importance of covering topics like "consent and the culture around it, the pressure, hypersexualization, and rape culture" or "learning how to discuss boundaries." Pleasure was also a hot topic, with participants wishing they had learned about "female pleasure and the normality of it" or that "orgasm looks different for girls." This ties into desired lessons on anatomy and being taught more about the female body: "anatomy about the vagina in a constructive and positive way," "difference between the vulva and the vagina," and that "clits are important." The message that

girls take home from traditional sex ed is apparent here—Your body is not your own, it is a vessel whose parts will be reduced to their reproductive function or limited to their practical role in fulfilling male desire. These messages are harmful to girls, and they inhibit their growth into empowered women.

Participants also wanted the opportunity to talk about what they saw online, by discussing topics such as "Internet culture around sex and a woman's role in it," or "discussing pornography." There was a sense here that young people are exposed to figurative or literal portrayals of an ideal female sexuality, without ever being provided the tools necessary to dissect and dismantle these damaging representations. Participants also wished they had learned that they "shouldn't feel they have to act a certain way, or like being vanilla is bad." As I will explore throughout the rest of the chapter, this complete void of information hardly equips girls to make informed or empowered decisions around sexuality, which by extension leads to many of the adverse health and social outcomes discussed in the review of the literature.

The collective biography was an effective tool for engaging the participants, and it allowed them to map out their experiences as adolescent girls trying to navigate their identities and experiences in a world riddled with sexism and misogyny. They learned about gender roles from princess movies as young girls, and expectations about sex from adult or teen TV shows as they got older. They began to sense the priorities of faith-based schools pushing abstinence, and public schools teaching consequences. Their shared experiences also indicate that regardless of where one is growing up in Canada, the approach to sexual health education is inconsistent and underwhelming. The exercise demonstrated that these were shared experiences and helped to create the safe space for the rest of the discussion.

4.2 Focus Group and Interviews

Throughout the focus group, several new themes emerged, while others from the collective biography were emphasized or solidified. In addition to the focus group, the two individual interviews also elaborated on many of the topics previously discussed. Because the questions from the focus group and interviews were identical, I will integrate these responses into the analysis, as appropriate.

Sexuality is an extremely complex topic, because it necessitates a holistic understanding of the emotional, social, spiritual, mental and physical self (Fitzpatrick, 2018). These themes

weave through each of those elements of self, drawing threads of common experiences together to create a recognizable pattern of contradictions and complexities that come to define adolescent sexuality. As the collective biography conveys, information about sexuality seeps into our daily experiences sometimes subtly, and sometimes with great force. I want to better understand these subtle and more acute forces in order to assess the role they play in constructing our experiences of sexuality. I will also evaluate the attitudes that emerge as a result of these constructions and the health and social outcomes that follow from these attitudes.

Research on condom usage has indicated that parental communication can mitigate some of the risk factors associated with condom use (Weinman et al. 2008; Widman 2016). Despite these positive outcomes, many parents are hesitant to have open and frank conversations with their children about sexuality. One participant indicated that she learned more participating in this study than she had from her "parents, public school, or family doctor." Another mentioned that she learned a little bit from her mother and grandmother, though after further reflection, she realized it was not "anything to do with sex, more basic stuff and puberty." When asked directly, a few other participants mentioned learning from their parents: "Definitely my mom." There was not much elaboration on which topics parents felt comfortable discussing, nor which were avoided. It was also difficult to gauge the thoroughness of these conversations.

In addition to information provided by parents, schools are expected to be the secondary site of information for young people learning about sex and sexuality. Substandard sex ed in Canada has been a concern for many years (Byers et al. 2003a; Byers et al. 2003b), with a 2017 study indicating that it is still worse for girls (Byers, Hamilton & Fisher, 2017). Participants' experiences with sexual health education in schools confirmed many of the challenges previous researchers have emphasized (sex negativity, lack of comprehensiveness, stigmatization):

> I wish that, like right from childhood, people, like sexual health became a normal conversation, like if a kid was asking questions like about their hair or something like, I wish it was the same as they asked about their genitals and just normalized growing up.

One participant shared that nothing about the sexual health lesson in the study was similar to what she was taught at school: "For my part, nothing, nothing was similar. Mine was very much abstinence-based and very much more rooted in Christianity." Abstinence-focused programs were mentioned on two separate occasions. Another participant expressed frustration with these messages:

> The biggest thing I would say to teachers: stop teaching abstinence as contraception. That is not what it is, Like, yeah, you can I, I would say you would definitely still teach abstinence in a class, but only like teach it as, like a choice of others for people to respect, because it's so important if you want to stay abstinent, like (gestures the hand sign for perfect). Yeah, yeah, it's cool. So, like definitely teaching not to shame others for choosing that. Like that's perfectly fine, just like it's not protection. It's not, if you're a professional skier and you don't want to get hurt, just don't go skiing is not the answer.

As the participant explains, teaching abstinence as a safer sex practice does not prepare students for future sexual experiences, and it is antithetical to harm reduction approaches. Another participant spoke about the atmosphere during the study, which differed greatly from the atmosphere maintained in her educational setting:

> I feel like the big thing was like it was a lot more comfortable, like I remember, because I went to a public school. So, I learned a lot of the stuff that you talked about. But like some of the details were missing, like, for instance, with the STIs and everything, there's nothing about statistics and yeah, lots of pictures of infections and just like, yeah, not really any effort to destigmatize or like kind of adding to the stigma.

The environment created in the delivery of sexual health education is critical to the success of the programming. It is important that students feel safe, respected and validated. One participant shared that they "learned about STIs and contraceptives, but the details weren't always helpful, or they showed harmful images that just created more stigma." While another participant remarked: "I don't know what I would say to a teacher. I feel like they're so messed up, so much messed up stuff that I wouldn't even know what to say." The same participant also shared concerns about a previous educator's stigmatizing approach to covering sexual health content:

> Yeah, there was one like the grade eight teacher that was teaching it, was really like, if any kid in that class was like exploring their sexuality, I feel bad because she just made it so shameful. [disgusted sigh].
>
> […]
>
> like just like exploring their bodies or maybe they've done things with other people or been intimate or something. If they had like, she just, she just I don't know how to explain it. She just, it was such a shameful thing in my class.

Students pick up on the attitudes and values expressed by their teachers, and these kinds of interactions have the potential to negatively shape an adolescent's understanding of their sexuality.

Another participant shared that her sex ed class was "four hours of them telling me to stay abstinent. Otherwise, I would go to hell." In this case, the shame threatens the adolescent with eternal damnation. One particularly interesting comment addressed the learning environment, which the participant felt prioritized the comfort of male students over the learning needs of female students:

> I just feel like they kind of, they made sure that the men were comfortable, and they didn't... It felt like for me that they didn't get into as much detail about like anything to do with women or our reproductive systems compared to men. And yeah, I don't know, they just felt really uncomfortable because like then there'd be these teenage boys like having a great time because they get to look at all these pictures and stuff and then they just make the women more uncomfortable. And like, I feel like it just kind of creates more shame around sex for women.

This was not the only time a participant mentioned the comfort of male students being prioritized over the needs of female students. Another said:

> Well, I remember we definitely talked about contraception, but not quite as in detail. Like, yeah, because I feel like health class is kind of just more directed towards men and most contraception is for women.

Overall, there was a sentiment from participants that the needs of all students in the classroom were not being considered when sexual health education lessons did happen.

The participants also spoke to the different ways male and female bodies are discussed. One participant shared an experience which she found to be stigmatizing:

> Participant: I remember for the girls; I think they did like a demonstration with like a tampon. And then they put it in water or something. I'm not sure. And then I think, like they're like some of the water, like, spilled onto this one guy's binder a little bit. And everyone was like, oh my God, gross tampon water. And it was like, it's not even a used one, literally just water. And they were all just like, all the guys were so grossed out and it just I don't know, didn't feel great, I guess.

Researcher: Yeah. So, didn't create like an open and accepting learning environment, just like almost stigmatized periods and bleeding more?

Participant: Yeah. Because I don't know, I think that that information is pretty important for guys to know because, like half the population has it and it just makes it seem disgusting when they don't even understand it.

The construction of male sexuality as the default, acceptable, normal experience marginalizes the female experience as taboo, unnatural, and unacceptable. Students in the classroom are quick to pick up on these characterizations, and quickly accept and expect disgust where female bodies are concerned. This is not improved by separating boys and girls when teaching sex ed. Participants also remarked that these lessons were often separated by gender, creating a shroud of secrecy as to what was taught to each gender:

Well, I remember I actually missed the day that we were separated, but I was, I remember I was like, well, why like shouldn't we know about men's like, systems and everything? Like, what if we have a son or something? Or like just I don't know, just knowing that because I feel like it's important to know and like, same for the guys.

The needs of all students in the classroom must be considered when choosing instructional formatting. Some students may be alienated from segregated classrooms because they are non-binary or gender non-conforming. Others may not feel safe to ask questions about same sex relationships, or sexual activity. These are all important issues for educators to consider.

Some participants remarked on the approach to content delivery, and the ways in which learners were engaged in these conversations: “I feel like compared to the past experience that I've had with education on the sex, this has been more like discussion wise rather than just like a teacher talking to you like it's been like more questions and more normalized to ask questions.” This speaks to the need to provide ample space for the open and honest discussion these lessons require. These comments from the participants are not surprising, and they are illustrative of the need for open and candid conversation as highlighted in the literature review (Allen 2005; Cense 2019). Next, it is important to consider that typically this content is covered over one day, or a few short classes. One participant spoke about missing a sex ed class and said:

Like realizing that I was going to be missing that class, I was like, oh damn, I don't know, this is kind of stuff I should know. I mean I kind of already knew most stuff and I wasn't

> really worried, but yeah, I was like, wow, OK, so if I miss one day, I am not going to learn this, I guess it's kind of messed up.

Another participant also had an extremely brief experience with sex ed:

> I had like one thing in grade five where it told you about the baby portion and then in grade nine where they told us about different methods of birth control and STDs and it was a two-hour class in grade nine, just that's it. It was a two-hour class one day and never talked about again.

Teachers feel nervous or unprepared to teach these subjects because of what they perceive to be their own lack of knowledge, skills, confidence, and comfort (Cohen et al, 2011), and as a result these conversations are simplified to prioritize the educator's comfort: "Like it just wasn't... they were all just... not wanting to really have much of a conversation because some kids ask questions and they just didn't really like try to keep the conversation going. Like, it just felt like they were talking at us, sort of." This hesitancy often leads to an unwelcoming learning environment for students, who are intentionally or perhaps unintentionally shamed for their curiosity and are prevented from accessing the information they desperately require.

Given that parents and teachers are not always reliable sources of information, it makes sense that young people turn to the Internet when their needs are not met elsewhere. The Internet was an undisputed source of information for all of the participants: "The Internet filled in so many gaps for me," "Lots of Internet searches…" "I learned most of what I know about sex and just sex education from the Internet." This makes sense. The Internet is an endless, seemingly anonymous, free source of information, which has its benefits: "Definitely the Internet. I just Google everything, so of course, and as far as figuring out all of that kind of stuff, I just wanted to know as much as I could. So, I just Googled everything." In some ways a Google education is more reliable than a playground education, as there is accurate, evidence-based information to be found, if you know where to look for it.

Most participants still turned to their friends for information as well: "For me I also learned a lot from my friends about different sites, positions and stuff," "I learned a lot from my friends," "…talking to friends" In many ways it seems as though peer education and the Internet have cyclical, almost symbiotic relationship where sex education is concerned. Young people learn new things from their friends, access more information online, and then share the new information with their friends, creating a constant cycle of learning and unlearning. One

participant mentioned being the person who educated her friends: “I actually post regular Snapchat stories and say, hey friend, your friendly reminder, if you're not monogamous, to go for regular testing.” Each of the sites of information act as a point of access for young people in their sexual educations. Each plays a unique role in providing context and imposing values about sexuality. When a young person is unhappy or dissatisfied with the information they were taught at school, they may turn to a friend for answers. When parents do not provide the desired information at home, they may turn to the Internet. The channels through which they are able to seek knowledge are plentiful, and there is a distinct need for a more holistic and comprehensive approach to sexuality education.

After exploring the many sites of information young people rely on, the group moved on to discussing the topics participants wished they had been taught about. There was no shortage of suggestions for topics that were glossed over or disregarded entirely. I have categorized each of these topics, and grouped them into the larger themes of embodiment, agency, identity, and experience.

Embodiment

At a very basic level, sexuality is an experience that is expressed through the physical body. Being comfortable with your body, familiar with reproductive anatomy, and knowing how pleasure works are important steps towards positive sexual experiences. I use embodiment here to speak to the distinct experience of having a body, living in a body, having perceptions of that body, and also being exposed to distorted perceptions of that body:

> The body is at once our own, something we share with others, and also something that is important to and shaped by the social world. Almost everything about sex is also about the body; sexuality is an intrinsic part of an embodied self. (Tolman, 2014, p. 759)

I am engaging with embodiment through concepts such as the availability of information on embodiment, the physical experience of embodiment, social pressures and dysmorphia, and the evolving sense of embodiment as girls grow older. Embodiment is also relevant to an intersectional lens, as it can speak to the difference in experiences for girls who are racialized, disabled, trans, etc. (McRobbie, 2007; Cense, 2019).

For girls and women, a positive relationship to their bodies and their embodied experiences are often severed because of the shame and stigma perpetuated by unrealistic and

inaccurate societal expectations and norms, but also because of a lack of information. Most participants spoke to a lack of body positivity in discussions of the female body:

> I guess one thing that I've just been noticing a lot lately, which I don't know if this would really be a part of what you are teaching, but I feel like I've just been noticing so much, actually, just the language around, like men and women's, reproductive systems, and like how negative it is about women and like how positive it is about men.

As was discussed earlier with the classroom lesson about tampons, the impacts of representing men's bodies as the norm, while women's bodies in contrast become abnormal are evident. Penises in particular are overrepresented. They are drawn on dirty cars and bathroom stalls. This normalizes and naturalizes them. Vulvas, in contrast, are shrouded in mystery, and even people who have one have a hard time remembering what they look like. In classrooms, I often use an exercise where I ask students to first create a penis, and then a vulva, out of playdough. The ease of the first task compared to struggle of the second is illustrative of this educational discrepancy. As a result of this mystery, girls have little or no frame of reference for what anatomical differences could look like:

> I think that it should be talked about more like the differences in like everybody's vaginas because, like, everyone's vagina is different and like everybody's vagina should be normalized. It's not like if you have one type of vagina, it's weird if you don't have, like, you know what I mean?

Talking about diversity in bodies offers young people an opportunity to reflect on the messages they may are receiving about what normal genitals should look like. Another participant spoke to a lack of information on actual reproductive anatomy:

> All of it is so critical to me. Pleasure. What an orgasm was, the difference between, like the vaginal parts, actually they gave us one thing to label once and that was it. Like I did not know what was going on. Like, I thought the cervix was the opening the vagina and like, the baby would be in the actual vagina.

This tendency to focus on reproduction and heterosexual intercourse often reduces the female reproductive anatomy to the ovaries, fallopian tubes, uterus, and vagina, with very little time spent learning about the clitoris, or the vulva as a whole. This is different than the male experience, where pleasure and reproduction often go hand in hand (no pun intended) in sex ed: "Because well I guess for men, they need to you know, have pleasure to reproduce. But women

don't. So that sucks." Girls are rarely afforded the opportunity to learn about their body's capacity for pleasure, nor the organs which help to elicit these sensations.

Part of the reason why educators may be reluctant to talk about the clitoris, is because it has no known function besides pleasure, and discussing it may invite further conversation on the role pleasure plays in sexual experiences. There is a direct connection between teaching accurate reproductive anatomy and young people having the language to talk about their experiences and needs. Pleasure came up a number of times as something about which each participant wished they had been taught: "I would add just I don't know if it's written down, but just pleasure in general. I didn't know that was a thing I didn't know you were supposed to like to have it feel good." This is so simple but so poignant. Girls are never even taught that sex should feel good. Another participant shared:

> I think for me, pleasure is a big thing because for a while I was taught like either subconsciously or like with the actual education I got, I should be ashamed of having a vagina and I should always be the second in command when it comes to sexual relations. So, I would say that consent and just the power play that often comes in.

Girls are taught their bodies do not exist for their own pleasure, but rather for the pleasure of men, and that they need to be ashamed of their bodies. Here the participant is picking up on the roles that are being established, when female sexuality is presented as secondary to the male experience. This has tangible outcomes on the experiences girls have, because boys receive the exact same messaging:

> Especially when it comes to pleasure, because, like, I don't know, there's so many men that still like I mean, I'm 19 and there's a lot of men that I meet that just like have no idea. And like for men, like, I feel like it's pretty straightforward and we all know, like, how everything works. But like, yeah, I just feel like that would have been kind of a good thing to teach because men just don't or not all men obviously like it seems like there's a lot of young men that don't have any clue.

If young men do not have any clue about how to make sexual experiences pleasurable for their partners, that may because the female anatomy is glossed over in sex ed class, as is the actual act of sexual intercourse: "I think, I think in terms of actual physical act, like it's not just like it's hard for us to actually come to completion versus a man in order for that to be discussed in

relationship and heterosexual relationships of course." Orgasm is expected for men but treated as an unattainable standard for women.

More than one participant stated that they wished they had received information on how to actually have sex: "more about the actual physical motions of sex beyond just 'penis in vagina'." Another participant summed up her experience with a classic explanation for when the act of intercourse actually happens:

> [A]t schools, it was always about like pregnancy and babies and how it made a baby, like they never actually talked about the actual act of sex. We were in like fifth grade, and they were like, uh yeah, so like a woman and a man love each other very much. And then an hour later, suddenly there's a baby. And do you know how the baby gets made? Because this is how the baby… this is how the baby grows. But we're not going to tell you anything about what actually happened to make it.

"When a man loves a woman very much" is often used as a way to introduce young people to this content, but the narrative is problematic for a number of reasons. First, it is heteronormative, and implies that the only kind of sex that exists is heterosexual sex. Second, it awards the subject position to the man, denying agency to the woman. Third, it ignores the fact that people have sex for reasons besides love or reproduction. This is information that kids need to know: "For me, I would have loved to learn how sex doesn't always equal love and how there's different types of intimacies that aren't just physical." Students need to learn that sex is not the only way to show someone you love them, and conversely, that you can have sex with someone you do not love at all. Girls need the opportunity to learn about their bodies in an open and positive environment so they can accept them and feel confident and empowered. Acceptance, confidence, and empowerment are conducive to positive sexual experiences, where girls are able to advocate for their needs and desires.

Agency

The second theme that emerged through the data analysis was agency. Agency can take a variety of forms in engaging prevailing discourses on sexuality. Broadly, I am using agency to refer to an individual's capacity to exert their will in any given situation. I look to Laina Bay-Cheng's *agency line* to understand the hegemonic neoliberal imperative of free will (2015) and consider Marianne Cense's four component model of sexual agency in how young people's environments influence their decision-making (Cense, 2019). For girls to have agency over their

bodies and their experiences, they need to be able to think critically about their role in sexual experiences. This means educators need to have conversations about stereotypes, expectations, gender roles, and power dynamics. One participant shared these thoughts:

> There was just like a lot of stuff that I feel like I had to learn on my own, which I think like a lot of people, especially women I talked to, kind of feel like that because I feel like, yeah, women are kind of just expected to be very, like, submissive and like just be OK with whatever and not really even like realizing like things that are like abusive and harmful to them. I think it would just be nice to learn that, like, some of those things are definitely not OK.

Girls know that they are expected to be submissive or docile, which can put them in uncomfortable or dangerous situations. This representation is harmful:

> I think they should do a better job of showing all people as equals in a sexual relationship, not putting women and people of other genders, below men, because then I feel that sometimes women feel like they don't owe it to themselves to say no to something that could make them uncomfortable.

Another participant added on to the idea, sharing: "To add to that, I feel like sometimes women also feel like they can speak up if they're not enjoying themselves during the actual act or if they're not getting what they think they deserve out of it just because they feel like they can't, they can't ask for." This comment highlights a desire for girls to not only avoid uncomfortable situations, but actively seek out pleasurable experiences.

Agency doesn't always mean that young people make the right choice, but it should mean that they are active participants in the experiences, and agents in the decision-making process:

> Yeah, so I feel like especially in small towns, like a lot of people, like go with people that are older or like sometimes like abuse of power situations where someone has more experience in terms of sexual relationships. So, they'll be like, 'oh well, this is how you should do it. I know more, like you should just learn from me and just trust what I'm saying'

One participant expressed concerns about the pressure girls face to act a certain way or engage in specific behaviours:

> I also think something that girls should be made aware of more in Internet culture regarding sex, a woman's role in sex, because I know, like, for example, on TikTok there,

> especially, I just noticed that, like, on that app, But, yeah, I think that's just something that people should be made more aware of, but they shouldn't feel like they have to act a certain way, like being vanilla's a bad thing necessarily.

The unrealistic expectations placed on women's shoulders as a result of their hypersexualization creates a complex dichotomy for girls to navigate, where having a more typical sexual appetite is undesirable, as illustrated in Laina Bay-Cheng's *agency line* (2015).

Here the conversation began to weave into a discussion around consent, and what happens when girls do not have the agency to express their needs or their limits. All of the participants indicated consent was something they felt should be taught to students:

> Yes, consent, they did teach us consent, but like, I feel like the consent piece is missing something like they need to tell us or teach us, like how important our bodies are. Like, no one, not even our parents have control over them, you know, like and like I don't know how to explain it because, like, there's some situations where it's like a simple yes or no rape, but then there's some that it's like just complicated, you know, like if someone's been groomed or...

Another participant reiterated a similar idea:

> We didn't even really cover the topic of consent very much. It was just kind of like the basic like, no means no. And like if they're intoxicated then like just kind of… that kind of. But yeah, it was just really broad and not, I guess, as in detail as it should have been or like it didn't really seem like it made much of a difference.

Learning about consent is critical for all student, when this information is not taught, then young people often learn after experiencing violations of consent: "I never learned consent until I myself had to be confronted to that. And the difference between like just like yes and an enthusiastic yes." As another participant indicated, these situations are often complex, and no means no doesn't always cut it:

> I was going to say teaching girls about more about like consent and the culture around it, like not just the actual act, but the fact that there's so much pressure around young girls and hypersexualization and rape culture and things like that, which is a lot to fit in. But it's really important for a young girl to understand that there's such a stigma around her body.

There is a lot to unpack here. This participant is drawing a connection between the hypersexualization of girls, body stigma, and the pressure put on young girls to submit, in ways that often violate their agency and autonomy. This is one facet of a society that devalues consent, or as she puts it, of rape culture.

The idea of girls being hypersexualized is apparent in mainstream media; however, one participant saw a need to discuss pornography and its implications more openly as well, "being a little more updated about Internet culture, because that's not mentioned at all, or how pornography can be a bit degrading towards women and things like that." Though it may seem to be a stark contrast, another participant drew attention to the problematic nature of purity culture:

> I think the stigma around like purity and virginity needs to change because there is a significance in the first time, but I don't think, I think the concept of virginity is a little bit ridiculous to talk about in schools as well, because it is typically backed up by a religious motive. So, I don't, and I don't think that has any place in sexual education.

While these may seem to be conflicting messages, in reality, what the participants are speaking to is a need for girls to be provided with the information and agency to make decisions for themselves, without pressure from society or their peers to conform to a hegemonic ideal of female sexuality.

Identity

Another recurring theme I have identified is identity. Feeling a sense of belonging means being able to see your worth reflected back to you. It also means being able to see yourself and your identity accepted and celebrated. Young people want to be recognized as sexually knowing subjects (Allen, 2005), with multifaceted identities (i.e. queer, Indigenous, disabled, etc.). This process of recognizing themselves as belonging to these categories is one facet of identity that I wish to explore; however, I am also speaking to identity formation as a process that is constantly changing. Young people are in a process of constant negotiation with the surrounding society, as they find ways to identify or disidentify with hegemonic norms (Muñoz, 1999). Traditional sex ed tends to marginalize 2SLGBTQ+ students and their experiences. Safer sex strategies often focus solely on condom use, and ignore prevention options for queer women:

> I guess also less, like less heteronormative in most regards there, I mean, I remember, Nurse Nancy, mentioning dental dams, but everyone was like, what's that? And she didn't like, show us one. But then she had to demonstrate putting a condom on. But like,

didn't... Yeah, it wasn't the same for like the women. And I feel like it should just be like more equal.

Heterocentricity allows educators to focus on prevention as the prevailing discourse, especially where pregnancy is concerned. By discussing homosexual identities, the narrative shifts easily to pleasure, which may provoke discomfort for some. Many participants expressed a wish that they had received more information on gender and sexual diversity: "different sexualities and the kind of gender spectrum and how that differs from sex, like how sex and gender differ from each other," "more LGBTQ content, "I think sexual health education needs to be more inclusive of sexuality and gender." One participant thought it was important for this information to be incorporated into sex ed, but sought the information out on her own on social media:

Participant: I wish they added like gender studies in sex ed because like, I don't know, I only learned that stuff when I got to grade 12 and got TikTok. I don't know, I think it's something important to teach in sex ed, same with like sexuality, too.

Researcher: So, learning both about like sexual orientation, but also gender identity?

Participant: Yeah, and like…

Researcher: And was that something that they talked about at all? Or they did, but did a bad job?

Participant: They didn't talk about any of that at all for me, which would have helped because I knew my sexuality like before I ever went to school. I know that might sound young, but once I got to grade four, I saw that girls didn't like other girls all the time and stuff like that. So, then I got confused. And if we had that in my fifth-grade sex ed, that would fix so much stuff for me growing up.

When young people don't see their identities represented in sex ed, it adds to the shame and the barriers to making informed decisions. Good sex ed needs to be inclusive and address the full spectrum of sexual identities and experiences.

One of the participants is currently enrolled in university to become a teacher. I asked her a few questions on her thoughts about teaching sex ed, and how she might deliver this content. One of the themes that she consistently brought up were the experiences of marginalized students:

I'm really interested in, anti-oppressive practices and just like, so getting into different stigmas and even just talking about gender roles and kind of the norm and how that kind

> of affects people and how that can like influence which made me go through what they it's like OK. Which isn't OK.
>
> […]
>
> One other thing that I did just think of is even just looking at statistics and like especially when it comes to violence and gender-based violence and like intersectionality, like. Yeah, just like looking at those really puts everything into perspective. I think so like that can be helpful depending on the age you're teaching and yeah.

When I asked about her thoughts on intersectionality, she expanded by saying:

> Like women and then like women of color or like in Saskatchewan, like Indigenous women, especially like I don't even remember what the rate is like at least three times higher for like chances of experiencing sexual violence. And yeah, I just feel like that should be talked about a lot more than it is.

These points are all vital. The health and social outcomes of marginalized populations are generally poorer than for the rest of the population. Where sexual health education is concerned, this is largely because their experiences are not considered in the delivery of this content. Comprehensive sexuality education must be inclusive, anti-oppressive, and anti-racist in order to be effective.

Experience

Another theme that stood out reflected the number of times participants mentioned that they only learned about something by experiencing it. In speaking to this process, Marianne Cense states: "young people learn about their sexual selves by doing" (2019, p. 269). In exploring the theme of experience, I am speaking to the practical lived experiences of participants as sites of information gathering. When it comes to sexual events and encounters, there are a number of possible outcomes, many of which may be dangerous or harmful. One participant learned about consent once her boundaries had already been crossed: "I never learned consent until I myself had to be confronted to that." Comprehensive sexuality education aims to educate students on potential risks, so they are better positioned to mitigate them. In moments when young people do not have the knowledge they need, they often have to deal with the tangible outcomes of this lack of information:

> I think the most informal type of sexual education that I got was from actually like having sex to figure it out because I didn't know I was actually having sex and learning along the way, which isn't great to do, but.

In response, another participant shared her experiences learning about safer sex practices for two female bodies:

> Oh yeah, same, that gave me an idea. I also learned some things you can spread like vaginal to vaginal that can't be spread like vagina to the penis, like bacterial vaginosis, to be, to be honest, for an example.

As discussed in the section on identity, the majority of lessons on safer sex practices are phallocentric, and queer women especially are often excluded from the conversation entirely, as they are not considered to be "at-risk." One participant spoke about the lessons she had learned from making mistakes: "I also learned from mistakes like needing treatment for chlamydia, or having condoms rip or needing plan b, that sort of stuff." This is disheartening. Young people should be provided with the information they need to take care of themselves and their partners, without needing to have negative experiences be the teacher. They need to be equipped with the necessary tools to negotiate consent or prevent infections and unintentional pregnancies.

The experiences shared by the participants in the study clearly demonstrate the ways power, expressed through sexism and misogyny, heterosexism and homophobia, and racism come to impact educational experiences in sexual health education. The participants were denied the information necessary to understand their bodies and the agency to assert boundaries and negotiate consent. They were denied positive and pleasurable experiences, having never been taught this was a possibility for women in sexual experiences. In their search for that information, they often had to turn to the Internet and social media, navigating the pervasive messaging perpetuating harmful stereotypes and centering one very narrowly interpreted version of female sexuality. They also acted as support systems for their friends and peers, passing on knowledge gained through research or through practical experience. This chaotic patchwork of information has, in some ways, become the defining trait of adolescent knowledge about sexuality: small tidbits sewn together to create a framework for understanding their experiences.

Chapter Five

Discussion: "I wish that sexual health became a normal conversation"

5.1 What are girls actually learning?

Sexual health education has a reputation for being outdated, and not meeting the needs of students; for girls in Canada this situation is even worse (Byers, Hamilton, & Fisher, 2017). The narrative of "don't have sex, but if you do, use a condom" has remained largely unchanged and unchallenged over decades. Research by Byers et al. found that most students learned about puberty, STIs, and pregnancy (2003a; 2003b), a finding supported by Louisa Allen (2005). The participants in my study had experiences that aligned with these studies. In particular, they spoke about being shown images of STIs in the most severe cases, which created both fear and stigma. Teachers did not provide statistics or context, and no effort was made to destigmatize the infections:

> "My entire sex education in middle school is literally just STIs."
>
> "Lots of pictures of infections and just like, yeah, not really any effort to destigmatize"
>
> "They showed harmful images that just created more stigma"

Most STIs can be cured, and all STIs can be managed. Infections are a fact of life, and this perpetuation of fear is harmful, not only to those learning about STIs, but also for those who have been diagnosed and are too fearful or ashamed to seek treatment, or for those who are living with an incurable infection. These approaches are harmful and out of touch.

Participants also indicated that students are still being segregated into classrooms by gender:

> "We had a talk about puberty in grade four and we were split, like the gender, or boys and girls were split"
>
> "Sex ed was always separate the guys with guys and girls with the girls"
>
> "I actually missed the day that we were separated, but I was, I remember I was like, well, why like shouldn't we know about men's like systems and everything?"

This is still a common practice in my experience as a sexual health educator. Whenever possible, I think it is important to teach all genders of students at the same time, first, so gender non-conforming, non-binary, or trans students are not being singled out; second, because it allows LGBTQ students to ask questions without outing themselves; and third because it helps to demystify the experiences of the opposite sex. It is important for the boys to hear the concerns of the girls, and vice versa, and for all students to respect the experiences of gender non-conforming individuals.

When classes are not segregated, teachers prioritize the comfort of male students in the classroom: "they made sure that the men were comfortable, and they didn't […] get into as much detail about like anything to do with women or our reproductive systems compared to men," creating a hostile learning environment for girls. These underwhelming and ineffective educational experiences seem quite positive in contrast to the experiences of students who receive abstinence-only education. One participant's experience was "four hours of them telling me to stay abstinent. Otherwise, I would go to hell." To be clear, there is no issue with teachers talking about abstinence as a personal choice; however, to equate it with being a personal or moral failure, or to treat it as a safer sex practice does a great disservice to students: "The biggest thing I would say to teachers, stop teaching abstinence as contraception. That is not what it is." Young people recognize that this is not a practical nor an applicable strategy, and they need information they can rely on. As Trenholm et al. found abstinence-only education has never been proven to be effective at reducing any of the risks associated with adolescent sexual behaviour (2007). In order to be comprehensive, sexual health education needs to be grounded in scientifically accurate, evidence based, non-judgmental information.

Participants also remarked on the atmosphere that was created in the delivery of their sexual health education. Teachers rushed through challenging conversations, reinforced harmful stereotypes, and shamed students who were curious about sexuality:

> "They were all just... not wanting to really have much of a conversation because some kids ask questions, and they just didn't really like try to keep the conversation going."
>
> "If any kid in that class was like exploring their sexuality, I feel bad because she just made it so shameful."
>
> "To attract men you need big boobs, and to learn to cook."

Daniel Goleman identified five behaviours which form the basis of emotional intelligence: self-awareness, self-regulation, internal motivation, empathy, and social skills, none of which were demonstrated by the teachers in these examples. Lackluster sex ed seems to be a Canadian tradition. Although participants in my study were primarily from Saskatchewan, of the three participants who joined from Quebec, one actually grew up in Alberta, suggesting that this is also not an experience isolated to Saskatchewan, as is supported by findings from Byers et al. (2017).

5.2 What are girls dealing with?

Embodiment

Lamb (2010) and McRobbie (2007) addressed the impact of patriarchal norms, specifically on girl's construction of sexuality, and emphasized the importance of understanding the influence of contemporary versions of these narratives circulating in today's culture. Adolescent girls are constantly bombarded with contradictory messages about their sexuality. They are to be sexy, but not too sexy. Experienced but innocent. Knowledgeable but naïve (Cook 2011; Hillier, Harrison & Warr 1998; McRobbie 2007). These contradictions overwhelm their experiences with sexuality, as they try to navigate their way to adulthood. This messaging influences not only their self-esteem and self-image, but also their capacity to adopt safer sex practices. Cook (2011), Choi et al (2004), and Hillier, Harrison, and Warr (1998) have all discussed the implications of ignoring discourses about femininity and condom use, urging healthcare professionals and educators to focus on related social tensions in their work with young people.

One of the first barriers that is placed in front of adolescent girls is the expected shame about their bodies. Conversations about reproductive anatomy are always about a penis and a vagina. Vagina quite literally translates to be a sheath for a sword, centering the penis even in the female anatomy. When I teach sex ed I always make a point to talk about the vulva, and more specifically about the clitoris, so that girls know their bodies have the capacity for pleasure. It is critical that adolescent girls have workable language to talk about their bodies, so they can communicate with a doctor when something is wrong or communicate with a partner when something is right. Educators deny them a positive relationship to their body and prevent them from talking about pleasure when they refuse to have open conversations about the female

reproductive anatomy. Having the correct language to talk about your reproductive anatomy is both preventative and protective. Children who know the correct names for the genitals are less likely to be targeted for sexual victimization, and in the unfortunate circumstances when a child has been abused it also helps them to communicate the abuse to adults.

Knowing the correct language for one's own body is also empowering. There is so much mystery where sexuality is concerned but putting names to the "private parts" can demystify them and provide clarity for young people in making choices. The participants in my research wanted more opportunities to learn about the female reproductive anatomy, and for those lessons to be approached in a positive light. Many participants indicated that pleasure was something they wished they had been taught about. One participant said she did not know "you were supposed to […] have it feel good." Another participant linked the shame that women are taught about their bodies directly to having pleasurable experiences. She also links this with being forced to take a secondary position in sexual relationships: "pleasure is a big thing because for a while I was taught like either subconsciously or like with the actual education I got, I should be ashamed of having a vagina and I should always be the second in command when it comes to sexual relations."

Nearly every participant in the study mentioned pleasure as something she wished she had been taught. This aligns with research conducted by Byers et al. where the majority of middle school and high school students surveyed indicated that learning about pleasure was important (2003a; 2003b). SIECCAN's National Parent Survey found that 86.8% of parents thought pleasure should be included as a topic in sexual health education (SIECCAN, 2020). How did pleasure become the biggest taboo in sex ed? From my experience, talking about pleasure in a classroom is daunting, because it leaves behind the promiscuity propaganda in favor of a sex-positive, embodied experience of sexuality. The participants recognized that pleasure in relationship to men's sexual experience is more easily discussed, because orgasms and ejaculation are seen as a necessity for reproduction, whereas the female orgasm is not: "it's hard for us to actually come to completion versus a man."

The belief that it is harder for women to orgasm is actually a myth. In reality, difficulty reaching orgasm is more connected to partners than capacity— one study indicated that 86% of lesbians surveyed climaxed regularly compared to 65% of heterosexual women, indicating there are sociocultural factors impacting the orgasm gap (Frederick, John, Garcia & Lloyd, 2018). One

participant shared that she felt men also needed to be included in these conversations because "they have no idea" how to pursue pleasurable experiences with their partners. This further speaks to the need to have all students present for these learning opportunities, so they are all on the same page. The participants also expressed a desire to be taught about the actual act of sexual intercourse. They learned about babies and how they are conceived but felt uninformed about sex itself. This is tied to the conversation about pleasure where physiology is concerned. One participant made mention of the "when-a-man-really-loves-a-woman" trope, while another said that she wished she had learned that "sex doesn't always equal love." By refusing to talk about pleasure, educators oversimplify conversations about sex, and set young people up for disappointing experiences. Incorporating emotional intelligence means acknowledging that a common reason people have sex is because it is pleasurable.

Everyone has a right to pleasure, so we need to find ways to incorporate these sometimes-uncomfortable conversations in the classroom. Sexual health educators often talk about something colloquially called the pleasure principle. Different from Sigmund Freud's pleasure principle, this refers to the idea that if adults talked about pleasure with young people, all of the other conversations would fall into place. Consent is easier to manage when you are focused on the other person and their needs. Conversations about STIs and testing become conversations about mutual respect and trust. But again, centering conversations around pleasure and sex-positivity means leaving shame behind, and this will not do in a patriarchal society that is intent on controlling the minds and bodies of women and girls for reasons of proprietary access.

Agency

Having the language to talk about your body and pleasure is an important first step for adolescent girls in their journey to womanhood. Next, they need the agency to establish boundaries and to act on their desire. These participants are familiar with the traps of a patriarchal society that prescribes conformity and obedience. They recognize the power dynamics at play when older men pursue girls. They also see the ways in which social media is weaponized against them, exacerbating societal pressures while encouraging them to be submissive, or to cater solely to men's desires.

The participants in the study all mentioned that they wish they had been taught about consent and the nuanced complexities that often accompany it, beyond no means no:

> “Sometimes women feel like they don't owe it to themselves to say no to something that could make them uncomfortable”
>
> “Sometimes women also feel like they can’t speak up if they're not enjoying themselves during the actual act or if they're not getting what they think they deserve out of it.”
>
> “Women are kind of just expected to be very, like, submissive and like just be OK with whatever and not really even like realizing like things that are like abusive and harmful to them.”

Bay-Cheng, in her examination of agency for adolescent girls argues that agency may only be enacted when girls are in the position to make choices: “If we are unsettled by the fact that many women judge silence and concession to be their best options, we should commit ourselves to ensuring they have better ones” (Bay-Cheng, p. 471, 2019). This has implications for educators, who must be cognizant of the limited options with which girls are presented in their sexual relationships. Consent is a function of power, and one must have choices in order to truly give their consent.

Participants wanted to learn about consent in situations where there were power inequities, or where someone was being coerced:

> “I feel like especially in small towns, like a lot of people, like go with people that are older or like sometimes like abuse of power situations where someone has more experience in terms of sexual relationships.”
>
> “There's some situations where it's like a simple yes or no rape, but then there's some that it's like just complicated, you know, like if someone's been groomed or...”

There was also significant discussion of the pressure’s girls face, which is reminiscent of the dilemma presented by Angela McRobbie (2007). McRobbie argued that girls were now being expected to adopt the identity of a phallic girl, who is sexually confident and adventurous. Participants in the study spoke to the impacts of these pressures:

> “Girls may feel pressured to act a certain way during sex, or accept more rough sex, because they think that's what men want and what they should be doing.”
>
> “There's so much pressure around young girls and hypersexualization and rape culture”

These comments from participants indicate that pervasive societal messaging forces young women into harmful narratives, without providing alternative routes to empowerment.

McRobbie also uses the term *new sexual contract* which is intended to address the movement away from a traditional purity and virginity narrative, which is also aligned with participants' views of sexuality:

> I think the stigma around like purity and virginity needs to change because there is a significance in the first time, but I don't think, I think the concept of virginity is a little bit ridiculous to talk about in schools as well, because it is typically backed up by a religious motive.

Here I do not understand the participant to be using stigma as it would be applied against virginity, but rather against those who chose not to maintain their "virginity."

The participants also wanted the opportunity to acquire critical thinking skills about pornography, concerned that it is "a bit degrading towards women." It makes sense that young people experiment with pornography— it is ubiquitous and readily accessible; however, it may also perpetuate harmful stereotypes, or depict sexualized violence or abuse. When students ask about my opinions on pornography, I always have the same response—I do not believe pornography is good or bad. It is not inherently harmful, but it does sometimes reflect the attitudes of a society that is deeply sexist, racist, misogynistic, violent. It is important that sexuality education includes conversations about these issues. This need to learn about the degrading representations of women in pornography, but also the problematic implications of purity and virginity is reminiscent of the discourse on sexual agency created by neoliberalism, which "props up a façade of personal freedom that conceals the constant strategizing, divisive status jockeying, and relentless self-surveillance entailed in keeping oneself about the Agency Line" (Bay-Cheng, p. 288, 2015a). This means that girls are tasked with negotiating their sexual selves based not only on their own desire and curiosity, but also within a framework of what is societally expected and acceptable.

Identity

The participants in my study had fairly similar backgrounds; all but one identified as white, and they were around the same age. They were all from middle to upper-middle class families. All but one were enrolled in post-secondary institutions. This is likely a result of recruitment, which favored snowball sampling and reaching out through social media. In my theoretical framework I discussed intersectionality, and the importance of recognizing the impacts of overlapping oppressions. Although the demographics of the participants are fairly

homogeneous, there was one set of exceptions to the norm that I was not expecting. More than half of the participants identified as something besides heterosexual (bisexual, pansexual, or queer). When I was in the beginning stages of this project I had intended to focus on heterosexual girls. I felt that examining sexuality in relationship to gender was complex enough, and that it would be challenging to adequately account for diverse perspectives. But people cannot be separated from their identities, so intersectionality was not a choice so much as an inevitable reality. In the end I was more interested in the participants and their relationships to their own sexualities, as opposed to their relationships with others.

This group composition provides an opportunity for further reflection. In most available literature bisexual women have the worst health outcomes of any demographic. They are more likely to get pregnant as teenagers (Charlton et al. 2018), more likely to engage in risky sexual behaviours (Persson & Fause, 2015), and more likely to experience sexual violence (Johnson & Grove, 2017). Bisexual women are also six times more likely to have suicidal thoughts in comparison to heterosexual women (StatsCan, 2015). The relationship between bisexual erasure, stereotypes, and social exclusion exacerbates health and social outcomes for bisexual women, so in many ways, comprehensive sexuality education is critically important for this population. Bisexual girls may also be in the process of disidentifying, in a struggle to conform to and resist mainstream narratives of acceptable sexuality, caught between compulsory heterosexuality and their own experiences of attraction.

I have a few thoughts on why so many queer women chose to participate. First, the percentage of the population identifying as 2SLGBTQ+ increases with each generation. According to data collected by GLAAD in 2016, 20% of millennials identify as LGBTQ+, so it would stand to reason that an even larger percentage of Gen Z identify as LGBTQ+. Second, bisexual women may be more comfortable talking about sex than heterosexual women. In queer communities, there is often more conversation about sex and safer sex practices as a result of the AIDS epidemic. Whatever the reason, it is not surprising that most participants felt their sex ed needed greater 2SLGBTQ+ inclusion. Safer sex practice for vulvas are not widely discussed in classrooms. One participant mentioned a brief introduction of dental dams, but no clear instruction. Dental dams are often omitted from conversations about safer sex practices because they are scarce or unfamiliar; however, they are also a tangible way to address the sexual health

needs of students with vulvas. Another participant wished she had learned about sexuality and gender in sex ed:

> "I knew my sexuality like before I ever went to school. I know that might sound young, but once I got to grade four, I saw that girls didn't like other girls all the time and stuff like that. So, then I got confused. And if we had that in my fifth-grade sex ed, that would fix so much stuff for me growing up."

This participant's description of her experiences in sex ed recalls Cense's (2019) thoughts on the challenges of constructing a sexual self for young people who deviate from cultural normalcy, and in particular those who must navigate conflicting social, cultural, and moral landscapes.

In one interview we also spoke about gender in relationship to interpersonal violence rates. The participant expressed interest in anti-oppressive practices, and drew connections between stigma, gender roles, norms and the influence they have on individuals. She elaborated on the harm this causes: "even just looking at statistics and like, especially when it comes to violence and gender-based violence and intersectionality, like. Yeah, just looking at those really puts everything into perspective." The participant identifies as being First Nations and she expanded on how could impact her own experiences: "Like, women and then, women of color or in Saskatchewan, like Indigenous women, especially I don't even remember what the rate is like, at least three times higher for chances of experiencing sexual violence." Adolescent girls recognize the tangible and often painful outcomes of being marginalized in society, and the ways it impacts their sexual health.

According to Cense:

> The complexity of young people's strategic negotiations requires a change in sexuality education to meet the lived realities and actual challenges facing young people with diverse backgrounds and affiliations to support them in developing sexual agency over themselves. It is crucial therefore to view sexual agency in the full multisystemic context of personal desires, interpersonal dynamics, available narratives, social norms and social inequities. (p. 272)

Cense's thoughts here emphasize the importance of adopting a holistic understanding of sexuality, as it is so deeply connected not only to experiences, but also to stereotypes, expectations, values, power, and oppression. In Canada, Indigenous women face rates of sexual violence more than triple the rest of the population (Boyce, 2016). Criminal cases relating to

missing and murdered Indigenous women and girls are often rife with racist, sexist, and misogynistic narratives, which legitimize the violence and abuse that they suffer. This was well evidenced in the trial of Bradley Barton, who was convicted of murdering Cindy Gladue in 2011. More recently, the 2021 shooting deaths of Soon Chung Park, Hyun Jung Grant, Suncha Kim, Yong Ae Yue, Xiaojie Tan, and Dayou Feng have raised questions on the role that the exoticization and fetishization of Asian women may have played in their deaths. These harmful stereotypes have tangible and sometimes violent impacts on the lives of racialized girls and women.

Teachers must address these issues in their classrooms, if they are going to provide sexual health education that is meaningful and engaging. They need to recognize the impacts of gender, sexuality, race, class, and ability. They need to see the stereotypes that young people are bombarded with and be able to address the uneven power dynamics that are often at play as a result of these dynamics. When I conceived of this project, I was focused on the impacts of gender, specifically. But the more time I spent thinking, the more I realized that other forms of oppression, like racism, heterosexism, ageism and ableism also create power dynamics for young people exploring their sexualities. The hypersexualization of Indigenous girls or the fetishization of Asian girls will have an impact on their sexual experiences, and unfortunately, on their victimization as well (McRobbie, 2007). Yet sex ed rarely prepares students for these conversations; instead, there is just a seemingly endless lecture on the harms of STIs.

5.3 How are girls learning instead?

Owing to their poor sexual health educations, young people turn to their friends and create a kind of solidarity among peers where sexuality is concerned: *I'll share what I know if you share what you know*. Peer-to-peer education is rarely considered to be appropriate or accurate, but how could anyone be surprised when there are so few channels through which someone could access this information. Peers share the information they have gathered from family, or the media, or the Internet, or their personal experiences, supporting each other in the quest to become sexually knowing subjects, as described by Louisa Allen (2005). The time-honored whisper network is established among girls, who share what they learned on the playground, or at sleepovers, or at summer camp. That was certainly my experience as a young person.

However, one thing that has changed in recent years is one individual's social reach. When I was younger, this knowledge was passed from one class to the next, from older siblings and friends. Today this network stretches globally. Girls are able to turn to their peers in other cities, countries, or continents to access information. They can share their knowledge on Tumblr or find new information instantly on TikTok. Suddenly, what was once a whisper, has grown to a shout. I think there is something powerful about young people reclaiming control over their educational experiences, and by extension, their sexualities. Historically adults, but teachers in particular, have acted as gatekeepers to this information (Cense, 2019). When the only place to locate more information was an encyclopedia, then one is limited in what they could understand, or begin to imagine for their future. Participants took advantage of the wealth of information that was available to them online, learning through websites like Tumblr, Archive of Our Own, and Wattpad. They also explored sexuality through pornography sometimes being forced to make sense of aggressive or violent images without the necessary critical thinking skills to unpack these misogynistic representations.

Outside of school, their parents, friends, and the Internet, the other site where participants gained sexual knowledge was through practical experience, by making mistakes and learning from them, literally, the worst-case scenario as an outcome for sexual health education. Often the outcomes of this kind of education were dangerous or harmful:

> "I never learned consent until I myself had to be confronted to that."
>
> "I think the most informal type of sexual education that I got was from actually like having sex to figure it out because I didn't know I was actually having sex and learning along the way, which isn't great to do, but…"
>
> "I also learned from mistakes like needing treatment for chlamydia, or having condoms rip or needing plan b, that sort of stuff."

Comprehensive sexuality education aims to provide young people with all of the information they need before they need it, so they are able to make informed decisions, protect themselves, and their partners. By denying young people access to this information, we are putting them at risk for the consequences traditional sex ed passionately avows.

The experiences shared by the participants in the study clearly demonstrate the ways that power, expressed through sexism and misogyny, heterosexism and homophobia, and racism and colonialism come to impact educational experiences of students in sexual health education. The

participants were denied the information necessary to understand their bodies and therefore, the agency to assert boundaries and negotiate consent. They were denied positive and pleasurable experiences, having never been taught this was a possibility for women to take pleasure in sexual experiences. In their search for information, they often had to turn to the Internet and social media, navigating the pervasive messaging that perpetuates harmful stereotypes and centers one version of female sexuality. They also acted as support systems for their friends and peers, passing on knowledge gained through research or through practical experience. As my research has found, girls are expected to act as their own pathfinders, navigating a tumultuous terrain as they enter adulthood. This is an unfair and dangerous burden to put on the back of young people.

5.4 What needs to happen?

Good sex ed has the power to be transformative and can also be used as a liberatory practice. bell hooks came to theory looking to understand her own oppression, and I think that is why sex ed holds such promise for teenage girls—because when it is done properly it gives them the tools they need to understand and navigate the world around them (1990). Grose, Grabe, and Kohlfeldt (2014) pointed to the success of school-based sexual health education programs in shifting attitudes about gender and social norms. I would argue that it also has the potential to address prejudice, discrimination, and violence against marginalized groups in society in meaningful ways that could contribute to a more equitable society. By mobilizing a reproductive justice framework, sex ed can address the health of communities, and the planet. Sex ed can also be liberatory for all students. It frees boys from the limitations of hegemonic masculinity. It frees girls from the trap of patriarchal constructions of femininity. For students who are queer it can celebrate and affirm their identities. For racialized students it can help to unpack hypersexualization and fetishization. Comprehensive sex ed teaches young people about equity, accountability, and respect. It is unlike any other subject in its ability to provide solutions to both practical individual problems and larger complex societal problems.

Good sex ed is also recognizable by its content, which has been addressed through the literature on comprehensive sexuality education, UNESCO's *International Technical Guidance on Sexuality Education*, and SIECCAN's *Canadian Guidelines for Sexual Health Education*. This was also emphasized by participants in the study, who wanted lessons on puberty and pregnancy, but also on power and pleasure. Content that is delivered ineffectively can cause

more harm than good, as evidenced in some participants' recollections of their traumatic sex ed experiences, so special attention must also be paid to those providing this education. Research on social circumstances contributing to safer sex practices overwhelmingly stresses the need to address these complex factors in order for CSE to be effective. Young women know that they should be using condoms, but they need reliable strategies that enable them to assert and express themselves in complicated situations. Comprehensive sexuality education is one way that young people can be provided meaningful information to make sense of what they are experiencing during their sexual development. It can provide them with information on STIs and pregnancy, but also about boundaries and decision-making, which requires emotional intelligence. CSE can also be protective and preventative where sexual violence is concerned— a 2020 report on sexual violence in Saskatchewan recommended CSE as a tool in preventing sexual violence, advocating for provincial health curriculum's adherence to the *SIECCAN Canadian Guidelines for Sexual Health Education* (Umereweneza et al., 2020). CSE is a valuable resource, but students must rely on teachers for effective delivery.

Teaching sex ed is not for the faint of heart. On the best days, students ask questions that are nuanced, complex, and deeply personal. On the most challenging days, they ask questions to provoke, and to test the limits—a reaction that is still deeply personal. Teachers need to be provided with the skills necessary to deliver sexual health education effectively. Openness, candor, comfort and above all, patience, are all important qualities to have when engaging in these difficult conversations (Allen, 2005). This can be a tall order, especially considering that few teachers receive formal instruction on the delivery of sex ed. What little training they do receive is more likely to focus on (surprise) topics like STIs, puberty, and pregnancy. It is unlikely that pornography, sexting, or TikTok doctors ever enter the conversation. Although sexting and TikTok may be new, struggling through sex ed is not. Sexual health education has never done a good job of meeting the needs of young people. Jane Addams, an American reformer and earlier advocate for sex ed said: "On this one subject alone each generation learns little from its predecessors" (as cited in Zimmerman, 2015). Teachers themselves were once adolescents, and it is unlikely that they had high quality comprehensive sexuality education either. As Saville Young, Moodley, and Mcleod (2019) have argued, teachers need to be able to reflect critically on their own sexual history and experience with sexuality education in order to

be effective in their delivery of this content. Otherwise it creates an endless cycle of embarrassment, apprehension, and uninformed students.

To set teachers up for success, they need to discuss the strategies they can use to make lessons more effective and engaging for students. Teaching them to leverage their own social and emotional intelligence is one possible solution (Lando-King et al., 2015). As participants in my study have shown, sex ed can become a locus of shame and stigma for young people, the implications of which will be carried on through their adult lives. Teachers who pass on the shame that was prescribed to them do so at the expense of the students in their classrooms. One participant said that she would not know what to say to a teacher because they are "so messed up." I find this statement to be telling. The disappointment and frustration that young people have with their sexual education is not surprising. They are being left to their own devices, forced to sift through overwhelming amounts of (mis)information online. How would anyone know if this information was reliable if they had never been taught critical thinking skills on sexuality? To whom would a young person turn to if what they found scared or alarmed them? Sadly, parents and teachers are not at the top of the list.

Research by Louisa Allen has stressed the importance of educators being open, candid, and comfortable when talking about sexual issues (Allen, 2005). Young Saville, Moodley and Macleod recommended that the site of change for sexuality education needs to be at the level of emotional engagement of educators (2019). Meanwhile, Reygan and Francis argue that "given the clear emotional barriers to teaching about sexual and gender diversity, future teacher training interventions in this area need to be cognizant of the emotional knowledge and emotional responses that educators bring to this topic" (Reygan & Francis, 2015, p. 117). All three of these studies align with my professional experiences, and the directions and results of this study. Young Saville et al. found "that it is important for educators to be afforded the opportunity to receive training and support in exploring their own personal relationship to sexuality education curriculum" (2019, p. 497), while Cense (2019) promotes a model for sexuality education which requires "educators to develop skills in nurturing open and thoughtful dialogue in class" (p. 272).

All of these approaches are underpinned by emotional intelligence, which is so vitally necessary because adolescent girls are dealing with complex needs and power structures. From competing narratives about sexual agency, to stereotypes, societal pressures, and a lack of information, the contexts shaping those needs are not static; they change over time and in

relationship to identities and experiences. Instead of expecting teachers to keep up to street knowledge, emotional intelligence focuses on regulating their own emotions to meet the emotions of their students. This is beneficial for two reasons. It helps teachers to connect with the students, and deliver more effective programming, but it also models emotional intelligence to the students. This is advantageous, as research suggests that SEI may be used as a buffer against sexual risk-taking behaviours (Lando-King et al., 2015). In order to create effective CSE for adolescent girls, educators can use emotional intelligence to address the social and emotional consequences that factor into decisions about sexual health.

Through the collective biography, focus group, and interviews, it was apparent that emotional intelligence was lacking in most of the sexual health education participants received. Daniel Goleman outlined five characteristics of emotional intelligence, most of which were missing in participant's educational experiences. Teachers lacked empathy when they attempted to use scare tactics by showing students images of untreated STIs, while simultaneously withholding important contextual information. I take a different approach in my lessons:

> In the past, when they did sex ed, they always showed people pictures of genitals covered in STIs, basically as a scare attempt to get them to not have sex. And I think that's really counterproductive for a couple of different reasons. But the main [reason] is that most STIs, most of the time, don't have any symptoms at all. So, if people are waiting for blood and guts and bumps and lumps and whatever else, that might never happen, and they could still have an infection. […] I'll talk about some of these infections and what some of the symptoms are. But I think that the most important thing to remember is just that once you're sexually active, getting tested is part of the responsibility of being sexually active.

Other times, teachers reinforced harmful stereotypes, such as suggesting that breast size is an indicator of worthiness for relationships, an approach which lacks self-awareness. When I discuss relationships with students, I encourage them to consider their motivations for wanting a relationship:

> I often break that down as, am I interested in a relationship with this person for who they are as an individual? So, their personality, their sense of humor? Or am I in a relationship with this person because they have something to offer me? So, is it because they're

> offering me self-esteem or they're offering me social status or they're offering me, I don't know, like a trip to Ibiza or something like that?

In this conversation, I also spend time breaking down the differences along a continuum between good and bad reasons, to stress that things are not always black and white, and good and bad are not always mutually exclusive. These are just two ways that illustrate how emotional intelligence can alter one's approach in the delivery of sexuality education, ultimately with the goal of improving student experiences.

Emotional intelligence can also be used to improve the teacher's experience delivering this content. One participant felt there were substantial differences between my delivery and what she had received in school:

> [S]chool became like almost awkward like they didn't... I feel like they should teach sexual health, like, it's just I don't know what the word is like, it's just anything else, you know what I mean? Whereas yesterday it just like felt so nonjudgmental and like, I don't know, it just felt like it wasn't awkward, and you could say anything and learn anything.

The participant struggled to find the right description, but as we discussed her experiences, she settled on "taboo." That description is entirely apt from what I have seen as the norm in sexual health education. Sex remains a taboo, so educators are uncomfortable having these discussions, which impacts the student's experiences. From this student's perspective, I might guess that these educators were struggling with self-awareness, self-regulation, empathy, and social skills. Students deserve better. Although I cannot claim to be perfect in my role as a sexual health educator, I do try to incorporate emotional intelligence wherever I can, to make these lessons easier and to model the skills to students:

> [S]ometimes sexual health educators will say stuff like, oh, consent is sexy because they want you to do it. And it's way easier for us to convince somebody to do something if we say that it's sexy, but it's also really important to recognize that sometimes it's going to be awkward, uncomfortable. It's going to make people feel really nervous. And all of that is totally fair and valid. The most important thing is just making sure that you're on the same page. You both know what you're expecting to happen, and you feel like you have the space to say no if and when you want to.

The shift helps young people see a pathway forward when they find themselves in a challenging situation such as negotiating consent. I cannot prepare them for each and every

unique scenario they encounter but providing emotional intelligence techniques through teaching is one way to address sexual risk-taking behaviours and other social problems. Lando-King et al. (2015) demonstrate the strong correlation between social and emotional intelligence and sexual risk-taking behaviour, suggesting that education in emotional intelligence is an important area of growth for sexual health education. Using social and emotional intelligence practices, educators can anticipate emotions students might be experiencing, such as fear, awkwardness, excitement, trepidation, or disgust and acknowledge their particular social skills and stage of social development.

By incorporating their own vulnerabilities and young people's concerns into educational programs, educators can provide tools and skills that young people can use to negotiate their needs, while also addressing the complexities of engaging their sexualities and safer sex practices. Educators have a responsibility to re-examine constantly the assumptions operating in the lessons they provide and to incorporate the immediate needs and concerns of students into their teaching, even if that means breaking the mould for what sexual health education has been presumed to look like. Ensuring that young people have access to accurate and inclusive CSE helps them to think critically about their sexual health and to create better strategies for negotiating safer sex practices. Because there is currently no research on incorporating emotional intelligence as a core strategy in sexual health education, I look forward to further exploration of its implications and applications and hope to make further contributions related to this particular topic.

Chapter Six

Conclusion

The aim of my research was to identify ways that educators could encourage safer sex practices among adolescent girls. After conducting a Participatory Action Research study with seven participants, it became clear that the needs of adolescent girls are not currently being met by sexual health education programs. I used a framework of feminist standpoint theory, theory as liberatory practice, reproductive justice, intersectionality, and sex-positivity to analyze the experiences participants reported regarding their sexual health educations. My findings indicate that they are being denied fully informed embodied experiences of sexuality, agency over their decision-making, while simultaneously having their identities overlooked and ignored. Because they are being let down in school, they have found alternative education online and through their peers, who share resources found on the Internet, and information gained through practical experience. This study makes the case that emotional intelligence would be a beneficial teaching competency in the delivery of comprehensive sexuality education.

Embracing emotional intelligence in the delivery of comprehensive sexuality education means encouraging educators to assess their own emotional experiences and relationships to human sexuality. This strengthens their ability to empathize with students, and supports self-awareness and emotional regulation, which in turn assists with the delivery of challenging content. As I have endeavored to illuminate throughout my thesis, mobilizing and facilitating emotional intelligence has the potential to improve health and social outcomes related to sexuality for adolescent girls, and also provides educators with a strategy for mitigating challenging emotions and uncomfortable conversations. Beyond the personal, it is my hope that emotional intelligence may also offer effective strategies for engaging many of the social problems that influence the sexual experiences of adolescent girls, through more ready adoption of a sex-positive approach by teachers.

I believe this research has several strengths. First, I am aware of no other research that has yet addressed emotional intelligence and its use as a teaching competency in comprehensive sexuality education. I hope this thesis becomes a catalyst for further research and educational training. Similar to hooks, I am interested in theory as an enabling and empowering force and I am content to claim it as a necessary practice, within a “holistic framework of liberatory

activism" (hooks, 1990, p. 8). I believe that cultivating applications of emotional intelligence in sexual health education shows great promise precisely because it is an agile response to the complex needs of adolescent girls and of young people in general, because it focuses less on a broad expertise of subject matter, and more on personal reactions, interactions and emotional regulation in challenging situations. To model this capacity to adolescent girls and their peers is to provide them with a valuable skill set for negotiating challenging situations in their futures.

I also believe this research has great potential as a practical exercise that could be reproduced with teachers as the participants. They could be presented with a summary of the research, and then engaged in a collective biographic activity about their own sexual health educations. The collective biography could be followed by paired interviews, and the entire exercise concluded with a focus group discussion to create and evaluate a variety of classroom exercises and conditions. Nearly every time I deliver a sex ed lesson, teachers share that they have also learned something new. This exercise would allow them the opportunity to reflect on their own experiences in sex ed, serving as both a practical lesson, and also a liberatory practice.

Another strength of this research is the use of feminist standpoint theory to position girls as experts in their own lives and experiences. I believe that feminist standpoint theory informs theory as a liberatory practice, because they can work together to enable the subject (participant) to find their own way forward. Finally, I believe that the chosen methodology was another strength of this project. Participatory Action Research fit well within a framework of theory as a liberatory practice, enabling young people to become actively engaged in theorizing and the research process. As an educator myself, I found the process to be immensely informative and it has already changed the way I approach my work. I spend more time discussing the complexities of anatomy, expanding on the nuances of informed consent, and unpacking the realities of pornography. I am reminded that, even though STIs and contraceptives may be priorities for teachers, students still have other concerns, and they are all worthy of a conversation.

This study also has its limitations. As discussed in the methods and discussion chapters, individuated identities require thoughtful and deliberate analysis. Identity, whether it be related to race, sexuality, gender, ability, or class, will interact with an individual's experience of sexuality. Intersecting identities create innumerable permutations which will each tell a different story and frame a different experience. The participant group from which I drew my data was fairly homogeneous, and as such, future research would do well to broaden the scope of this

project to include the experiences of racialized girls, girls with disabilities, and students of all genders. The small sample size of this study makes generalizations to wider population more challenging, which is also a limitation. Another is the lack of research currently available on this specific topic. More research on emotional intelligence is needed to explore its utility in supporting empowering sexual decision-making and safer sex practices among adolescents.

There are a number of opportunities for future research. First, this research should be conducted with adolescents from a wide variety of backgrounds and ages. I would be curious to see how effective emotional intelligence is on a general population of students in rural, urban, reserve and hetero and homogeneous classrooms. There are a variety of different groups with complex needs where sexuality education is concerned. At work, I have designed programs for newcomers to Canada, and people with intellectual disabilities, both of whom may benefit from instruction that incorporates emotional intelligence. I believe there is also an opportunity for research which assesses the emotional intelligence deployed by teachers, and then provides training opportunities to enhance their skills in delivering sexual health education. Emotional intelligence holds promise for a wide variety of settings and situations, and as such I look forward to future research that emphasizes its adaptability and effectiveness in broaching challenging conversations.

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Appendices

Appendix A

UNIVERSITY OF SASKATCHEWAN

Focus Group Consent Form

Project Title: Tools for Empowerment: Improving Sexual Health Outcomes for Adolescent Girls

Researchers:

Natalya, Graduate Student, Women's, Gender and Sexualities Studies, College of Graduate and Postdoctoral Studies, University of Saskatchewan; natalya.mason@mail.usask.ca

Supervisor: Marie Lovrod, Ph.D., Women's, Gender and Sexualities Studies, University of Saskatchewan, 306-966-7538, marie.lovrod@usask.ca

Purpose and Procedure:

This project uses participatory action research to engage adolescent girls between the ages of 16 and 19 in improving sexual health education through a related training session and the creation of a collective biography that outlines sexual health education pathways experienced by individual participants and the group. In this study, you will be asked to engage in a 2-hour sexual health program, followed by a 45–60-minute focus group, with the option of completing individual 30-minute to one-hour interviews following the primary session, to be arranged at a mutually convenient time. The intent of this research is to address some of the barriers to safer sex practices for adolescent girls in order to improve outcomes in sexual health education. We ask you to be as honest as possible in your responses. You may skip any questions that you are not comfortable answering. The study should take approximately three hours of your time, plus, if you choose to provide an interview, up to one additional hour. Please feel free to ask any questions regarding the procedures and goals of the study or your role.

Potential Risks:

There are minimal anticipated risks to you by participating in this research**.** However, if discussing sex and sexual health education results in the need for further confidential follow-up support, you will be provided with a list of relevant community resources. At the end of the study you will be given a sheet that further explains the nature of the study and you will have a chance to ask any further questions that you might have.

Potential Benefits:

Your participation in this study will contribute to a better understanding of effective sexual health educations programs.

Confidentiality:

Due to the nature of research conducted in focus groups, the researcher cannot guarantee anonymity and there will be limitations to confidentiality. For the focus group sessions, all participants will be asked to respect one another's confidentiality, but please be mindful that the research team has no control over participant choices.

Your data will be kept completely confidential and no personally identifying information will be linked to your data. Data will be coded using arbitrary participant numbers that will not be associated with any names or personally identifying information. Focus groups will be conducted

virtually using WebEx, a video conferencing application. Data collected by WebEx is subject to Canadian privacy laws. Data will be collected, retained and hosted on a third-party server and not on a U of S server. Data will be stored in facilities hosted in Canada. At this time, no absolute guarantee of privacy of WebEx data can be made. Participant's data information is subject to WebEx's Privacy Terms. The audio of this interview will be recorded by the researcher. This information will be stored on a local computer and will be encrypted. Although no guarantees can be made, it is expected that all participants will refrain from recording the interview session. In using these tools, the researcher will maintain compliance with research ethics processes.

Consent forms will not be linked with the data. All data will be summarized in aggregate form. The data and consent forms will be stored securely at the University of Saskatchewan by the supervisor. In instances where the data is published in an academic journal and/or presented at a professional conference, the data will be stored for a minimum of five years after completion of the study**.** When the data is no longer required, it will be destroyed beyond recovery.

Right to Withdraw:

Your participation is voluntary, and you can answer only those questions that you are comfortable with. You may withdraw from the research project for any reason, at any time without explanation or penalty of any sort. Whether you choose to participate or not will have no effect on your position [e.g., employment, class standing, access to services] or how you will be treated. Should you wish to withdraw from the focus group, contributions to summary flip charts will be retained as they will have contributed to the entire discussion and may not be easily identified. Your right to withdraw data from the study will apply until data has been pooled. After this date, it is possible that some form of research dissemination will have already occurred, and it may not be possible to withdraw your data.

Follow up:

To obtain results from the study, please contact the researchers using the information at the top of page 1.

Questions or Concerns:

Contact the researchers using the information at the top of page 1. This research project has been approved on ethical grounds by the University of Saskatchewan Research Ethics Board on ***[date of approval]***. Any questions regarding your rights as a participant may be addressed to the Behavioural Research Ethics board through the Research Ethics Office ethics.office@usask.ca (306) 966-2975. Out of town participants may call toll free (888) 966-2975.

Consent:

Your signature below indicates that you have read and understand the description provided.
I have had an opportunity to ask questions and my/our questions have been answered. I consent to participate in the research project. A copy of this Consent Form has been given to me for my records.

_____	_____	_____
Name of Participant	*Signature*	*Date*

_____	_____
Researcher's Signature	*Date*

Oral Consent:

I read and explained this consent form to the participant before receiving the participant's consent, and the participant had knowledge of its contents and appeared to understand it.

_____	_____	_____
Name of Participant	*Researcher's Signature*	*Date*

A copy of this consent will be left with you, and the researchers will keep a copy.

UNIVERSITY OF SASKATCHEWAN

Interview Consent Form

Project Title: Tools for Empowerment: Improving Sexual Health Outcomes for Adolescent Girls

Researchers:
Natalya, Graduate Student, Women's, Gender and Sexualities Studies, College of Graduate and Postdoctoral Studies, University of Saskatchewan; natalya.mason@mail.usask.ca
Supervisor: Marie Lovrod, Ph.D., Women's, Gender and Sexualities Studies, University of Saskatchewan, 306-966-7538, marie.lovrod@usask.ca

Purpose and Procedure:
This project uses participatory action research to engage adolescent girls between the ages of 16 and 19 in improving sexual health education through a related training session and the creation of a collective biography that outlines sexual health education pathways experienced by individual participants and the group. In this study you will be asked to complete a 30-minute to one-hour individual interview, to be arranged at a mutually convenient time. The intent of this research is to address some of the barriers to safer sex practices for adolescent girls in order to improve outcomes in sexual health education. We ask you to be as honest as possible in your responses. You may skip any questions that you are not comfortable answering. The interview will be transcribed, the transcriber will sign a confidentiality agreement. Once transcription of your interview is complete, you will have the option of reviewing your transcript before the data is pooled. The interview should take no more than an hour of your time. Please feel free to ask any questions regarding the procedures and goals of the study or your role.

Potential Risks:
There are minimal anticipated risks to you by participating in this research**.** However, if discussing sex and sexual health education results in the need for further confidential follow-up support, you will be provided with a list of relevant community resources. At the end of the study, you will be given a sheet that further explains the nature of the study and you will have a chance to ask any further questions that you might have.

Potential Benefits:
Your participation in this study will contribute to a better understanding of effective sexual health educations programs.

Confidentiality:
Your data will be kept completely confidential and no personally identifying information will be linked to your data. Data will be coded using arbitrary participant numbers that will not be associated with any names or personally identifying information. Interviews will be conducted virtually using WebEx, a video conferencing application. Data collected by WebEx is subject to Canadian privacy laws. Data will be collected, retained and hosted on a third-party server and not on a U of S server. Data will be stored in facilities hosted in Canada.
At this time, no guarantee of privacy of WebEx data can be made. Participant's data information is subject to WebEx's Privacy Terms. The audio of this interview will be recorded by the researcher. This information will be stored on a local computer and will be encrypted. Although no guarantees can be made, it is expected that the participant will refrain from recording the interview session. In using these tools, the researcher will maintain compliance with research ethics processes.

Consent forms will not be linked with the data. All data will be summarized in aggregate form. The data and consent forms will be stored securely at the University of Saskatchewan by the supervisor. In instances where the data is published in an academic journal and/or presented at a professional conference, the data will be stored for a minimum of five years after completion of the study**.** When the data is no longer required, it will be destroyed beyond recovery.

Right to Withdraw:

Your participation is voluntary, and you can answer only those questions that you are comfortable with. You may withdraw from the research project for any reason, at any time without explanation or penalty of any sort. Whether you choose to participate or not will have no effect on your position [e.g., employment, class standing, access to services] or how you will be treated. Should you wish to withdraw, any interview data that you have contributed will be destroyed beyond recovery. Your right to withdraw data from the study will apply until data has been pooled. After this date, it is possible that some form of research dissemination will have already occurred, and it may not be possible to withdraw your data.

Follow up:

To obtain results from the study, please contact the researchers using the information at the top of page 1.

Questions or Concerns:

Contact the researchers using the information at the top of page 1. This research project has been approved on ethical grounds by the University of Saskatchewan Research Ethics Board on ***[date of approval]***. Any questions regarding your rights as a participant may be addressed to the Behavioural Research Ethics board through the Research Ethics Office ethics.office@usask.ca (306) 966-2975. Out of town participants may call toll free (888) 966-2975.

Consent:

Your signature below indicates that you have read and understand the description provided; I have had an opportunity to ask questions and my/our questions have been answered. I consent to participate in the research project. A copy of this Consent Form has been given to me for my records.

Name of Participant	*Signature*	*Date*

Researcher's Signature	*Date*

Oral Consent:

I read and explained this consent form to the participant before receiving the participant's consent, and the participant had knowledge of its contents and appeared to understand it.

Name of Participant	*Researcher's Signature*	*Date*

A copy of this consent will be left with you, and the researchers will keep a copy.

UNIVERSITY OF SASKATCHEWAN

Survey Consent Form

Project Title: Tools for Empowerment: Improving Sexual Health Outcomes for Adolescent Girls

Researchers:
Natalya, Graduate Student, Women's, Gender and Sexualities Studies, College of Graduate and Postdoctoral Studies, University of Saskatchewan; natalya.mason@mail.usask.ca
Supervisor: Marie Lovrod, Ph.D., Women's, Gender and Sexualities Studies, University of Saskatchewan, 306-966-7538, marie.lovrod@usask.ca

Purpose and Procedure:
This project uses participatory action research to engage adolescent girls between the ages of 16 and 19 in improving sexual health education through a related training session and the creation of a collective biography that outlines sexual health education pathways experienced by individual participants and the group. In this study you will be asked to engage in a 2-hour sexual health program, followed by a 45–60-minute focus group, with the option of completing 30-minute to 1-hour individual interviews following the primary session, to be arranged at a mutually convenient time. The intent of this research is to address some of the barriers to safer sex practices for adolescent girls in order to improve outcomes in sexual health education. We ask you to be as honest as possible in your responses. The purpose of this survey is to collect the demographic information of the participants in the study. You may skip any questions that you are not comfortable answering. The study should take approximately three hours of your time, plus, if you choose to provide an interview, up to one additional hour. Please feel free to ask any questions regarding the procedures and goals of the study or your role.

Potential Risks:
There are minimal anticipated risks to you by participating in this research**.** However, if discussing sex and sexual health education results in the need for further confidential follow-up support, you will be provided with a list of relevant community resources. At the end of the study you will be given a sheet that further explains the nature of the study and you will have a chance to ask any further questions that you might have.

Potential Benefits:
Your participation in this study will contribute to a better understanding of effective sexual health educations programs.

Confidentiality:
Your data will be kept anonymous and no personally identifying information will be linked to your data. Data will be coded using arbitrary participant numbers that will not be associated with any names or personally identifying information. Please be advised that data collected by Survey Monkey is subject to Canadian privacy laws. All survey information will be collected, retained and hosted on a third party server and not on a U of S server. Data will be stored in facilities hosted in Canada. Your data will be stored in facilities hosted in Canada. Please see the following for more information on Survey Monkey's Privacy Policy. In using these tools, the researcher will maintain compliance with research ethics processes.
All data will be summarized in aggregate form. The data and consent forms will be stored securely at the University of Saskatchewan by the supervisor. In instances where the data is

published in an academic journal and/or presented at a professional conference, the data will be stored for a minimum of five years after completion of the study**.** When the data is no longer required, it will be destroyed beyond recovery.

Right to Withdraw:

Your participation is voluntary and you can answer only those questions that you are comfortable with. You may withdraw from the research project for any reason, at any time without explanation or penalty of any sort. Whether you choose to participate or not will have no effect on your position [e.g. employment, class standing, access to services] or how you will be treated. You may withdraw from the survey at any point during its completion. Due to the anonymous nature of the survey, once it has been submitted, it may no longer be possible to withdraw your data.

Follow up:

To obtain results from the study, please contact the researchers using the information at the top of page 1.

Questions or Concerns:

Contact the researchers using the information at the top of page 1. This research project has been approved on ethical grounds by the University of Saskatchewan Research Ethics Board on ***[date of approval]***. Any questions regarding your rights as a participant may be addressed to the Behavioural Research Ethics board through the Research Ethics Office ethics.office@usask.ca (306) 966-2975. Out of town participants may call toll free (888) 966-2975.

Consent:

By completing and submitting this questionnaire, your free and informed consent is implied and indicates that you understand the above conditions of participation in this study.

□ YES

□ NO

Appendix B

Collective Biography Time Frames – Questions will be confined to explicit teaching and learning about sexual health in informal and formal educational contexts

5. When did you start learning about sexuality and sexual health?
6. What did you learn about sex in informal educational settings? (i.e. peers, family, media)
7. What did you learn about sex in formal educational settings? (i.e. school)
8. What do you wish you had been taught about sex?

Appendix C

Sexual Health Education Program
Healthy Sexuality 101 – Saskatoon Sexual Health

Appendix D

Focus Group Questions

7. How was this experience different than your past experience with sexual health education?
8. How was this experience similar to your past experience with sexual health education?
9. What would you like to change about sexual health education as you have experienced it to date?
10. Prior to this study, which safer sex practices did you know about?
11. Prior to this study, where did you access information about safer sex practices?
12. How comfortable would you be suggesting and/or using the safer sex practices discussed today?

Appendix E

Interview Questions

1. How was this experience different than your past experience with sexual health education?
2. How was this experience similar to your past experience with sexual health education?
3. What would you like to change about sexual health education as you have experienced it to date?
4. Prior to this study, which safer sex practices did you know about?
5. Prior to this study, where did you access information about safer sex practices?
6. How comfortable would you be suggesting and/or using the safer sex practices discussed today?

Appendix F

Demographics Questionnaire and Evaluation

1. What is your age? _____

2. What is your gender?

- ○ Female
- ○ Male
- ○ Non-binary
- ○ Other (please specify) _____

3. What is your sexual orientation?

- ○ Heterosexual
- ○ Lesbian
- ○ Gay
- ○ Bisexual
- ○ Pansexual
- ○ Asexual
- ○ Queer
- ○ Other (please specify) _____

4. What is your race/ethnicity? _____

- ○ Black (e.g., African, African American, African Canadian, Caribbean)
- ○ East Asian (e.g., Chinese, Japanese, Korean, Polynesian)
- ○ South Asian (e.g., Indian, Pakistani, Sri Lankan, Bangladeshi)
- ○ Southeast Asian (e.g., Burmese, Cambodian, Filipino, Laotian, Malaysian, Thai, Vietnamese)
- ○ West Asian (e.g., Arabian, Armenian, Iranian, Israeli, Lebanese, Palestinian, Syrian, Turkish)
- ○ Latin American (e.g., Mexican, Indigenous Central and South American)
- ○ White/Caucasian
- ○ Mixed origin (please specify) _____
- ○ Other (please specify) _____

5. I am currently:

- ○ Single
- ○ In a committed relationship
- ○ Common-law
- ○ Married
- ○ Separated
- ○ Divorced
- ○ Other (please specify) _____

6. My level of education:

- ○ Less than high school
- ○ High school/ GED
- ○ Some post-secondary
- ○ Post-secondary degree
- ○ Master's degree
- ○ Postdoctoral degree
- ○ Other (please specify) _____

7. My parent's level of education:

- ○ Less than high school
- ○ High school/ GED
- ○ Some post-secondary
- ○ Post-secondary degree
- ○ Master's degree
- ○ Doctoral degree
- ○ Other (please specify) _____

8. I would see myself as:

- ○ Homeless
- ○ Working Poor
- ○ Middle Class
- ○ Upper Middle Class
- ○ Wealthy
- ○ Other (please specify) _____

9. Through participating in this study, I have learned:

10. Based on our discussions, I would recommend the following improvements in sexual health education training:

11. The best part of the experience was:

12. What I wish we could have discussed:

13. Additional Comments:

Appendix G
Main Study Debriefing Form

Thank you for participating in this study.
Below, you will find some information related to the purpose of the present study as well as some information on social and emotional barriers to safer sex practices for adolescent girls.

Current Study:
The purpose of the study is to better understand some of the social and emotional barriers adolescent girls face in utilizing safer sex practices. By further understanding these experiences, this study aims to develop more effective teaching strategies for sexual health educators, in order to improve sexual health related outcomes in this specific population.

Information:
Adolescent girls face a number of barriers when it comes to practicing safer sex. From a simple lack of education, to gender stereotypes and power dynamics, it has become increasingly apparent that educators must develop youth-centered strategies to encourage condom use and other forms of sexual self-care among young women. Young women know that they should be using condoms, for example, but they need reliable strategies that enable them to assert and express themselves in complicated situations. Your suggestions for reducing some of the barriers to safer sex practices for adolescent girls will contribute to improved outcomes in sexual health education Key themes addressed include comprehensive sexuality education, physical and social risks, gender, race, class, and emotional intelligence. If you would like to learn more about these themes, please feel free to ask.

Thank you for your participation in this research. If you have questions or additional comments, you can contact the researchers in the following ways:

Natalya Mason
University of Saskatchewan
natalya.mason@usask.ca

Dr. Marie Lovrod
University of Saskatchewan
Ph: (306) 966-7538
marie.lovrod@usask.

Resources:
Saskatoon Sexual Assault and Information Centre: 306-244-2294
Saskatoon Sexual Health: 306-244-7989
Saskatoon Crisis Intervention Service: 306-933-6200

Appendix H

UNIVERSITY OF SASKATCHEWAN

Invitation for Study

Date: _____, 2021

You are invited to participate in a study to investigate social and emotional barriers to effective safer sex practices for adolescent girls. Please read this page carefully.

Researcher: Natalya Mason, Graduate Student, Women's, Gender and Sexualities Studies, Department of Graduate and Postdoctoral Studies, University of Saskatchewan, natalya.mason@mail.usask.ca
Supervisor: Marie Lovrod, Ph.D., Women's, Gender and Sexualities Studies, University of Saskatchewan, 306-966-7538, marie.lovrod@usask.ca
This project uses participatory action research to engage adolescent girls between the ages of 16 and 19 in improving sexual health education through a related training session and the creation of a collective biography that outlines sexual health education pathways experienced among focus group members. In this study, you will be asked to engage in a 2-hour sexual health program, followed by a 45–60-minute focus group, with the option of completing 30–60-minute individual interviews following the primary session. The intent of this research is to address some of the barriers to safer sex practices for adolescent girls in order to improve outcomes in sexual health education. We ask you to be as honest as possible in your responses. You may skip any questions that you are not comfortable answering. The study should take approximately three hours of your time. Please feel free to ask any questions regarding the procedures and goals of the study or your role. If you have any questions about this project, please contact the researchers.

Thank you for your cooperation!

Researcher:

Natalya Mason: _____

Appendix I

UNIVERSITY OF SASKATCHEWAN

Transcript Release

TOOLS FOR EMPOWERMENT: IMPROVING SEXUAL HEALTH OUTCOMES FOR ADOLESCENT GIRLS

I, _____, have reviewed the complete transcript of my personal interview in this study, and have been provided with the opportunity to add, alter, and delete information from the transcript as appropriate. I acknowledge that the transcript accurately reflects what I said in my personal interview with Natalya Mason. I hereby authorize the release of this transcript to Natalya Mason to be used in the manner described in the Consent Form. I have received a copy of this Data/Transcript Release Form for my own records.

Name of Participant _____
Signature of Participant _____
Signature of researcher _____
Date _____

For more information, please contact:

Natalya Mason, Graduate Student Researcher, Women's, Gender and Sexualities Studies, University of Saskatchewan; Email: natalya.mason@usask.ca
Marie Lovrod, Associate Professor and Supervisor, Women's and Gender Studies, University of Saskatchewan; Email: marie.lovrod@usask.ca

Appendix J

UNIVERSITY OF SASKATCHEWAN
College of
Arts and Science

Women's and Gender Studies
9 Campus Drive
Saskatoon, SK S7N 5A5 Canada
306-966-7893
wgst.program@usask.ca

Transcription Agreement: *Tools for Empowerment: Improving Sexual Health Outcomes for Adolescent Girls*

Please read through the entirety of this form carefully before signing.

Electronic signatures are not valid for this form. After completing the required fields, please print and sign this form in blue or black ink. After this form has been signed by the transcriber, it should be given to the principal investigator of the research study for submission.

The transcriber should keep a copy of the *Transcriber Confidentiality Agreement* for their records.

Confidentiality is the treatment and maintenance of information that an individual has disclosed in a relationship of trust and with the expectation that it will not be divulged to others in ways that are inconsistent with the understanding of the original disclosure (the consent form) without permission.

As a transcriber you will have access to research information (e.g. audio or video recordings, DVDs/CDs, transcripts, data, etc.) that include confidential information. Many participants have only revealed information to investigators because principal investigators have assured participants that every effort will be made to maintain confidentiality. That is why it is of the upmost importance to maintain full confidentiality when conducting your duties as a transcriber during a research study. *Below is a list of expectations you will be required to adhere to as a transcriber. Please carefully review these expectations before signing this form.*

I, [_____], agree to transcribe data for this study. I agree that I will:

1. Keep all research information shared with me confidential by not discussing or sharing the information in any form or format (e.g., disks, tapes, transcripts) with anyone other than Natalya Mason or Dr. Marie Lovrod, the principal investigators on this study;
2. Keep all research information in any form or format (e.g., disks, tapes, transcripts) secure while it is in my possession. This includes:
    - using closed headphones when transcribing audio-taped interviews;
    - keeping all transcript documents and digitized interviews in computer password-protected files;
    - closing any transcription documents when temporarily away from the computer;
    - keeping any printed transcripts in a secure location such as a locked file cabinet; and
    - permanently deleting any e-mail communication containing the data;
3. Give all research information in any form or format (e.g., disks, tapes, transcripts) to the primary investigator when I have completed the research tasks;
4. Erase or destroy all research information in any form or format that is not returnable to the primary investigator (e.g., information stored on my computer hard drive) upon completion of the research tasks.

By signing this form I acknowledge that I have reviewed, understand, and agree to adhere to the expectations for a transcriber described above. I agree to maintain confidentiality while performing my duties as a transcriber and recognize that failure to comply with these expectations may result in disciplinary action

_____ _____

Signature of transcriber Date

_____ _____

Signature of principal investigator Date