MODEL BEHAVIOUR:
HOW PEER EDUCATORS CAN CHANGE SEXUALITY EDUCATION FOR THE BETTER

by

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“Models who possess engaging qualities are sought out while those lacking pleasing characteristics are generally ignored or rejected”\(^1\)

**Introduction**

Sexual health education has long been a contested subject within Western society, and within schools. Since the beginnings of institutionalized sex education in the late 19\(^{th}\) century and early 20\(^{th}\) century, the topic has been difficult to define and implement due to its delicate nature, and societal norms around what should be taught, where it should be taught, and who should teach it. Over the years, many different kinds of educators have provided this kind of information in schools; from doctors and nurses, to counsellors, private organizations, and teachers. Although sexual health education in Canada, the United States, and other English-speaking, industrialized countries has come a long way since the turn of the 20\(^{th}\) century, it is still a controversial subject. It requires constant reinvention, improvement, and novel pedagogy to keep up with sexual messages in the media, on the internet, in books, pornography, magazines, and the school yard.

One of the more recent methods of teaching students about sex and relationships especially since the 1980s\(^2\), is the use of peer sexual health educators in schools, as opposed to the use of other adult educators. In the context of sexual health education for teens, a peer educator is someone who is trained by professional sexuality educators or health

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professionals\(^3\), instructs students on sexual health topics, and is relatively close in age to the students they educate. However, there are many kinds of peer educators. Some are students who lead extra-curricular activities and discussions within their schools. Others are young people giving presentations and counsel within sexual health clinics, and some are youth who provide sexuality education within the classroom just as an instructor would. In the literature surveyed for this project, most peer educators were defined as being between the ages of 16 and 35, with varying parameters for peer educator ages within each separate study.\(^4\)

In this paper, I will discuss how peer sexual health educators have proven to be effective in conveying sexual health information in ways that set them apart from traditional sexual health educators. Specifically, I argue that peer educators can be more effective than traditional sexuality educators through their ability to relate to teens on a personal level, through specific training as peer sexual health educators, and by using student-led instruction and meaningful pedagogy in sexuality education. Following these arguments, I will also discuss the challenges of peer sexuality education.

I became interested in the use of peer educators whilst volunteering with Saleema Noon Sexual Health Educators. This private organization provides sexual health education workshops to elementary school students. One of their educators is a male in his late 20s or early 30s, who

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seems to connect really well with the young boys (aged 9-12) to whom he delivers workshops in which he challenges gender normativity and traditional masculinity as well as bullying. This made me wonder why other sexual health organizations, on the whole, lack male educators, and what the impact on young boys or teens could be. Another reason I began investigating peer educators was that a colleague mentioned that some organizations use older female teenage students to peer educate younger girls in schools. I wondered how this might work, and how these peer educators’ experiences could benefit the students with whom they interacted. This is also where I developed the idea for the purpose of my paper.

**Purpose**

The purpose of this paper is to outline the benefits of peer education to sexual health educators wishing to expand their practice to include peer educators. I hope that it will give them a comprehensive understanding of the benefits and drawbacks of peer education, and ways in which to use it most effectively. The research questions guiding my inquiry into the published literature in this area were:

1. Who creates more positive behavioural change in students who have participated in sexuality education workshops? Is it regular sexuality education teachers or peer sexual health educators?
2. Why is peer education not more widely used?
3. What are the benefits and drawbacks of peer sexuality education?

**Terminology**

Before delving into the specifics of peer education, it is important to first differentiate between formal and informal peer-led education. For the purposes of this study, I will be looking at formal peer education only, as defined by Walker and Avis (1999). They explain
formal peer education as “projects which are structured, include selection criteria, provide intensive training, usually supervision and sometimes quality criteria. The end product is usually to provide training sessions to young people and this method is almost but not exclusively used in the school setting.” This kind of education can also be called “curriculum-based” peer sexuality education. It is important to note that peer educators are not only used for sexuality education, but are often called upon to implement programs seeking to reduce teenage smoking, drinking, and drug use, and to counter homophobia and transphobia in schools. For this paper, I focused on sexuality education-based peer education programs, though other health-related programs were sometimes mentioned in the articles as well.

I chose to use the term “sexuality education” to denote the kind of education done by peer educators. I also used the term “sexual health educator” or “sexuality educator” to identify someone who teaches sexuality education, because the concept of sexual health education or sexuality education seems to be more encompassing than the term “sex education.” This is because using the term “sex education” can be limiting. As Allen notes: “sex education equates young people’s sexual health with the absence of sexually transmitted infections and the avoidance of unintended pregnancies.” Though it is important to cover physical aspects of sexuality, emotional aspects, pleasure, forming healthy relationships, and physical aspects of sexuality, emotional aspects, pleasure, forming healthy relationships, and

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6 Kirby, et al., "Sex and HIV Education Programs,” 206.
the inclusion of diverse sexual identities and preferences are equally as important. The inclusion of these aspects of sexuality are historically absent from sexual education. In fact, Allen explains the following:

It can be said that while the desires of young (hetero)sexuals, especially young women, have been missing from sexuality education, any acknowledgement of the mere existence of lesbian, gay, bisexual, transgender and intersex (LGBTI) identities are a gaping omission in many programmes. In those instances when homosexuality does surface, it is often associated with gay men and the dangers of contracting HIV. Burgeoning empirical evidence indicates that sex education has traditionally ignored young LGBTI’s needs for knowledge and affirmation of their sexual identities, to considerable detriment for some.”

Therefore, since peer sexuality education is a more contemporary approach, and because it is generally more inclusive of these topics, the term “sexuality education” is especially relevant with regards to peer sexuality education. As is detailed in the paper to follow, due to the very nature of peer education, peers can use different approaches and cover topics on sex and sexuality that regular teachers may have avoided in the past.

Throughout this paper I discuss the various effective methods of sexual health education. It is therefore necessary to define what “effective” means within work. In this context, effective sexuality education leads to positive behavioural changes in students with regard to their sexual health practices. I use the term “effective” in such a way that it can have many meanings, but that it always revolves around changes in student behaviour with regards to safer sexual practices, and students having more sexual health information than they did before.

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Literature Review

In the literature surveyed on U.S., British, and Canadian studies, the main goals of sexuality education, are to reduce teen pregnancy and HIV rates, increase condom use, delay first sexual intercourse, and empower students to make informed decisions about their sexual health. The U.S. studies often focused on abstinence, delaying sexual intercourse, and STI prevention, whereas while Canadian and British studies also included these aspects, they were more likely to include relationship-building, pleasure, and healthy relationships in sexuality education as well. Aside from examining what is taught in sexuality education, the improvement of teaching techniques seems to be an objective of many studies in peer sexual health education, as well as evaluating how effective peer teachers are in relaying the material, in contrast to regular teachers.

In order to measure the effectiveness of this kind of education, most studies on peer sexuality educators steep their theories in behavioural psychology. The most common theory cited is Albert Bandura’s Social Learning Theory. Bandura created the concept and stipulated

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that most human behaviour is learned through others. He wrote that:

[M]ost human behavior is learned observationally through modeling: from observing others one forms an idea of how new behaviors are performed, and on later occasions this coded information serves as a guide for action. Because people can learn from example what to do, at least in approximate form, before performing any behavior, they are spared needless errors.¹³

As teens spend much of their time with their friends, learning behaviour and acquiring knowledge from one another, there is an important connection between peer education and social learning theory. Grounding peer learning in social learning theory helps us understand how teaching positive behaviours through educators who are close in age to the students can be beneficial. However, one could make the case that human behaviour can be learned from other humans, regardless of their proximity in age to the student. Yet when we look at how Bandura further describes social learning theory with regards to peers, we get an even deeper understanding of how teenagers can learn important information well from their peers. He writes:

Within any social group some individuals are likely to command greater attention than others. Modeled conduct varies in effectiveness. The functional value of the behaviors displayed by different models is therefore highly influential in determining which models people will observe and which they will disregard. Attention to models is also channeled by their interpersonal attraction. Models who possess engaging qualities are sought out while those lacking pleasing characteristics are generally ignored or rejected.¹⁴

¹⁴ Ibid., 24
If we assume that students will more often choose someone closer to their own age as someone who possesses, in Bandura’s words, “engaging qualities,” and that peers “command greater attention than others”, then we begin to see how social learning theory and peer education are inextricably linked. The effectiveness of peer education really revolves around whether the behaviour modeled by the educators is replicated by the students after they have received sexuality education.

As a Canadian example of the importance of behavioural psychology in this field, the Public Health Agency of Canada (2008) outlines four theoretical models that have “provided the basis for behaviourally effective sexual health education programs.”\textsuperscript{15} These are: Social Cognitive Theory, the Transtheoretical Model, the Theory of Reasoned Action & Theory of Planned Behaviour Model, and the Information, Motivation and Behavioural Skills Model.\textsuperscript{16} An article in the \textit{Journal of Adolescent Health} that looked at 83 peer sexuality education programs across the world echoes the importance of these and related theories in this field. Kirby et al., (2007) explain that:

More than four fifths of the programs (83\%) identified one or more theories that formed the basis for their programs, and often specified particular psychosocial mediating factors to be changed. Social learning theory and its sequel, social cognitive theory, formed the basis for more than half (54\%) of the interventions. Related theories identifying some of the same mediating factors were mentioned by substantial percentages of other studies: theory of reasoned action (19\%); health belief model (12\%); theory of planned behavior (10\%); and the information, motivation, and behavioral skills model (10\%).\textsuperscript{17}

\textsuperscript{16} \textit{Ibid.}
\textsuperscript{17} Kirby et al., “Sex and HIV Education Programs,” 208.
Because these studies seek to ascertain whether peer education can create a change in the behaviour of teens, many studies employ the use of psychosocial methods to discover why peer educators are effective in teaching teens about sex, yet identifying simply one theory through which to examine peer sexuality has proven to be difficult.\(^\text{18}\) Turner and Shepherd (1999) discuss the fact that most peer education studies are not grounded in any one particular theory, and that many theories do not apply to peer education and health promotion. They do say that the most relevant theory in which to base peer education in a health promotion context is Social Learning Theory.\(^\text{19}\) In searching through mainstream, peer-reviewed journals, I found that Social Learning Theory and Tajfel and Turner’s Social Identity Theory often led the theoretical frameworks of studies on peer sex education.\(^\text{20}\)

However, not all studies explicitly use these theoretical models to frame their investigations. A number of studies employed the language of Social Learning Theory, but did not name it as their theoretical framework, nor did they name any framework at all. However, it was evident that they were employing psychosocial and behavioural methods through their use of social, behavioural, and psychologically inclined language. They used words like “shared social status,” “youth culture,” or “truth value.”\(^\text{21}\) Using statements from students expressing “that their status as peers – a status built on shared identities – was among their most valuable


\(^{19}\) Turner and Shepherd, "A Method in Search of a Theory," no page.

\(^{20}\) Sarah Beshers, "Where are the Guys?," 279; Evans & Tripp, “The Case for Primary Prevention,” 97; Cupples et al., "Reaching Young Men," 195; Stephenson et al., "A School-Based Randomized Controlled Trial," 645; Layzer et al., "A Peer Education Program," 572.

\(^{21}\) Parkin and McKeeganey “The Rise and Rise of Peer Education Approaches,”295; Kidger, “'You realise it could happen to you,'” 192; Louisa Allen, "'It's Not Who they are it's what they are Like': Re-conceptualising Sexuality Education's 'best Educator' Debate," Sex Education 9, no. 1 (2009): 45.
resources as educators,” also demonstrate these implied theories. Parkin and McKeeganey attempt to define peer education in their 2009 study, and employ similar psychosocial-based language. They say that it focuses on education from people who share a social group or status, and that the “notion of shared social status, whether relating to age, ethnicity, gender, cultural or sub-cultural membership, has been documented as integral to the application of any peer education project.”

The methods employed in most peer-led studies are overwhelmingly qualitative, with some studies using both qualitative and quantitative methods. This is likely because the information they are studying surrounds personal impressions of sexual health education quality and its impact. The most widely used methods were surveys, focus groups, informal discussions, and interviews.

With regards to the results of the studies surveyed for this paper, most indicated that although students reported more comfort, credibility, affinity, trust, and generally more satisfaction with peer sexuality educators, it is difficult to come to significant conclusions

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about the success of peer education methodologies and their overall effects.\textsuperscript{27} Results were generally positive with regards to the behavioural change incited by peer-led education. However, many researchers tempered the enthusiasm of their readers by indicating that there is a shortage of replicable and well-designed studies on the effectiveness of peer education programs, or studies that show significant variance in efficiency between peer-led sexuality and regular teacher-led sex education, as well as differences in student preferences of teacher-led vs. peer-led sexuality education.\textsuperscript{28}

Another major theme in study results was that many studies examined the effect that being a peer educator had on the peer educators themselves. Studies determined that benefits to the peer educators were significant, like practicing safer sex themselves, more fulfillment in relationships, and, more generally, an improvement of their presentation and communication skills.\textsuperscript{29} During my initial research, I had not considered the effect that learning to be a sexual health educator would have on the educator themselves. It follows, however, that students teaching the material would be interested in practicing the safe sex behaviors that they are explaining in their workshops. One study even discussed what kind of students most often choose to be peer educators, which could partly explain why being a peer educator affects the peer educators positively as well. Fields and Copp explain that “peer sexuality educators often belong to groups that adults conventionally admire – students with high grades, who are

\begin{thebibliography}{99}
\bibitem{27} Debbie Morgan et al., "Celebrating the Achievements of Sex and Relationship Peer Educators: The Development of an Assessment Process," \textit{Sex Education} 4, no. 2 (2004): 181; Beshers, "Where are the Guys?,” 279; Jaworsky et al., “Evaluating Youth Sexual Health Peer Education Programs,” 227.
\end{thebibliography}
sexually abstinent, who regret a decision to parent or who strike adults as mature and articulate.”

Because students who elect to be peer educators already have an inclination towards peer education or are interested in being sexually responsible or abstinent, the information they gain could reinforce their pre-training behaviours as well.

Although peer sexuality education is commonly studied, there are a few gaps to mention with regard to this pedagogical approach. For instance, most peer education is carried out by female peers. The literature therefore reflects a sample mostly made of studies in which the majority of peer educators were female, yet often there was a small proportion of those educators who were male. Based on my preliminary assessment of the literature, male peer sexuality educators appear to be an understudied group. Specifically, we know relatively little about the effects that they can have on student behaviour and attitudes, especially with regard to relaying feminist sexuality education to boys. Male peer sexuality educators might have a greater effect on boys, in teaching explicitly feminist ideals like equality, sexual agency, stereotyping and discrimination by modelling feminist behaviour themselves. Some studies do mention the impact that male peer educators can have on adult sexual health like in niche groups such as adult men, minorities, incarcerated adults, and homosexual men.

There is, therefore, a need for further investigation into the use of male peer educators with teen boys, and why young males are less inclined to be peer sexuality educators than females. Beshers describes the difficulty this presents, by stating that “it is unclear why so many

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31 Jaworsky et al., "Evaluating Youth Sexual Health Peer Education Programs," 229; Beshers, "Where are the Guys?,” 281.
32 Cupples et al., “Reaching Young Men,” 205.
programs would have fewer male peer educators than female peer educators.”33 She offers the possibility that this could be explained by a lack of compensation for peer educators. She also says that their lack of participation in peer education reflects their general lack of participation in other aspects of life:

Lower rates of adolescent and young adult male participation in peer education programs are related to their lower rates of both participating in school extracurricular activities (excluding sports) and volunteering for community service programs in general. If low levels of male participation are indeed typical of peer education programs related to adolescent sexual and reproductive health, and if this pattern is due to the volunteer status of the peer educators, then it would be reasonable to expect that those peer education programs which provide a financial stipend to the peer educators would have higher levels of male participation than those which do not.34

So, not only is an investigation needed into the effects that youth peer educators could have on students, but it would be important to find out why male peer educators participate less in these programs than do their female counterparts. Furthermore, it should be investigated whether there is a greater effect on students if males teach males the importance of equality in relationships, as well as consent, agency, and the biological aspects of sexuality education. This could also raise the question of the effectiveness of using LGBTQ peer educators in sexuality education.

34 Ibid.
Methodology

I constrained my search to articles about Canadian, American, and British peer education. These countries share many educational and cultural aspects, and a comparison would be strongest between these three nations who share a historical past. I mostly used the ERIC database, but found some articles in Studies on Women and Gender Abstracts, the Canadian Business and Current Affairs Database, Google Scholar, and JStor. I briefly checked Women’s Studies International and Sociological Abstracts as well. An interesting technique that I discovered was to use articles from the “Science Direct” database that were “Recommended” to me because of the articles that I was reading. A pop-up window would surface, and three articles would be named. Generally, at least one of them was relevant to my study, and I found this very helpful. Every time I navigated away from the Science Direct tab, it would refresh, and when I would go back to it, there would be three new recommended articles. Below is a screen capture from my own computer of this feature:
Science Direct was therefore the easiest database to use, and it provided the most relevant and greatest number of relevant results.

I also used the regular “Summon” search within the University of British Columbia’s library system, in order to seek more general articles. I did not look for books, as I wanted to constrain the boundaries of my search to the most current articles, since I was looking for the most recent developments in peer education, knowing that it was a relatively new and popular technique. I also spent time going through the bibliographies of the articles I had selected in order to find other, relevant articles. Similarly, I checked the “cited” sections of various articles, either through Google Scholar or the database I was in to discover newer, more current articles which had cited the articles I found particularly relevant. Furthermore, the kinds of journals from which I chose my articles were mostly sexuality education-based, with the greatest number of them coming from Sex Education, the American Journal of Sexuality Education, and the Canadian Journal of Human Sexuality. Other journals used were related to health in general, like Health Promotion Practice, Health Education Research, and the Journal of Adolescent Health. The rest of the articles I found were in education-related or sexuality-related journals.35

The timeframe I used was to search for as many contemporary articles as possible published after 2000, but I had to dip into the 1990s if I needed to reference a study found within another article. My rationale for choosing to research post-2000 is that I deduced that by this time, peer education had had some time to develop and to be studied, whereas articles from before then could presumably have been quite speculative and inconclusive in nature.

35 The information on British studies came from international journals.
Many of the articles from post-2000 did use data that they had acquired from studies in the late 1990s and early 2000s, however. I also manipulated the date range in CBCA Complete in order to generate the most recent articles.

I used the term “sex education” as opposed to “sexuality education” for my searches, because “sex education” generated more articles. The search terms I used were:

- “peer education”
- “peer educator”
- “peer education” and “benefits”
- “peer education” and “failure”
- “peer education” and “challenges”
- “peer teaching” and “sex education”
- “peer educator” and “sex education”
- “peer education” and “sexual health”
- peer educ* and sex* educ*
- peer sex* educ*
- “sexual health education” and peer
- “male peer educator”
- “male peer teacher”
- “male peer teacher” and “sex education”
- “social learning theory” and “peer education”
- “social learning theory” and “sex education” and “male peer”
- “social learning theory” and “sex education”

The most generative search terms were “peer education” and “sexual health.” It was a challenging process to get just the right combination of words, as without them, I most often found articles relating to domestic abuse, or sex workers. Using the quotation marks was key, but it could also become restrictive, very fast. For example, the terms “peer sexual health education” generated no results in the Sociological Abstracts and Women’s Studies International databases, and only three results in ERIC. These three results were, however, extremely relevant. There are many terms that can be used to describe peer education, so it was important to figure out which databases used which kind of terms. For instance, some databases use the term “peer teaching,” others used “peer-to-peer,” and others yet used “peer educators.” Also notable is the fact that there are many articles on peer education in general,
but when I added the words “sexual education” or “sex education,” the results became much more focused and few.

**Positionality**

When researching the literature on peer educators, I used a liberal feminist lens. I consider myself to hold liberal feminist views, which may have had an impact on the articles that I chose to examine. To explain liberal feminism in education, I will use Acker’s (1987) definition. She describes liberal feminism’s main goal as “securing equal opportunities for the sexes,” and, more specifically, that “the intent of liberal feminists in education is to remove barriers which prevent girls reaching their full potential, whether such barriers are located in the school, the individual psyche or discriminatory labour practices.”

While being aware of my own lens, I deduced that many studies were also using this lens, as much of the language around the purposes of peer-led sexual health education, or even sexuality education in general used words like “informed choice,” “equitable,” and “empowerment,” as well as discussing consent, which, I argue, are terms often associated with feminist discourse around sexuality and sex education.

Paula McAvoy discusses commonly-held liberal views about comprehensive sexuality education, consent, and informed choice-making. She quotes David Archard and says: “Consent giving is central to this view because in a liberal society ‘whatever is consented to by those...

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37 Jaworsky et al., "Evaluating Youth Sexual Health Peer Education Programs," 230; Kidger, “‘You realise it could happen to you‘,“187, 195; Fields and Copp, "Striving for Empathy," 190, 199; Forrest et al., "What do Young People want?" 337; Spencer et al., "What does 'Empowerment' Mean?" 346, 347.
capable of giving their consent and which harms no-one else is morally permissible’’

She further explains that Archard and other comprehensive sexuality education advocates hold that “information, decision making, and responsibility positions autonomous choice making as the overarching aim of sex education.” While it cannot be denied that these aims are important, McAvoy says that consent, and autonomous and informed choice making are not enough to constitute fully effective sexuality education. She pushes the liberal view further, and asserts that because of gender inequality, choice making is not enough to define sexual conduct, and that being autonomous in sexual choices exacerbates gender inequality. McAvoy insists that inequality between genders as well as the interdependence involved in sexual experiences must be recognized by students. She says:

Rather than focusing on choice making, sex educators ought to teach young people, first, to recognize themselves as sexual beings within the larger social context, in which many of the heterosexual values that are promoted position men and women unequally. Second, they need to recognize that all sexual experiences, no matter how brief, are moments of interdependence and thus require those involved to understand their moral obligations to others, including above all concern for the other’s well-being.

Although McAvoy’s notion of interdependence is aimed at the unequal power dynamic between heterosexual partners, I believe that it is just as applicable to all sexualities, as it promotes mutuality, an understanding of the other, and recognizes that sexual activity must respect all parties involved. Therefore, using a liberal feminist framework in sexuality education, in conjunction with McAvoy’s notion of mutuality, makes the deconstruction of

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40 McAvoy, “The Aims of Sex Education,” 487.
gender norms and equality in society all the more possible. It could develop in students “a willingness to be more interconnected and attentive to their moral obligations to others [;] an important step toward healthier sexual behaviors.”

**Historical Context of Sexual Health Education in Canada**

Before turning to themes from the literature, I will locate my inquiry in historical and social context. I will address two important historical periods in the history of sexual health education in Canada. First, I will explain the advent of sex education in Vancouver between 1911 and 1913, then will discuss how the Sexual Revolution changed what was being taught in schools regarding sex and relationships. This will bring me to how peer education has now entered the realm of sex education.

At the turn of the 20th century, throughout North America and Europe, sexual education, or sex hygiene as it was called at the time, became a pressing matter. Many adults were concerned about the effects of prostitution and the spread of venereal disease, the easy circulation of fashion magazines, and the circulation of popular American and foreign films, threatening to awaken sexual desires in youth. Parents, doctors, and religious leaders became increasingly disconcerted, leading them to begin to think about how to educate and protect their children from the social ills of the rapidly modernizing world in which they lived. The Western world began to turn to schools as the way to inculcate their children with scientific information, values, and knowledge about sex and relationships.

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In fact, these issues concerned the Canadian population as well. As Christabelle Sethna explains, the province of Ontario was facing these same concerns. She writes: “The impetus for children's school-based sex instruction was the moral and medical threat posed by what was perceived to be the dreaded corollary of prostitution and the double standard of sexual morality: venereal disease.” As Sethna notes, sexually transmitted infections were quite prevalent in Canadian society at the time. Soldiers often contracted venereal disease abroad, returned home, and passed on their infections. Even the spread of diseases between prostitutes and clients was an ever-increasing difficulty. So pressing was the issue of venereal disease that the Dominion Government granted hundreds of thousands of dollars to venereal disease control each year. Even by 1926, the cause remained so important that the amount dedicated to combating venereal disease across Canada was $125,000. A pamphlet called *Tell Your Children the Truth* outlined the urgency of educating youth about these problems, so that they would not be introduced to them by less-reputable sources. It read:

> The statistics of venereal disease, divorce, illegitimacy and prostitution are sufficient proof, if any be needed. It is nonsense for parents to feel sure that their children are protected against any vulgar first lessons concerning sex. It isn't even a choice between sex education and no sex education. The real choice is between sex education from a reliable and pure source, and sex information from unreliable and vulgar sources.

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45 Note: It is unclear when the first payments of these kinds were made to the provinces.
Across the country in Vancouver, sex hygiene was becoming important to physicians as well. A particularly salient account of the confusion surrounding the implementation of sexual health education programs in the early years of their development can be found in the minutes of meetings of the Committee for the Supervision of the Teaching of Sex Hygiene to the Advanced Grades of High School Students. Formed in 1911, the committee was “instructed to inquire into the general aspects of the Social-Evil, to ascertain how other countries were dealing with it, and to recommend some action if possible.”\(^{47}\) Between 1911 and 1913, Doctors. H.W. Riggs, J.M. Pearson, and F. Brodie worked to collect information on three questions in particular: what was being taught, how it was being taught, and who was most fit to teach it. After canvassing many colleagues throughout the United States and Europe, it seems that the committee was unable to come to substantial conclusions about the best way forward. The evidence the members compiled was sparse and vague, with little compelling evidence pointing to concrete answers to any of their three questions. They wrote: “[...] it did not take long to ascertain that the whole subject was a veritable welter of confusing opinions differing as to whether the subject should be taught at all, and if so, to whom, by whom, and in what manner.”\(^{48}\) As we can see, the quest for sex hygiene instruction was driven by the pursuit to contain venereal disease, divorce, and prostitution.

Many years later, in the 1960s, during a time of change in sexual liberation, a more modern Vancouver would echo the concerns of its early citizens in educating about and

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\(^{48}\) Committee for the Supervision of the Teaching of Sex Hygiene, “Committee Minutes” (Vancouver Medical Association Archives, 1911-1913), 2, 4, 20.
containing sexuality, albeit in a different way. Although the concerns of parents and physicians were similar to those of their early 20th century counterparts, this time they swirled around sexual morality, illegitimate births, the prevention of divorce, and the maintenance of the nuclear family that had been established in the 1950s. In fact, Vancouver was not alone in its concerns with increased sexual freedoms. When discussing the Sexual Revolution in general terms across the West, Stephen Garton notes that:

In the 1960s and 1970s the average age at marriage began to rise again, while the birth rate began to decline after the postwar baby boom. Men and women were spending a larger part of their lives as ‘singles’. There was a large market of increasingly prosperous sexually available people. Similarly, rising divorce rates meant that nearly half of all marriages would end up with the participants on the ‘market’ for sexual adventure and companionship.49

The issues he describes were absolutely part of the discussions in Vancouver around creating more comprehensive and consistent sexual health education programs in schools during this time.

Consequently, peer education has been growing in popularity, especially since the 1960s “to such an extent that it has become well established within schools and the youth service.”50

In fact, there is evidence that its popularity really began in the late 1950s on college campuses, where students were used as health aides providing information about influenza, or about the dangers of drug use.51 It should be noted that during the 1960s, when peer education was gaining popularity, but when it was mostly delivered by regular teachers, doctors, or nurses, sex education had very different, moral undertones. For instance, Susan Freeman discusses the

ideal life for which students receiving sexual education during this time were meant to strive. She says: “professionals deemed rushed marriages and large families undesirable; so, too, were young adults who never moved out from under their parents’ roofs. To put it simply, acquiring a heterosexual identity during adolescence — and achieving marriage and having children in adulthood — constituted the pinnacle of individual adjustment.”

Jonathan Zimmerman explains a similar viewpoint when talking about Mary Whitehouse, a prominent British moral activist in the 1960s who “[...] sounded a cautionary chord, warning that recent changes were eroding essential human traditions – especially family, community, and personal responsibility.” As the world was changing so rapidly, socially speaking, in the 1960s with regard to sexuality and promiscuity, perhaps this is why peer teaching became more popular.

Nancy Lesko explains that “[d]uring these decades, US social thought, behavioral norms, and public policies toward sexuality (e.g. premarital sexuality, contraception, and abortion), as well as nudity, pornography, and explicit public talk about sex, changed.” With the divide in sexual politics between young and old widening, it is possible that peer education was a novel solution for bridging this gap at the time. Having like-minded students teaching students could have been a way to further progressive agendas.

The popularity of peer sexuality educators has continued to develop since 60s, and has grown increasingly common since then. Even today, youth feel disconnected from adult

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53 Zimmerman, Too Hot to Handle, 80.
sexual health teachers. Yet, students are living in an era enjoying increasingly liberal attitudes towards sex and a deeper understanding of sexual health education needs. For example, the Sexual Information and Education Council of Canada (SIECCAN), purports the following:

In principle, all Canadians, including youth, have a right to the information, motivation/personal insight, and skills necessary to prevent negative sexual health outcomes (e.g., sexually transmitted infections including HIV, unplanned pregnancy) and to enhance sexual health (e.g., positive self-image and self-worth, integration of sexuality into mutually satisfying relationships).

This statement demonstrates the understanding that although biological processes about intercourse are important to know, there are other, social aspects that people must be aware of for their overall wellbeing. The goal is therefore not to promote one kind of relationship over another through sexual health education. Furthermore, the Public Health Agency of Canada also promotes an inclusive curriculum to guide Canadian sexual health programming. They say that:

Effective sexual health education maintains an open and nondiscriminatory dialogue that respects individual beliefs. It is sensitive to the diverse needs of individuals irrespective of their age, race, ethnicity, gender identity, sexual orientation, socioeconomic background, physical/cognitive abilities and religious background.

The Public Health Agency of Canada is therefore ensuring that sexual health education reflects current sexual attitudes, and does not discriminate against sexual choices of individuals, reflecting a feminist, intersectional approach.

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56 Langille et al., “So Many Bricks in the Wall,” 249-250; Kidger, “You realise it could happen to you’,” 192.
Finally, a very contemporary concern for sexual health educators is young people’s use of the internet. Online pornography is a concern for educators and parents alike, and, as Karen Baker explains, it is a topic that should be included in sexuality education in schools, especially within peer education. While her study of 218 young people in British schools is relatively small, it does give insight into whether or not online pornography should be addressed in sexuality education. She says:

The majority of young people (62.3%) reported that they felt schools should be teaching about risks associated with viewing online sexually explicit media. The most commonly chosen method for education was peer-led discussions among 16- to 18-year-olds, followed by teacher-led discussions and small group work.

Forty-seven participants chose to answer the open question asking for a reason behind their choice. The majority of comments by pupils who chose the ‘peer-led discussion with sixth formers (16- to 18-year-olds)’ revolved around the idea that children would be more trusting of their peers, find it easier to relate to them and be more comfortable talking to them rather than teachers about sexually explicit media.59

However, online pornography is not the only way that youth are using the internet for information about sexuality. Some also use it to find websites containing sexual health information. Amelia Holstrom notes that in the United States, “[f]ifty-five percent of 8–18 year olds have ever looked for health information online, and in one study 29% of 15–18-year-old participants had used the Internet to look up sexual health information.”60 Holstrom goes on to explain that in a study of 35 sexual health websites in the United States, the information on these sites “generally failed to dispel common sexual myths and [did] not always incorporate

the latest clinical guidelines on sexual health.”61 The ease of access to pornography online, but also more educational sources of sexuality information can be both positive and negative for young people. So, due to the prevalence of information accessible to students in the current digital age, it is extremely important to ensure that the information taught by peer sexual health educators, or all sexuality educators who teach in person, is accurate.

**Peer teachers keep sexuality education young, cool, and personal**

When thinking about the implications of sexual health education such as discomfort in talking about sex, differing sexual experiences between generations, and the power dynamics involved in sexual health instruction, it seems that peer education could be a good fit for this sensitive subject matter. For instance, having someone close to the age of teenagers can make them seem more in touch with the reality of the students’ sex lives. Cupples et al. suggest that “peer educators are better able to capture students’ attention and deliver prevention messages in a manner that is hip and relevant to youth culture while still being medically accurate and comprehensive.”62

Furthermore, by being “young and cool” the educators may increase the likelihood of student participation, as talking to a peer can sometimes be more comfortable than talking to an adult about sex. Peer educators “may be more effective communicators than adults because they better understand the life experiences, language and norms of teenage culture, and can increase the social acceptability of their health-related advice.”63 This illustrates Bandura’s

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61 Ibid., 281.
social learning theory, especially with regards to how teenagers choose after whom they model their behavior.

Another way that young educators can be effective in getting sexuality education material across is by the simple fact that the power dynamic between peer educator and student is somewhat more level, rather than in the traditionally authoritative, power-driven, top-down, teacher-student power dynamic. Louisa Allen explains how this “teacher-pupil binary” can be useful for teaching many subjects, but that sexual health education can disrupt this traditional relationship due to the nature of the content.\textsuperscript{64} One way in which this binary is disrupted by sexual health content is, as Brindis et al. (2005) explain, that students may have “sexual cultures“ and beliefs about contraception, sex, and parenthood, that do not align with those of their teachers. Having a younger educator who might share these same beliefs could help students connect with the material the educator is teaching. Brindis et al. further elaborate on this point by explaining that: “if sex education is to have any impact on individual lives, it needs to connect with these ‘sexual cultures’ and position young people as informed and agential in the educative process.”\textsuperscript{65}

Power in a teacher-student relationship also manifests itself in the way that teachers respond to students’ questions. Especially when talking about sex, some teachers may feel uncomfortable, and become judgmental about the choices students make. High school students in a Nova Scotia study on sexuality education reported such feelings of discomfort and judgment. Researchers reported that “students perceived their teachers as coming from a

\textsuperscript{64} Allen, “‘It’s not who they are it’s what they are like,'” 32.
\textsuperscript{65} Kidger, “‘You realise it could happen to you,'” 194.
generation having different values about sexuality, which created a credibility issue for [them].” They also reported that “teachers were not able to relate to their experiences and were, or could be, judgmental about their sexual behaviour.” This demonstrates that teaching about sex is a delicate matter. Creating an environment of trust and comfort for students (as much as possible), and choosing just the right kind of educator can have an impact on student learning.

In contrast to the arguments just put forward, peer teachers are not always named as the best teachers of sexual education, as was noted in another study. Louisa Allen discovered that some students felt that talking to their peers and sharing information about their own sex lives and sexuality could be disadvantageous because they might repeat it in the school yard to other students. Allen’s overall study points to the fact that what is often important is not “who” the teacher is, but what their perceived qualifications and characteristics are. In her study, 65% of students answered “no” when asked if they preferred sexuality educators to be closer to their own age. She explains that age is not the only factor in creating effective sexuality education. It is also the qualities, sexual experience, and knowledge that matter to students when they are asked to rank the best sexual health educators. Although Allen’s study produced these results, it seems to be one of only a few studies on peer education that does not wholly advocate the benefit of the youthful age of peer educators. This may be because other studies were not asking students what characteristics they sought in a good sexual health educator. It may also be because the peer educators in most studies are highly

66 Langille et al., "So Many Bricks in the Wall,” 251-252.
67 Allen, “It’s Not Who they are it’s what they are Like’,” 39.
68 Ibid., 45.
trained, and therefore more knowledgeable in general than regular teachers who are obligated to teach sex education.

Similarly, the knowledge level of peer educators and their personal experiences seems to be an important factor for students. In a British study carried out by Judi Kidger, teen mothers were used as peer sexual health educators. Through this study it was determined that the expertise of young mothers would have a greater impact on the students, due to their personal experiences giving them more credibility.⁶⁹ By having mothers tell their own stories, “it was felt that these real-life, personalized stories are rarely reflected in more dominant narratives about teenage sex, pregnancy and parenthood.”⁷⁰ In these workshops, the young mothers told their own stories, spoke about how their lives changed after having a baby, detailed financial challenges, disruptions in their education, and how having a baby at such a young age affected their relationships with friends and family.⁷¹ This personalization of sexual experience, which provided a direct link to observable results of unprotected sex on someone their own age, seemed to be an effective way to impact the choices made by the students in these workshops. Kidger cites a year-11 female student who attended this workshop, who said: “I think before it’s easy to think it couldn’t happen to you, now you’re more, well it could be you.”⁷² It can be understood, then, that because the students were witnessing the impacts of uninformed sexual health decisions directly from someone their own age rather than from an intermediary adult explaining what could happen, these peer educators were easier to relate

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⁶⁹ Kidger, “You realise it could happen to you’,” 187.
⁷⁰ Ibid.
⁷¹ Ibid.
⁷² Ibid., 191.
to. Students who had attended the workshops described the effectiveness of the workshops as coming from the fact that the “young mothers were speaking about their own experiences and appeared to be as open and honest about this as possible. These factors led pupils to attach a high truth-value to what they were saying, often in contrast to the message brought by teachers[.]”

The “direct from the horse’s mouth” approach, in this case, seems to have been more effective for these students, than hearing the information second-hand from an adult teacher. The personal angle of the young mothers made them more relatable.

Although the personal experience of these particular peer educators seemed to give them more credibility with students, using teen mothers as “bad examples” should not be held up as a perfect model of peer education. It should be noted that the young mothers may have been positioned as victims of their bad choices. This technique is not one that reflects an explicitly feminist view. It stigmatizes teen mothers, and ignores the role of teen fathers as well. However, this example is still significant, as it illustrates how peers can have an effect on student choices in a way that adults cannot, by virtue of their proximity in age, and through their first-hand and up-to-date knowledge.

**Specific training matters**

Another way in which peer educators can become more relatable is through their comfort in discussing sexual topics. Historically and even presently, “most health education is taught by teachers with little or no collaboration from health experts.”

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to create a comfortable and trustworthy environment within which students can learn about sex. Teacher discomfort is a recurring theme in sexuality education. For instance, Langille et al. assert that “[s]ince teacher comfort in presenting course material correlates with student responsiveness and a positive classroom environment, the instructional environment in sexuality classrooms may be less than optimal where teacher training is deficient.”

Teachers often have feelings of awkwardness, and lack of information or knowledge to answer questions posed by students. In their study of the barriers to sexual health education in Nova Scotia, Langille et al. say:

> Participants had experienced occasions when teachers were visibly uncomfortable, and avoided discussing sexual health material. These signs were: avoidance of using proper terminology (e.g. penis) in favour of awkward and less specific terms (e.g. private parts); turning away from the class when speaking; not answering questions; and avoidance of certain topics.

Something as basic as using the proper terminology when describing sexuality, sexual intercourse, and sexual health is easily surmounted with proper training.

Consequently, peer educator knowledge levels matter greatly in peer teaching. Because these educators do not necessarily already have all the knowledge and vocabulary for adequately teaching sexual health education, it is important for the peer educators to be specifically trained for this job. What sets peer educators apart from teachers is that they are often professionally trained to deliver sexual content in schools. In fact, Rye et al. (2009), explain that “evidence suggests that many Canadian teachers receive little or no pre-service

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75 Langille et al., "So Many Bricks in the Wall,” 247.
76 Ibid., 252.
training in sexual health education.” This notion is echoed by Cohen et al. (2004). They assert that: “only 16% of Bachelor of Education programs at Canadian universities provide compulsory training in sexuality education,” and that “only one half of Canadian school districts regularly offer in-service training in sexuality education and only one third of teachers report having participated in in-service training.” This is a Canadian example, yet it seems that the trend is potentially worse in the United States. In research done by the Sexuality Information and Education Council of the United States, (SIECUS) in a sample of 251 degree-granting institution, SIECUS “found that no sexuality education methods courses were offered to professionals-in-training, and only 2% offered methods in HIV/AIDS education, this despite the fact a bulk of states then required HIV/AIDS education.” This could be related to the fact that abstinence-only sexuality education is still relatively popular in the United States, and has received significant funding from the past three U.S. government administrations. Kohler et al. report that in their study of abstinence-only (delaying sex until marriage, and birth control as ineffective), vs. comprehensive sexual education programs (including abstinence messages, and information on birth control, relationships, condom use and choice-making), most teens surveyed reported receiving comprehensive sexual education. “Overall 9.4% of participants reported that they had not received any sex education, whereas 23.8% reported abstinence-

77 B.J. Rye et al., ”Satisfaction with School-Based Sexual Health Education in a Sample of University Students Recently Graduated from Ontario High Schools,” The Canadian Journal of Human Sexuality 18, no. 3 (2009): 110.
78 Cohen et al., ”Sexual Health Education,” 2.
81 Paula McAvoy, ”The Aims of Sex Education,” 486.
only education and 66.8% comprehensive sex education.”82 Perhaps this significant minority of abstinence-only and lack of sexuality education can account for teachers not being formally trained to teach sex education.

In the United Kingdom, there is a similar lack of formality and regulation around sexual health and relationships education or SRE, as it is called. In fact, it is not compulsory for teachers-in-training to study this area.83 Evans and Tripp detail the general discomfort of teachers in teaching sexual health education. They say that teachers in the U.K. reported “a lack of well-structured schemes of work detailing appropriate content, classroom practice, and attainment targets while facilitating positive student behaviours,” and that it is difficult “to ‘ratchet up’ the quality and quantity of teachers in such a marginalised and controversial area of the curriculum.”84 From the above examples, it seems as though sexual health education is still shrouded in the discomfort exacerbated by its historically taboo nature, despite national efforts in the aforementioned three countries to address teen pregnancy, HIV, and STI rates. Not only does this demonstrate the level to which sexual health education is undervalued in Canadian, American, and British schools, but it also opens the door for peer educators to provide more comprehensive and relevant education, simply due to the fact that they have received more training than most teachers.

Many peer education programs use a community of professionals around them to ensure quality education. For instance, one program in Oregon, the Male Advocates for

84 Evans & Tripp, “The Case for Primary Prevention,” 96.
Responsible Sexuality (MARS) program, is a community-based peer-to-peer promotion program designed to address reproductive and sexual health behaviors among men ages 13-25. To train their peer educators, MARS connects with many different local organizations to use their expertise in helping to deliver training to their educators. The training these organizations provide is as follows:

Local university counselling and psychological services staff train on male counseling techniques, components of healthy and unhealthy relationships, and maintaining personal and professional boundaries [...] Health department family planning providers cover STIs and contraceptive options. LGBTQ issues are discussed by a local university organization specializing in this topic area. In addition, community experts in sexual assault prevention education contribute to the MARS training.

Using local experts allows for future consultation with these organizations, and the development of ongoing training relationships. Similarly, the Randomized Intervention of Pupil-Led Sex Education (RIPPLE) study in the United Kingdom used “an external team of health promotion practitioners with experience of delivering peer-led sexual health programmes in schools,” who trained the peer educators to “prepare classroom sessions aimed at improving the younger pupils’ skills in sexual communication and condom use, and their knowledge about pregnancy, STIs (including HIV), contraception, and local sexual health services.” Specific training for peer educators is an important aspect of this kind of teaching, as it creates well-informed peer teachers, and could lead to increased levels of comfort on the part of both the peer educator and the students, due to the dynamic created when learning occurs between

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85 Cupples et al., “Reaching Young Men,” 205.
86 Ibid., 215.
peers.

**Student-led information and meaningful pedagogy**

Aside from sexual educators ensuring that a comfortable, trusting, and open dialogue is created, it is important that the information received is student-led. Training peer educators does not mean that they become “the mouthpiece for adults.” On the contrary, encouraging peer educators to “find their own voice and words” was a technique used by the MARS program in Oregon. \(^{88}\) This program encouraged the peer leaders to create new ideas (with support), which led to increased commitment and improved performance on the part of the peer educators. \(^{89}\) If the peer educators are engaged in the subject matter and are presenting it in their own manner, they may talk about sex more like their peers than their adult teachers. Both having training and latitude over the ways the information is presented could lead to more general comfort on the part of the educators. This leads me to wonder if this kind of technique could be applied to specifically trained adult sexuality educators, and if it would increase the effectiveness of the regular teacher’s sexuality education instruction. Could there be room for peer educators and teachers to work together to deliver sexuality education content one day?

Another way to keep students engaged is through allowing them to ask questions. Students must be able to have questions answered professionally and thoroughly. A key part of sexual health education is often the use of a “question box” in which students can drop anonymous questions to be posed to the educator, and answered within the session. In Kidger’s

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\(^{88}\) Cupples et al., “Reaching Young Men,” 23S.
\(^{89}\) Ibid., 23S.
study of teen mothers as sexual health educators, “a central part of each session was allowing pupils to ask whatever questions they wanted to, in an attempt to provide information that the pupils themselves identified as important, and that they were not receiving elsewhere.”\textsuperscript{90} It is my interpretation that the use of the question box, or even simply being afforded the option to have questions answered frankly is important as it contributes to students feeling heard, less embarrassed, and creates an environment in which the students feel they have control over the information they are receiving. This, in turn, enables the educator to demonstrate that they are not attempting to impress their own views on the students, but that they are willing to engage in a dialogue that comes directly from the students themselves.

Participatory techniques also create engaging pedagogy for students through peer education. This flattens the teacher-student binary somewhat, and makes for a more energized approach. Evans and Tripp (2006) explain three ways in which carefully designed programs using collaboration between the educator and the students can be helpful. They say that:

(1) peers can model successful relationships and demonstrate how good social skills can bring all-round benefits; (2) a peer presence in the classroom and their commitment to key programme objectives changes the perceived norms of the learners; and (3) peers are much more effective at creating a learning environment in which the learners accept the value of practicing relationships skills through a range of role-play techniques.\textsuperscript{91}

Therefore, a well-trained peer educator can model behaviour and address sensitive issues through role-playing, thereby possibly making the content much more interactive and interesting than a regular teacher might. Furthermore, while studying the effectiveness of peer education, Stephenson et al. note that peer teachers “[...] adopted a less formal approach than

\textsuperscript{90} Kidger, “You realise it could happen to you,” 187.
\textsuperscript{91} Evans & Tripp, “The Case for Primary Prevention,” 98.
teachers and made more use of participatory classroom teaching techniques. These involved games and small-group work, discussions, brainstorming, role-playing, and demonstrating how to use condoms.92 The informality of peer teachers creates a potentially more welcoming environment within which students may learn. This informal technique seems to have success in other studies as well. Fields and Copp discuss the impact that having a peer teacher can have with regards to students feeling heard, understood, and informed. They write:

Peer education is a step towards equitable sexuality education. Peer education offers not only a pedagogical strategy for meaningful teaching and learning about sexuality but also a potentially transformative response to rigid and alienating understandings of youth, sexuality and education. By affording youth the chance to assume the role of teacher and placing young people’s expertise and lived experience at the centre of sexuality education, peer education recognises young people’s capacity to be informed, inspiring and empathetic.93

I think it is important to note here that placing young people’s expertise at the centre of the education is significant. It helps demonstrate that teens can be informed about their own sexuality, and that they do not always have to learn about it from an adult. Most teens learn about sex from their peers outside of the classroom.94 Using a peer to teach them more specific information about safe sex practices validates the feeling that they already know about sex, and that adults can be out of touch.

The use of scripts to teach sexuality education is another approach that peer educating programs employ. According to Evans and Tripp, this is a more controversial and an approach “shunned by education experts,”95 because on the surface, it can seem restrictive. Some of the

92 Stephenson et al., "A School-Based Randomized Controlled Trial," 650.
95 Evans & Tripp, “The Case for Primary Prevention,” 98.
beneficial aspects of peer education are the creative and earnest teaching approaches in this format, so having scripts can seem to stifle these qualities. It should be mentioned nonetheless.

One British program that uses scripts is called APAUSE, or Added Power and Understanding in Sex Education. They do this by scripting what the peers will deliver in their sessions to students and encouraging students to remain faithful to the scripts when delivering their programs.96 Evans and Tripp’s study of the APAUSE program highlights what has been successful about this approach. They write:

We have found that scripts, carefully developed with young people which reflect their perceptions, language and experience can help stabilise the quality and fidelity of the learning experience. Provided there is an understanding that these scripts are broadly generic and descriptive of the classroom performance and not merely prescriptive, young people and their teachers can learn to adapt them and give them a more personalised feel. In this way, a good script can be used in a wide range of educational and cultural contexts.97

But, could this approach hinder the personal messages and informal feel of peer-led sexual education? The authors claim it does not, nor does it prevent the peer educators from “owning” the material in an authentic way. They say that in fact, this method has had success, and that “the impact on learners of peer education and of the peers’ experience of this ‘pedagogic’ style of delivery have shown that not only do both peers and learners derive many benefits in terms of their personal, health and educational needs but both learners and unselected volunteer peers, rate the intervention very highly while the latter promote participation to others.”98

96 Ibid.
97 Ibid.
98 Ibid.
Aside from the importance of teaching methods in keeping peer education novel and interesting, it should focus on relationships as well as the biological functions of the body. Louisa Allen details the importance of involving discourses of pleasure in sexuality education, which acknowledge that all youth and all sexual identities have a right to experience sexual pleasure. She says:

Including this discourse within programmes is about creating spaces in which young people’s sexual desire and pleasure can be legitimated, positively integrated and deemed common place. The presence of such a discourse would also involve a right to knowledge about the body as related to sexual response and pleasure and may include the logistics of bodily engagement in sexual activity. This information is vital not only for practicing safer sex (for example, which pleasurable activities are high/low risk for sexually transmissible infections), but also in terms of enhancing interpersonal relationships. If the aim of sexuality education is sexual health and well-being, then introducing a discourse of erotics does not mean discarding messages about preventing unwanted outcomes of sexual activity.99

Walters and Hayes demonstrate how this idea is relevant in practice. They say that: “[s]tudents report that a focus only on biological foundations of sexuality is not what they need nor does it tailor to their interests.”100 So, not only would it be beneficial for students to receive sexuality education that encompasses all sexual identities, feelings, and learning about building healthy relationships, it is actually what they want.101 Forrest et al. further reinforce the notion of what young people are really looking for in sexuality education. In it, they report that in response to a questionnaire, “52% of girls [surveyed] and 49% of boys agreed or strongly agreed that they would like more information about sexual feeling, emotions and relationships.”102

99 Allen, “Beyond the Birds and the Bees,” 152.
100 Walters and Hayes, “Teaching About Sexuality,” 29.
101 A point of note is that whereas sexuality education in Canada and in the United States is often called Sexual Health Education, or simply Health Education, in the United Kingdom, it is called Sex and Relationships Education, seemingly accounting for the addition of this kind of material.
102 Forrest et al., “What do Young People want?” 345.
It appears that including discussions on relationships, peer pressure and consent to the curriculum is still quite a new approach in the U.S., Canada and the U.K. Langille et al. report similar findings to Forrest et al.’s. They write that in Lear’s 1997 study,

it was discovered that participants’ experiences of school-based sexuality education centred on the physiological and gave little attention to the complexities of relationships. None of the participants experienced school-based discussions about sexuality that were positive in nature, resulting in sex education classes which had little impact.103

This focus on the biological harkens back to the beginnings of sexual health education, which was very much biology-based, and in which students learned about animal and plant reproduction. Although it cannot be denied that learning about sex through a biological lens is an important component as well, adding the extra component of navigating relationships could be a positive way to ameliorate sexual health education. Not only would it improve the quality of the education, but it would also further the feminist agenda of equality embedded within many sexuality education programs. Langille et al. explain that in their study of Nova Scotia schools, young women reported the following:

Education focused on issues such as anatomy rather than their own experiences, feelings and interactions. A lack of personally relevant content was articulated, and participants indicated feeling that a more realistic examination of the factors surrounding sexuality and sexual activity was needed. In sum, there was a dissonance between what went on in the classroom and in the everyday lives of these young women.104

Including such information could help create a more satisfying curriculum for students, and could help teens develop their interactions in relationships in more feminist ways. Peer

103 Langille et. al., “So Many Bricks in the Wall,” 247.
104 Ibid., 249.
educators and sexual health educators in general should start focusing on the overall “quality of young people’s relationships, and enabling them to develop more mature attitudes to the place of intercourse in intimate relationships.”

**Challenges of peer sexuality education programs**

Although thus far I have highlighted the benefits of peer sexuality education programs, I would like to point out the fact that these initiatives do not come without challenges. Retaining educators, financial factors, the fallibility of peer educators, and actual, measurable results all must be considered when weighing whether peer educators are entirely beneficial. To begin, Fields and Copp say that “youth is a temporary status.” Eighteen-year-old peer educators will not remain 18, young, and cool forever. Peer educators therefore have a shelf life. Hull et al. explain the problem succinctly. They say: “Each year, the rising cohorts disappear from schools and youth groups, becoming young adults, developing careers and marrying.” Furthermore, since many peer educators are between the ages of 18 and 25, they are often university students as well, and this can lead to complex scheduling problems.

Another consideration is that the peer educators are volunteers. Often they are not motivated by a salary, so waning dedication and participation demands can become costly. Having to intake new peer educators on a constant basis due to attrition and volunteers losing interest can become costly for program organizers. Raine et al. explain that “[b]ecause conducting a peer education program requires a high-intensity effort, it would be more cost-

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105 Evans & Tripp, “The Case for Primary Prevention,” 97.
107 Hull et al., “Peer Educator Initiatives,” 34.
effective to hire staff who are already trained as peer educators.¹⁰⁹ This notion of paying peer educators as staff is reiterated by Walker and Avis, who recommend paying educators when possible. “This ensures peer educators are not exploited if the level of pay is consistent with the task; it also makes them feel valued and provides greater controls in relation to quality control mechanisms.”¹¹⁰ In her study of 48 peer educator programs in the United States, Sarah Beshers provides insights into the percentages of programs that compensate their peer educators, and the various ways in which they do so. Her survey found that “[n]ineteen peer education programs (39.6%) provided no compensation to their peer educators, two (4.2%) gave academic credit, and 27 (56.3%) provided a financial stipend.”¹¹¹ So, in this case, we can deduce that over half of peer educator programs she surveyed actually compensate their educators in some way. Beshers further explains how much peers were paid. She says that the average hourly rate was between $5.00 and $10.00.¹¹² It is possible that it is so low because a) youth are historically paid close to minimum wage, b) it is referred to as a stipend and not a salary, and c) students are not facilitating workshops as a permanent job, therefore are compensated more as a gesture for the time they give, rather than as a fee for service. On the other hand, in certain cases, using peer leaders can be cost-effective, as in the case of the MARS program, which employs its outreach workers as interns or temporary employees. This is helpful financially, as interns and temporary employees are not entitled to full fringe benefits.¹¹³

¹¹¹ Beshers, "Where are the Guys?,” 283.
¹¹² Ibid., 283.
¹¹³ Cupples et al., “Reaching Young Men,” 245.
A completely different kind of problem with regards to peer educators is associated with the use of teenaged mothers as sexual health educators. Kidger’s 2004 study of young mothers as peer teacher highlights the fact that these women were telling their stories in order to instruct students to delay parenthood, and that some shaped their stories more negatively to meet this end. She also notes that this could be an ethical problem, as “pupils are being led to believe that they are hearing something that is ‘agenda free.’”\(^{114}\) Yet, I am not certain I agree that sexuality education is ever really agenda free. For example, abstinence-only education has a moral or religious agenda, and feminist-based sexual education has an egalitarian, feminist agenda. Depending on the goals of each sexual health education program or class, the agendas differ. Yet, her point is an important one: that educators can manipulate their stories to meet certain ends. It is therefore important to remember the following: “given that all narratives are reconstructions, there is an extent to which the teller always adapts what is said according to context.”\(^{115}\)

A final consideration to keep in mind is that peer educators can make mistakes, as can any educator. This can be in relation to the information they are providing, or with regards to their professional conduct. In the case of the MARS program, as Cupples et al. explain, “because it is typically peer educators’ first experience working in a professional setting, a functional understanding of a professional conduct cannot be taken for granted. So-called diamond in the rough peer educators occasionally make mistakes, which require tough management decisions.”\(^{116}\) Peer educators can therefore be taxing on the program organizers, as they could

\(^{114}\) Kidger, “‘You realise it could happen to you’,” 192.
\(^{115}\) Ibid., 192.
\(^{116}\) Cupples et al., “Reaching Young Men,” 245.
have to spend time disciplining, or more closely supervising, the content that the peers deliver, in order to ensure that its accuracy and professionalism.

**Conclusion**

I have described how peer sexual health educators have proven to be effective in conveying sexual health information in different ways from traditional sexual health educators through their ability to relate to teens on a personal level, through specific training as peer sexual health educators, and by using student-led instruction and meaningful pedagogy in sexuality education. I have also outlined a few challenges presented by the use of peer educators in curriculum-based peer education. Peer education can be an effective way to communicate information about sexual health to students, but its actual, concrete effects have been historically understudied. As Stephenson et al. put it, “[s]chools are complex environments in which to implement peer-led interventions, and peer education remains an unproven method for delivery of health education.” Since the evidence is generally positive regarding the way students perceive peer educators, and since it seems that this method is at least as good, if not better in some cases than traditional methods of sex education, it may be a helpful stop-gap measure to continue to provide trained educators in schools to deliver sexuality education. If, one day, governments, universities, private organizations, and school boards begin to seriously invest in training school teachers to deliver the curriculum themselves, perhaps peer educators will no longer be needed in curriculum-based sexuality education. Conversely, we may simply be at the very beginning of the success of peer educators.

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education, and, with more research and funding, maybe peer education could become a more important and effective method of teaching sexuality education. Another way to look at it, is that if curriculum-based peer sexuality education is simply a replica of regular sex education, but with a different kind of teacher, why bother investing in it? Turner and Shepherd make the point that “if peers have more credibility than teachers why attempt to make peers adopt a role similar to a teacher?”

Maybe what is needed is the creation of a completely new pedagogical model of peer sex education, one that has yet to be explored.

If this is to be the case, then I believe that Canada is uniquely placed to innovate and obtain funding in this area, due to current Prime Minister Trudeau being in power, and his penchant for having a feminist outlook and creating awareness about gender equality. By being the first Canadian Prime Minister to create gender parity in his cabinet, being a self-proclaimed feminist, and by answering “it’s 2015” when asked why he strove to achieve this parity, he demonstrated his commitment to the normalization of gender equality in this country. He has also received special commendation for gender equality at the Catalyst Awards, (the leading nonprofit organization accelerating progress for women through workplace inclusion) for “his leadership in advancing diversity and gender equality.”

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the media, but also through government funding, it appears as though there has never been such an open dialogue on gender and egalitarian issues as there is now in Canada. For instance, federal initiatives like the creation of a new “Advisory Council on the Federal Strategy Against Gender-based Violence” since June 2016, and Status of Women Canada’s new funding for projects that advance gender equality in Canada demonstrate a willingness to engage in feminist solutions to creating a more gender egalitarian Canada.\footnote{\textquotedblright{About the Federal Strategy on Gender-based violence,} swc-cfc.gc.ca, last modified November 18, 2016, \url{http://www.swc-cfc.gc.ca/violence/strategy-strategie/index-en.html}; \textquotedblright{Funding to Advance Gender equality in Canada,} swc-cfc.gc.ca, last modified October 13, 2016, \url{http://www.swc-cfc.gc.ca/fun-fin/cfp-adp/2016-2/index-en.html}.} Harnessing this trend could make a significant difference in the future of Canadian sexual health education.

It seems that trends in the United States and United Kingdom could be moving in an opposite direction due more conservative attitudes prevailing since the Brexit vote in the U.K., and the election of President Trump in the U.S. There was, however, a temporary resurgence of attention to gender during the Obama administration due to a shocking number of campus sexual assaults and rapes occurring in American (and other) universities. Sexism was also particularly highlighted during the 2016 Clinton campaign. Unfortunately, it seems that American and British federal attention to the causes of women’s rights, sexual health and education could wane significantly in the next few years. Perhaps, if the current trends in sexuality education do not continue to expand and improve due to political force and a rise in British and American conservatism, men may choose to be more and more absent in sexual health and education discussions. This could in turn negatively affect the growing need for male peer educators in sexual health education, thereby creating a delay in reaching groups of young
men through means that are specifically catered to them. Eventually, it could be, that this may lead to the stalling of sexual health education advancements.

Since young men are already underrepresented as peer sexual health educators, and if these trends do materialize in the way that I have described, it could be that the studies needed to determine the effects of male peer educators will never come to light. Investigating why young men are more reticent than their female counterparts to participate in peer sexuality education is crucial to improving sexuality education. In order to be able to further research how to use male peer educators to reach young men when it comes to teaching them feminist lessons on equality, sexuality, consent, and positive relationship-building, we must first know what drives their reluctance to participate as educators. Once this is determined, it could be possible to increase their numbers and, in turn, our knowledge about what is needed to make sexuality education more effective. Equality is not achieved through the work of feminists and women only. Men must be equal partners in the struggle for gender equality, and instilling these feminist ideals in young men through peer education could be a way to move this agenda forward.
Bibliography


Allen, Louisa. "'It's Not Who they are it's what they are Like': Re-conceptualising Sexuality Education's ‘best Educator’ Debate." *Sex Education* 9, no. 1 (02/01, 2009): 33-49.


Kidger, Judi. "'You realise it could happen to you': the benefits to pupils of young mothers delivering school sex education." *Sex Education* 4 (2) (2004): 185-97.


