‘Let’s Talk About Sex’

An Exploration into the Role of Empowerment in Sex and Relationship Education

Gemma Dummett
Abstract

School-based sex education plays an influential role for adolescents in England. Existing research shows that adolescents are a vulnerable population who are more likely to get a sexually transmitted infection over another age group. Girls between the ages of fifteen and twenty-four are particularly vulnerable to getting an STI. In some countries, a framework called comprehensive sexuality education (CSE) is used to promote empowerment among adolescents and to help lower rates of STIs. Therefore, it is essential to explore how a country like England, with a high rate of STIs uses sex education and if empowerment is used in the current sex and relationship education framework. Furthermore, the aim of this study is to explore if and how SRE contributes to the empowerment of adolescent girls, by particularly focusing on sexual health and consent. This aim was completed by applying Kabeer’s dimensions of empowerment and Lukes’ two-dimensional view of power to SRE. The main conclusions revealed that there was a lack of adequate sex education provided at school and adolescents had to actively seek this information elsewhere. Therefore, adolescent girls were not empowered as they felt they were not provided with the information in the first place.

Key words: empowerment, adolescents, sex and relationship education

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List of Acronyms and Abbreviations

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<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>WHO</td>
<td>The World Health Organisation</td>
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<tr>
<td>SRE</td>
<td>Sex and Relationship Education</td>
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<tr>
<td>RSE</td>
<td>Relationship and Sex Education</td>
</tr>
<tr>
<td>SRHR</td>
<td>Sexual and Reproductive Health and Rights</td>
</tr>
<tr>
<td>DFE</td>
<td>Department of Education</td>
</tr>
<tr>
<td>PSHE</td>
<td>Personal, Social, Health and Economic Education</td>
</tr>
<tr>
<td>STI</td>
<td>Sexually Transmitted Infection</td>
</tr>
<tr>
<td>CSE</td>
<td>Comprehensive Sexuality Education</td>
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<tr>
<td>OFSTED</td>
<td>The Office for Standards in Education, Children's Services and Skills</td>
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Introduction

“Sexuality – the subject matter seems so obvious that it hardly appears to need comment. An immense and ever-increasing number of ‘discourses’ have been devoted to its exploration and control during the last few centuries, and their very production has, as Foucault points out (Foucault, 1978), been a major characteristic of bourgeois society” (Padgug, 2007: 17).

Sex, sexuality and humans as sexual beings is a topic of much interest and discussion. On one hand, we want to express our sexual freedom and sexual desires. On the other hand, we are constrained by labels and conflicting perspectives on what is acceptable sexual behaviour and gender identity. But where do we learn this information from and whose role and responsibility is it to provide us with this information?

In the United Kingdom, schools have become being a prominent source of sex education where lessons on sex education are meant to be part of the national curriculum (Macdowall, 2015). The current framework of sex education is known as sex and relationship education (SRE), which was integrated into the curriculum in 2000 (Long, 2017). Adolescents are described as being a vulnerable group with a number of sexual health needs which need careful attention applied to (Kuzma and Peters, 2016). Therefore, this emphasis on sex education being a tool to improve the sexual health of adolescents has grown enormously.

There has also been a rise in the prominence of empowerment based interventions which are said to help improve health (Zimmerman, 2017). Both empowerment interventions and school-based sex education programmes are argued to create a powerful tool together for helping improve the sexual health of adolescents. A sex education framework promoted by UNESCO (2018), called ‘comprehensive sexuality education’ (CSE) is argued to be consisting of both these dimensions and have an influential role in improving the health of adolescents. Therefore, it is
interesting to see if and how the framework of SRE in England incorporates empowerment.

The topic of sex and relationship education (SRE) in the United Kingdom has also gained much coverage recently. In March 2017, Justine Greening, the United Kingdom’s Education Secretary announced that the ‘Children and Social Work Bill’ would be amended to make it a requirement that relationships and sex education (RSE) would be put on a statutory footing from Autumn 2019 (Long, 2017). Due to the new policy changes, upcoming, debates are currently surrounding what should be included into the new framework, and what did not work in SRE. The Office for Standards in Education, Children's Services and Skills (2013) described SRE as being ‘not yet good enough’, outdated and a third of schools needed improving within the United Kingdom. Technologies such as the internet, mobile phones and pornography now play an influential role in adolescent’s sex education, which the 2000 SRE framework does not address (OFSTED, 2013).

This research will only focus on the framework covered in England, as Wales, Scotland and Ireland have different policies and frameworks put in place regarding sex education.
Purpose, Aim and Research Question

The primary aim of this research is to explore how English secondary schools empower adolescents, particularly girls and improve their sexual health awareness. In other words, I want to investigate how knowledge on sexual health, consent and all things related to experience of sex, empower adolescents. I will argue for the importance of feminist standpoint theory where a ‘study up’ approach is used to view social reality through the eyes of adolescents. As this subject is given a lot of coverage at the moment, I think it is most appropriate to assess what SRE has provided for adolescent’s so far. Therefore, below are the research questions and sub-questions I aim to answer by the end of this research.

Question: How has SRE in English secondary schools affected the empowerment of girls and sexual health awareness?

Sub-questions:
How has sex education contributed to empowerment for girls?
In what ways has the sexual health of adolescents been improved by sex education?
How has consent been included in SRE and what has been done so far?

Disposition

In chapter one, I will present the background information surrounding the topic of SRE in English secondary school. In chapter two, a literature review will be presented consisting of studies surrounding this subject. Chapter three will consist of the theoretical framework and concepts used to analyse the data collected by the semi-structured interviews and chapter four will explain the methodological and epistemological framework used to position this study. In chapter five, the results will be presented, along with an analysis which links back to the literature review and theoretical framework I have used. In chapter six, the key findings will be examined more thoroughly using the theoretical frameworks along and chapter
seven will present the concluding remarks to summarise the key points found in this study.

Background

As previously stated, currently in the United Kingdom sex education is taught mostly in schools, which is known as sex and relationship education (Macdowall, 2015). The 2000 framework is a requirement, currently taught in secondary schools for pupils between the ages of eleven and eighteen and information on sexuality, reproduction and sexual health are all taught within SRE (Long, 2017). SRE is currently taught with subjects such as science and personal, social, health and economic education (PSHE). However, faith schools can adopt the curriculum in accordance to their religion from faith, as well as, private and academy schools do not have to fit so tight into the structure.

Adolescent sexuality

Adolescent sexuality is a subject of concern “which often invokes moral, social and political anxiety and debate” (Elley, 2013: 4), making is controversial. Within England, the sexual health of adolescents especially being concerning, as those between the ages of 15 and 24 being at most risk of getting a sexually transmitted infection (STI). In 2016, 420,000 new cases of STI’s were diagnosed altogether, with women between the ages of 15 and 24 being seven times more likely to get an STI in comparison to those aged between 25 and 59 years old. Whereas, men between the age of 15 and 24 only being twice as likely to be diagnosed with an STI in comparison to the 25-59 age group (Public Health England, 2017).

Statistics show women are more vulnerable to get an STI. Therefore, I would like to focus on adolescent girls and their sexual health for this reason and approach it from a feminist perspective. Coy et al. (2016) also argue that women are more vulnerable to sexual violence, as well as emotional manipulation and consent. A miscommunication discourse is created during sexual consent and Coy et al. (2016)
argue SRE does not address consent adequately. Therefore, I would like to address this issue with the participants involved in this research, as well as sexual health.

Adolescent’s transitioning period

During this period, sexual feelings and sexual identities are explored as “adolescence is a time of sexual risk-taking and experimentation” (Forsyth and Rogstad, 2015: 447). Forsyth and Rogstad (2015) argue that due to neurophysiological differences, adolescents have less of an understanding of how their behaviours and actions can lead to consequences, and see themselves as ‘bulletproof’ to these consequences. Therefore, they engage in riskier sexual behaviours, making them more vulnerable to sexually transmitted infections, unwanted pregnancy, sexual exploitation and not understanding how consent is important in a sexual relationship.

Adolescents are vulnerable due to their “unique healthcare needs” which are not always integrated well into healthcare systems. During the transitioning period of adolescence emotional, psychological, physical and social changes are experienced, along with adapting to “their sexually maturing bodies” (Kuzma and Peters, 2016: 353). New perspectives on relationships are also developed and decision making skills are tested in this transitioning period from childhood into adulthood. Limited resources or support to practice safe sex practices, mixed messages about sexuality and social pressures all increase these risky sexual behaviours. As well as, drug, alcohol and tobacco use, for the first time also adding to this increase they are more likely to engage in risky sexual behaviours, Kuzma and Peters (2015) also argue that adolescents are a hard to reach target group with healthcare providers, as they are not integrated well into healthcare, meaning they are more vulnerable
Literature Review

This chapter aims to position this study in terms of existing knowledge and literature on the subject of sex and relationship education (SRE) within England. The chapter will be split up into three parts; in the first part, school-based sex education will be discussed in general terms, where world-wide sex education frameworks will also be discussed. The second part looks at arguments for and against school based sex education and the third part with look specifically at existing literature on SRE in the UK, which are similar to this research.

Various school-based sex education frameworks

Sex education within schools is a highly debated topic, arguments around it are extremely divided, as some argue that it encourages promiscuity and early sexual activity among young people. Controversial topics such as self-pleasure and pornography are sometimes discussed in these lessons, which some do not find appropriate (Allen, 2011). While others, argue that it helps delay sexual activity, by lessons being given in school, it gives adolescents the skills and knowledge to improve their sexual health (Pound et al., 2016; Thomas and Aggleton, 2016).

There are different versions of sex education frameworks world-wide, with the most popular being comprehensive sexuality education (CSE). CSE is promoted highly by UNESCO (2018) as CSE is said to promote a sex-positive approach and addresses safer sex practices and putting young people’s sexual and reproductive health and rights (SRHR) first. UNESCO defines CSE as being “a curriculum-based process of teaching and learning about the cognitive, emotional, physical and social aspects of sexuality” (UNESCO, 2018: 16). The main aspects of CSE are that it is transformative, has a gender equal approach, is human rights based and is age appropriate. In comparison to a CSE framework, is a version of sex education known as ‘abstinence-only’, which is extremely prominent in the United States (Allen, 2011). Rose (2005) defines abstinence only as “teaching the social, psychological and health gains to be realized by abstaining from sexual activity”
(Rose, 2005, p. 1208 in Allen, 2011: 47). Allen (2011) also argues that a moral discourse is presented in abstinence programmes and the dominant message presented is to save sexual activity until marriage in a heterosexual relationship, by using fear as a tool to promote this view (Allen, 2011).

Within the UK specifically England, there are arguments over what discourses are presented by policies and practice of the ‘Sex and Relationship Education Guidance’ (2000). Below, brief arguments of what discourses and approaches are conveyed through SRE will be displayed which will be explained more in-depth throughout this chapter.

Kidger (2005) presents two discourses which are currently in SRE, these are moralism and harm reduction. The discourse of moralism looks at adolescent’s sexuality as being a threat to traditional ideas such as, parental authority and saving sex for marriage. Whereas, harm reduction discourses position adolescent’s sexuality as being risky and then ending in negative sexual outcomes such as unintended pregnancy and STIs. Although, the two are incompatible, both discourses view youth sexuality as in need of control because it is ‘dangerous’ and adolescents need to be protected from adult sexuality due to them being vulnerable. Furthermore, this argument is reinforced by parents having the right to withdraw their children from SRE, even though its compulsory within secondary school, which privileges parental authority (Kidger, 2005).

On the other hand, Spencer et al. (2008) argue the currently SRE framework is combined of two incompatible approaches. The first approach is morally informed, behavioural outcome focused and adult-led. Whereas, the second approach looks at how adolescents can make ‘informed choices’ where notions of empowerment will support this. Empowerment is linked here to the ability to make ‘informed choices’ by providing adolescents with skills and knowledge to make these informed choices. “Current English policy therefore appears to prioritise a morally defined
framework for SRE but within a so-called ‘empowering’ public health agenda” (Spencer et al., 2008: 346).

**Arguments surrounding school-based sex education**

Many scholars argue that schools are the ideal environment to provide sex education lessons, as they can provide a safe environment for sex education to be taught and are places where ‘hard to reach’ groups can be reached. Teachers have a prominent role in schools to normalise the understandings of sexuality, by reaching a large group of people and addressing negative social norms, such as sexuality and gender roles which can influence, sexual health outcomes (Grose et al., 2014; Aggleton and Thomas, 2016).

School-based sex education is argued to improve sexual health outcomes, as adolescents will develop their skills and knowledge on the subject, so they have the capability to make informed choices, prevent unintended pregnancy and STIs. Therefore, it is argued that adequate sex education will lead to young people delaying to engage in sexual activity (Thomas and Aggleton, 2016; Macdowall, 2015).

Empowerment is argued to also be an important tool to improve health outcomes, especially regarding adolescent’s sexual health. Both Wiggins (2011) and Zimmerman (2017) argue that empowerment based interventions can be used to promote the health and well-being of marginalized groups and to address health inequalities. Grose et al. (2014) argue that schools could play an essential role in empowering youth to make informed decisions about their sexual health; they have a good environment to promote sex education to be an effective tool for adolescent empowerment.

On the other hand, it is argued by others school-based sex education programmes are not efficient due to unequal power relations are present in these classes. Thus, sexual health knowledge is a way of exercising power and these power relations are
extremely prominent in schools (Allen, 2011). Allen (2011) argues that a ‘socially valued’ and a ‘selective tradition’ of knowledge is presented in these classes. What she means by this, is that the information given in sex education classes is not neutral, it’s a hegemonic group’s perspective which then sets the standard for how others should think, it comes from a moralistic perspective. Sex education is given less time in the school curriculum, which gives other subjects higher status as they are less controversial. The sex education system is adult centred and reproduces unequal power between adults and young people, as adults set goals to for younger people which effectively is used as a control tactic. Therefore, Allen (2011) argues adolescents are not empowered, but instead told what to think and what to do, making school-based sex education a paradox to empowerment. Furthermore, an illusion is created of equality between students/teachers, but instead of empowering the students, the teachers are seen as agents which empower their students (Naezer et al., 2017). The policies currently in place “signal regulation rather than empowerment” (Naezer, et al., 2017: 714).

Arguments against school-based sex education also view sex education as producing a moralistic discourse or a harm reduction discourse, to regulate adolescents “moral conduct” (Allen, 2011: 2). In England. Kidger (2005) argues youth sexuality is presented by SRE as being a ‘moral risk’ which needs to be controlled, where ‘risky’ sexual behaviours apparently lead to negative sexual outcomes. SRE “plays a key role in controlling youthful sexuality, and in transmitting dominant cultural messages based on gender and age appropriate norms that position all sexual activity outside the domain of adult, heterosexual marriage as dangerous” (Kidger, 2005: 482). Therefore, by reproducing heteronormative ideas and frowning on sex outside of heterosexual marriage, youth sexuality is controlled by education (Kidger, 2005). Instead of social factors being addressed in school-based sex education, moralistic discourses are promoted (Thomas and Aggleton, 2016).
Literature on existing SRE programmes

“Research has shown that, in order to be effective, SRE needs to be comprehensive, clear and focused, up-to-date, inclusive, developmentally appropriate, sensitive to community values and designed to engage with the behaviours and needs of a diverse range of young people” (Thomas and Aggleton, 2016: 23).

As previously mentioned, the United Kingdom uses sex and relationship education (SRE) or PSHE to teach sex education. Four separate studies carried out in the United Kingdom will be presented below, along with a discussion on where the existing literature surrounding this topic is lacking and how my study fits in.

Young people’s views on their school-based sex education

Although, the data from Pound et al.’s (2016) study is from countries such as, Sweden, USA, New Zealand and Australia, it also is from the UK which I find applicable here. Pound et al. (2016) describe SRE as lacking statutory status, and they wanted to look at provisions in other countries to see how other sex education programmes function. The study was carried out between 1990-2015, about different forms of school-based sex education programmes using qualitative data.

Results found that school-based sex education programmes should be taught with a sex-positive approach, otherwise young people would disengage from it. The students did not like how biological classes were and saw this as a very narrow view as sex was presented as a “scientific activity” (Pound et al., 2016: 7). A moralistic discourse was also presented in the sex education classes, and did not support the view that young people are sexual beings and adopt this so young people’s autonomy is reflected in class. “SRE was described as prescribing appropriate behaviour, shaping student sexuality as a ‘problem’ to be managed and presenting a model of ‘legitimate’ sexuality” (Pound et al., 2016: 7). Teachers had an influential role, in the information received from these classes but students felt the teachers were not able to discuss sex properly. A heterosexual discourse was also extremely prominent in the classes, and narratives that men were described as
sexual predators were apparent here. There was also no discussion on the topic of female sexual pleasure in sex education class which annoyed adolescent girls.

The class dynamic played an important part in adolescents’ school-based sex education. Adolescents were described as vulnerable in sex and relationship education: men were disruptive in classes, which researchers reason as trying to cover up their sexual ignorance. Both the girls and boys took classes seriously, but the girls felt discouraged to participate in discussions as they were being verbally harassed by the boys as sexual reputations were attacked in class, if they spoke up. From a male perspective, they felt it was presumed that they are sexually knowledgeable, so didn’t want to ask questions in case seemed unexperienced. They also wanted to know how to have sex, what does it involve, and more information on the ability to ‘perform’. In a general sense, the class dynamic was very awkward, there was a feeling of humiliation present in the classes. Students could tell teachers also felt awkward and embarrassed in class (Pound et al., 2016).

_How can SRE be effective?_

Specifically looking at the UK, Pound et al.’s (2017) conducted a study involving both qualitative and quantitative data to see what made SRE effective in schools. Results collected found that sex education in schools is important for young people and can improve sexual health, especially where there were “school-linked sexual health services” (Pound et al., 2017: 1). Data collected from the third National Survey of Sexual Attitudes and Lifestyles (Natsal-3), showed young people’s preferred source of sexual knowledge was school If young people reported school as their main source of sex education, within a year, they were less likely to have unsafe sex comparatively to those who received sex education from non-parental sources. Also, those who learnt from school-based sex education delayed their first experience of sexual activity and reported to be less likely diagnosed with an STI. Young women felt ‘sexually competent’ when they experienced sexual activity for the first time due to school-based sex education, as they felt they understood how to practice safe sex.
That being said, young people wanted a sex positive approach but this wasn’t given. Instead the young people found SRE as being negative due to just focusing on ‘risks’ and ‘risky behaviours’ such as unprotected sexual intercourse. There is no singular definition of what a sex positive approach is, but Pound et al. (2017) argue that it has a positive and open attitude regarding sex, that it embraces sexual diversity. Young people found abstinence only un-realistic and didn’t like this method of teaching, as well as classes being heteronormative by focusing on heterosexual sexual activities. They wanted more relevant information, regarding pleasurable sex, masturbation and unbiased information, especially on abortion. The young people in this study also wanted their maturity and autonomy acknowledged, and for more open information on relations and emotions which accompany sex. Female sexual pleasure was again not discussed; young people saw these as reproducing stereotypes of women lacking desire and are passive. It became apparent that sex education “placed responsibility for the work of sexual relationships onto women and cast women in the role of sexual gatekeepers” (Pound et al., 2017: 5). Therefore, it is interesting to highlight that consent is seen as the responsibility of women in this study.

Sources of sex education in the UK
The second study based in the United Kingdom, also looked at data from the 2010 – 2012 National Survey of Sexual Attitudes and Lifestyles (Natsal-3). It was cross sectional study based on a probability sample survey which looked at main sources of sex education information and compared this to the sexual behaviours and outcomes of young people. Macdowall et al. (2015) found school based sex education delays first time of sexual activity and helped report lower “negative sexual health outcomes, particularly among women (Macdowall, 2015: 1). Young people disliked a purely risk reduction emphasis on SRE, and instead wanted positive aspects of sex such as pleasure to be mentioned. They also thought that via a sex-positive approach, consent could be discussed thoroughly and “negative societal attitudes” (Macdowall, 2015: 5) could be challenged. Those interviewed
wanted educators who treat young people with respect and enjoyed teaching the subject, and to acknowledge young people as being sexually active.

*What does empowerment mean in SRE?*

The final study carried out by Spencer et al. (2008) focuses on England and looks at what empowerment means in SRE. As previously mentioned, Spencer et al. present two different approaches; moralistic and empowerment, which promote making ‘informed choices’. However, Spencer et al. argue these choices are already decided and ‘right choices’ are intertwined into SRE practice, to get adolescents to delay sexual activity, avoid STIs and unintended pregnancy. Therefore, Spencer et al., (2008) argue a “morally defined framework” is presented in SRE, but it is conveyed “within a so-called ‘empowering’ public health agenda” (Spencer et al., 2008: 346). The concept of empowerment with be discussed further in the section of theoretical framework.

Although this studies has the most similarities to my research question, it doesn’t offer the raw experiences and opinions of adolescents. Also, how certain experiences they have had, has impacted their sexual health and empowerment. Current research frames sexual health as looking at how ‘risky sexual behaviours’ and how these a controlled. These previous studies do not touch upon consent either which I find to be significant when discussing empowerment. Existing literature also looks at sex in a bio-medical frame which I want to avoid as much as possible in this study. My research also has a more specific focus, by exploring girl’s experiences of SRE and how this either has or has not led to empowerment.
Theoretical Framework

In this chapter, Kabeer’s conceptualisation of empowerment will be used as a main theoretical framework to see how empowerment can be applied to SRE. Within Kabeer’s conceptualisation of empowerment, she uses three dimensions; where two of them; agency and resources are particularly applicable to this study. Steven Lukes two-dimensional view of power will also be used, as a theory to discuss power structures with SRE, such as relationships, institutions and classroom dynamics. After these two theories, have been discussed common concepts will also be explained.

First, I would like to highlight my choice of using empowerment for a theory. As this research is coming from a feminist perspective, I find it essential to use a theory which has been part of feminist theory. Since the 1960s and 1970s the concept of empowerment has emerged from feminist and self-help movements and become a vital part of feminist theory, where political, personal and interpersonal power are given to those who are marginalised and oppressed (Turner and Maschi, 2015). Turner and Maschi (2015) argue empowerment theory and feminist theory are related as they both focus on subordination and domination, where both individual and collective identities are explored.

*Conceptualising empowerment*

The ubiquity and broadness of the concept can make it problematic to use as there is no single definition of what empowerment is and how it can be measured. However, Kabeer (1999) argues “for many feminists, the value of the concept lies precisely in its ‘fuzziness’” where it allows breathing space for the definition of empowerment to be pinned down (Kabeer, 1999: 436). Although, definitions of the concept differ, much of the literature surrounding empowerment addresses the idea that it is often conceptualised as a process, where power and choice is exercised so those who are disempowered then can have control over their lives (Wallersein, 1992; Zimmerman, 2017; Naezer et al., 2017; Spencer et al., 2008). Many scholars
agree with this definition, but I think it is also essential to highlight certain concepts which those define empowerment as. Below several definitions of empowerment will be given, due to the ‘fuzziness’ and ubiquity of the term. This will be explored below, as I view empowerment as an umbrella term which is made up of key concepts and these key concepts are vital to use in my research discussion. The four concepts are choice, control and power, which will be explained further below.

Wallerstein (1992) defines empowerment as “a social-action process that promotes participation of people, organizations and communities towards the goals of increased individual and community control, political efficacy, improved quality of life and social justice” (Wallerstein, 1992: 198). Spencer et al. (2017) and Zimmerman (2017) agree with this, that it is essential for empowerment to be multi-dimensional as there is a difference between community empowerment and psychological/ individual empowerment.

Choice
Expanding on the previous definitions, Kabeer (2005) also emphasises choice to be a key aspect of empowerment, as she argues that if you are disempowered then you are denied the ability to make choices or “strategic life choices” (Kabeer, 1999: 435). Spencer et al. (2008: 348) adds and expands to this concept by discussing empowerment in terms of people “exercising choice in their lives”, but also adapt choice to ‘informed choices’. Spencer et al. (2008) relate this concept to sex and relationship education (SRE) in the United Kingdom, where empowerment is usually linked to ‘informed choices’. Here I find the concept of ‘choice’ to be extremely important, as it comes up in existing literature regarding sex education, and how adolescents can make choices and ‘informed choices’ in regards to their sexual health.

Control
Another key concept within empowerment is control, Naezer et al. (2017) argue how people taking control over their lives enables them to be empowered. Referring
back to Wallerstein’s (1992: 198) definition, she argues empowerment helps increase “individual and community control”, which Zimmerman (2017) also looks at empowerment from this perspective and says it enables people to ‘exert control’ over their lives. In relation to sex education, empowerment can be used as a tool to enable adolescents to have control over their choices.

**Power**

Connecting to control, comes power, which Kabeer (2005), Naezer et al. (2017), and Spencer et al. (2008), all write about in their definitions of empowerment. Naezer et al. (2017) discuss how empowerment enables people to “exercise power” and Spencer et al. (2008) relates to empowerment as the ability in “attaining power”. Whereas, Kabeer (2005: 13) discusses the concept in regards to women’s empowerment and her understanding of empowerment comes from understanding power, which she defines as “the ability to make choices”. Spencer et al. (2008) also view its vital to define power to understand empowerment, as the way power is exercised is often ignored in empowerment discussions.

**Kabeer’s conceptualisation of empowerment**

As previously stated Kabeer’s (2005) understanding of empowerment will be used as the main theoretical framework within this research. Although, definitions of empowerment have already been given I find it essential to re-highlight Kabeer’s main message; empowerment is not empowerment unless there is choice. She also argues that for real choice to exist there must be alternatives, which gives people the option to choose differently, “to be disempowered, therefore, implies to be denied choice” (Kabeer, 2001: 18).

However, Kabeer (2005) argues that, for there to be this choice, certain conditions must be provided and not all choices have equal significance in reference to power; there are first and second order choices. First-order choices are ‘strategic life choices’, which refer to who to marry, if to have children with for example. These choices are seen as critical in enabling people to have the lives they want. Second-
order choices are ‘less consequential’ choices, which help improve the day-to-day quality of life, “but do not constitute its defining parameters” (Kabeer, 2005: 14).

Kabeer’s (2005) way of conceptualising empowerment has been picked over other literature as she uses three interrelated dimensions to explore how empowerment occurs via exercising choice; resources, agency and achievements. In Kabeer’s (2005) definition on empowerment she focuses a lot on choice, which I can apply to the concept of ‘informed choice’, which much of the existing literature on SRE explores (Spencer et al., 2008). My take on empowerment is also very much like Kabeer’s, as she uses resources as a catalyst of empowerment which can be applied to SRE classes producing knowledge.

Figure 1. shows Kabeer’s three dimensions of empowerment which are applied to specifically women’s empowerment and will be explored below.

Figure 1. Dimensions of empowerment

<table>
<thead>
<tr>
<th>Resources</th>
<th>Achievements</th>
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<tbody>
<tr>
<td>(conditions)</td>
<td>(outcomes)</td>
</tr>
<tr>
<td>Agency</td>
<td></td>
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<td>(process)</td>
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(Kabeer, 2001: 20)

*Resources*
As Kabeer (2005: 14) views empowerment as a process of change, she argues the process starts with the dimension of resources; “resources are the medium through which agency is exercised”. Resources are known as the conditions or pre-
conditions of choice which enable people to exercise choice and increase their ability to do so. These conditions are distributed by human and social resources and are not limited to material form, referring to economic resources. Human resources “are embodied in the individual and encompasses his or her knowledge” (Kabeer, 2002: 20). Whereas, social resources are social relationships and institutions such as community, family, the state, networks and market within society (Kabeer, 1999; 2002; 2005). In institutions, norms and rules are reproduced by specific individuals having the power to distribute them, as these individuals have managed to possess an authoritative position. “Access to such resources will reflect the rules and norms which govern distribution and exchange in different institutional arenas” (Kabeer, 1999: 437). Kabeer’s (2005) examples of these authoritative individuals are; chiefs of tribes, elites, directors and managers of organisations and firms.

To re-highlight the Kabeer’s main message; to be empowered it is vital to have access to resources. “Empowerment entails a change in the terms on which resources are acquired as much as an increase in access to resources” (Kabeer, 2001: 20). It is also important to highlight that agency encompasses the ‘access to resources’. Resources have the possibility to enhance people’s life situations if people have access to them; this is where empowerment is considered but is not guaranteed. To apply this to the research, education as an institution can be seen as a proxy of empowerment, as for example, Kabeer (2005) applies her concept of women’s empowerment to education, as education enables women to access information and knowledge.

Agency
The use of agency as a dimension is extremely important as it’s what other definitions of empowerment lack. Kabeer (2001) argues that it is not enough just to have access to resources, but instead one must have the ability to use these resources. In Kabeer’s case, agency refers to representing “the processes by which choices are made” and goals are defined and acted upon (Kabeer, 2005: 14). Agency does not appear just via ‘decision making’ but also through other forms such as;
manipulation, negotiation, resistance and subversion (Kabeer, 1999). In this process, individuals gain a sense of agency or comprehend the purpose and motivations of their actions and activities, also referred to as “the power within” (Kabeer, 2001 : 21). While agency is usually seen as being exercised at an individual level, it also is exercised at a collective level.

Kabeer (1999) distinguishes between positive and negative agency in relation to power. *Power to* is seen in a positive sense, as it refers to people having the capability to make their own decisions and setting their own goals. Whereas, *power over* is seen in a negative sense, as the agency of others is overridden through threats and violence for example. However, when agency is absent, power can still operate. “The norms and rules governing social behaviour tend to ensure that certain outcomes are reproduced without any apparent exercise of agency” (Kabeer, 1999: 438). In relation to empowerment, agency is not just about individuals to be actors in change and exercising choice, it is also about them challenging and negotiating institutional power. As well as, positive and negative connotations of agency, there is also passive and active agency. Active agency involves purposeful behaviour and passive where there is little choice, to make strategic choices (Kabeer, 2005).

Relating back to SRE Spencer et al. (2008: 350) argues “evidence that suggests a lack of self-esteem and autonomy is associated with negative sexual health and related behaviours”. Therefore, meaning when there is a lack of agency, negative sexual health outcomes are more apparent.

**Achievements**

Achievements refer to the consequences of choices made, meaning they can be seen as the outcomes of empowerment (Kabeer, 2005). Therefore, within the dimension of achievements, the outcomes of one’s choices are measured by the extent they are achieved. Resources and agency are referred to as capabilities, and the achievements are understood in relation to these two capabilities being realised. Kabeer (1999) argues that all three of these dimensions; resources, agency and
achievements are needed to measure empowerment, which will be thoroughly discussed in the analysis and discussion chapters.

**Lukes’ conceptualisation of power**
The other theory used in this research is Steven Lukes (2005) three dimensions of power where he explains power as being multi-dimensional. Relating to empowerment, I think it is vital to explore power as they relate with one another as Kabeer (2005) argues. In Lukes conceptualisation of power, the three dimensions he uses a three-dimensional view of power as he critiques the two-dimensional view as being inadequate. However, specifically relating to this research, I disagree and will only be using the two-dimensional view, as I find it most applicable to this study.

To Lukes’ (2005) power can be understood as; “A exercises power over B when A affects B in a manner contrary to B’s interests” (2005: 30), meaning power serves in hegemonic groups interests. However, he argues this definition of power as too vague and puts forward the three dimensions of power. The two dimensions used in this research will be presented below.

**One dimensional view**
The first dimension of power, is the decision-making phase, where one party exercise power over another party, which is a classic way of viewing political power. This phase is transparent as people are aware that their interests are not being taken into consideration and are compromised. This dimension focuses on pluralism by Dahl, and how power is exercised over another. Power here, is measured here in terms of its ability in being exercised, looking at who win and lose in situations, when it comes to decision-making (Lukes, 2005).

**Two-dimensional view**
Whereas, the second dimension, is the non-decision making phase, which is a critique of the pluralist model and is subtler than the previous dimension. It focuses
on an elitist view of Bachrach and Baratz’s argument being that limited power can be given. It has been defined as “to the extent that a person or group consciously or unconsciously creates or reinforces barriers to the public airing of policy conflicts, that person or group has power’ (p. 1970 8),” (Lukes, 2005: 6). This dimension can be seen as a secret agenda and shaping the agenda, which is kept out of the public eye. Things here can be kept off the agenda, and behind closed doors and those who hold the power and set the agenda are referred to here, as they have the power to inhibit issues reaching the public.

This theory of power will be used, as in existing literature on SRE, adolescents say classes are heteronormative and it is argued by Allen (2011), schools are institutions which reproduce these heteronormative ideals. The government plays a part in deciding what acceptable sexual behaviours are. Power in SRE can be viewed on multiple levels in terms of relationships; student/ teacher relationships, parent/ child relationship and government/school relationship.

**Concepts**

After describing the two theories used in this study, the key concepts will now be defined and explained in terms of how they will be applied to this study. The concepts used are sexual health, consent, narratives and knowledge.

**Sexual health**

Sexual health is defined by the World Health Organisation (Euro WHO) as being “a state of physical, emotional, mental and social well-being in relation to sexuality, and not merely the absence of disease, dysfunction or infirmity” (Euro WHO, 2018). WHO (2018) argue that for an over-all positive state of health, the sexual rights of individuals must be respected. Although, the term is not tied down to STIs, in this research the majority of the time it refers to this.
Consent

Consent in this research will either be referred to as consent or sexual consent. The Sexual Offences Act UK (2003), argues that one who consents “agrees by choice and has the freedom and capacity to make that choice” (Coy et al., 2016: 87). However, it seems difficult to define the term, as there seems fluctuation of what the term actually means, which Coy et al. (2016) argue. In relation to this research, Coy et al. (2016) also argue that by SRE not being statutory, it gives little room for conversations on consent to happen. As the term is complex, the binary between consent and rape is not clear cut, as the realities faced of coercion does not fit into this definition. Although, the law sets out a clear differentiation between non-consensual and consensual sex, the realities do not always fit within a definition (Coy et al., 2016),

Narratives and knowledge

Both the terms ‘narratives’ and ‘knowledge’ will keep coming up in this study. However, I will refrain from engaging in a deeper discussion on what the concepts mean theoretically but instead offer how the terms will be used in this study. When defining narratives, I view it as an account of someone’s story or experiences and views, specifically referring to adolescents and teacher’s narratives in SRE. Although, the concept of knowledge is extremely broad, it will be applied to sexual knowledge to be more specific, such as knowledge on sexual health, safe sex practices, and issues discussed in SRE. It also needs to be clarified that knowledge also refers to knowledge on sexual health and sex in general, in this study.

Both theories of empowerment by Kabeer, and power by Lukes have been discussed. These two theories, along with the concepts will be used in the discussion and analysis of SRE and empowerment. The most important aspects to take away from this chapter are; resources and agency are capabilities of empowerment and there are two main dimensions of power which will be used as an analytical tool.
Methodology and Empirical Material

This chapter will explain the research design and strategy chosen for this study, along with arguments on why it is most appropriate for this research. This chapter will be split up into sections on feminist research, data collection methods, snowball sampling, semi-structured interviews, transcription and data analysis and ethical considerations.

Feminism and Research Methodologies

This study aims to look at SRE from a feminist perspective due to the focus being on the empowerment of adolescent’s girls. Therefore, this section intends to argue and explore a feminist perspective on research methodology. Bryman (2016) argues that “qualitative research is associated with feminist sensitivity” (Bryman, 2016: 403), which I agree with and will use a qualitative research design. The statistics presented in the introduction chapter show gender inequalities in STIs, where women are more vulnerable to having one. Therefore, I think it is most appropriate to look at SRE from a feminist lens and use feminist research methodologies.

Feminist Standpoint theory

As I am approaching this research from a feminist perspective, I intend to use feminist standpoint theory. Harding (2004) views that those who are in unprivileged social positions, have greater knowledge of social reality, as those in unprivileged social positions are more likely to generate less distorted perspectives. In this sense, research needs to ‘study up’, and knowledge starts once standpoints then emerge. Therefore, this research will study up, by looking at the power of above for example, the government and institutions such as education, from the perspectives of those in the unprivileged social positions such as students.

Reflexivity

Harding (2004) also views reflexivity important when being a feminist researcher. Therefore, to be a feminist researcher I need to be reflexive to acknowledge my
position and who I am as a person. I am a British, twenty three-year old woman, doing my masters at Lund University. Yes, I was in a similar position to those I interviewed, some years ago at Bath Spa University, so I guess we share some experiences. However, I am coming into their university space so to them I am still an outsider which I need to be aware of. Furthermore, I am interviewing adolescents and need to make sure I do not influence their opinions, or put words into their mouths. As Bryman (2012) argues an aim of feminist research is to create a non-hierarchal relationship between interviewee and researcher, which I tried to do.

*Strong objectivity*

Therefore, as I have acknowledged my position as a researcher, I view objectivity differently than the traditional sense. Harding (2004) also disagrees with the traditional sense of objectivity which focuses on neutral objectivity and to be detached from the research. Instead, Harding argues for a researcher to have transparent reflections on their position and how this can affect their research. Furthermore, Harding (2004) argues that from the subordinated groups standpoint, knowledge may have a stronger objectivity, due to subordinated groups having stronger motivation to comprehend the perspectives of those in power.

*Data Collection and Selection*

For this research, data has been collected by conducting one-to-one semi-structured interviews with twelve individuals. Purposive sampling has been used to collect this sample, as I have clear criteria in my head of “inclusion or exclusion of units of analysis” (Bryman, 2012: 418). What I mean by this is, there is a criteria for those participants to be part of this research for example, the participants had to be between eighteen and twenty, both boys and girls were needed and they went to an English secondary school. The requirement of English secondary school was due to this research excluding SRE in the rest of the United Kingdom. Originally, I was going to include a requirement that participants had to attend SRE. However, it seemed important to find out how sexual education was learnt via other sources, if not in school. Although, the empowerment of adolescent girls is what this research
focuses on, those who identify as being a boy still need to be included, as topics such as consent concern all genders. Therefore, even though I had some certain criteria in mind for the “units of analysis” (Bryman, 2012: 418), I still chose to use a snowball sample. This was because, I felt it would be useful when trying to reach adolescents, as they are described by Kuzma and Peters (2016) as being a ‘hard to reach’ group. By using a snowball sample, I reached other participants who “had the same experiences or characteristics relevant” to this research (Bryman, 2012: 424). Snowball sampling also helps reach a diverse sample, which I needed to find raw experiences of a variety of adolescents.

The snowball sample initially started by contacting the student’s union at Bath Spa University, and asking them to pass the information on. Once this initial phase was complete, I had a small cluster of participants which slowly grew to twelve. I chose to Bath Spa University as a starting point, as I had access to the population, as I once was a student there. However, I do acknowledge this is a limitation of my study, due to excluding those who did not attend university.

Motivation for using 18-20 year olds
For this research project, originally I was going to interview adolescents between the ages of sixteen to eighteen in three separate English schools and do a comparison of the type of schools the participants went to. However, accessibility to participants under the age of eighteen in the United Kingdom is a massive issue, as I have needed a Disclosure and Barring Service check, (DBS), to ensure I was okay to study the adolescents. The permission of parents would have been needed of every single participant too. The process of getting a DBS check can be quite lengthy and costly. Therefore, the participants I have used now are between the ages of eighteen and twenty, so I did not have to get a DBS check or the parents and schools consent for interviews.

WHO (2014) define adolescents as those between the age of 10-19 years old and young people as those between the ages of 10-24. Therefore, my motivation of
using eighteen year olds was also due to them being sexually active at this age, and being known for having risky sexual health outcomes (Forsyth and Rogstad, 2015). Even though adolescents would have usually left school between the ages of eighteen and twenty, the experiences of sex education would still hopefully be fresh in their minds.

Semi structured interviews
Semi-structured interviews were used to explore adolescent’s views and experiences of sex education in secondary school. I felt semi-structured interviews gave participants the flexibility to implement their ideas, out loud and as a researcher I could expand on the topic. I did not constrain the participants thought process this way, as semi-structured interviews have “a great deal of leeway in how to reply” (Bryman, 2012: 471). Open-ended questions were used as it is highly important to understand adolescent’s perspective in this research, as I am using a ‘study up’ approach. Furthermore, sex education is not a closed yes or no subject, and I wanted the participants to be comfortable in freely expressing their thoughts which open-ended questions enabled me to do. For example, the sub-question looking at consent in SRE, looks at a sensitive topic and I do not think it is appropriate for a yes/no answer to go here.

Transcription and Data Analysis
After the twelve interviews were conducted, the voice recordings of the interviews were transcribed. Once I had the completed the transcriptions, I went through them line by line, picking out themes which I found important to the research. Once I had gone through all the transcripts I listed the most common themes and then ordered them in importance. To analyse the qualitative data, thematic analysis was used, where the key themes and codes could be created. Bryman (2012) identified a strategy for thematic analysis called ‘framework’, which is “a matrix based method for ordering and synthesising data” (Richie et al., 2003: 219 cited in Bryman, 2012: 579). Reoccurring themes were then put into a table, and then I could identify all the different perspectives and emotions identified with that theme. Examples of
themes were: STIs, sources of sexual knowledge, and heteronormativity. However, sometimes the themes were more complex and were made up of several layers. For example, the theme of ‘sources of sexual knowledge’ was too broad, so it was split up into, the internet, which was split further into, pornography, social media, Google and so forth. In the appendices, figure 5. will show how the transcripts were originally coded and placed into separate categories and themes.

**Ethical Considerations**

To coincide with the ethical regulations set out by the British Sociological Association (BSA, 2017), before the interviews were conducted, an information sheet and consent form was given to the participant to sign. The information sheet included details of how the interviews would be conducted, and recorded and then how this information would be stored. To protect the participant’s identity, pseudonyms were given in the analysis chapter, instead of real names.

**Delimitations**

Firstly, this study cannot be generalized to the United Kingdom, as whole due to the focus being on England. Secondly, more girls were used in this study in comparison to boys, so boy’s experiences of SRE cannot be generalized. Ideally, a more diverse sample would have been used, as I limited the generalisability by using only students from Bath Spa University, but as I previously said this was due to accessibility. Also, the concept of empowerment is difficult to measure, as there is not one singular definition of what it means. Therefore, I am basing empowerment on Kabeer’s (2001) definition in context to the participant’s own experiences.
Results and Analysis

This chapter will analyse the results from data collected and aim to answer the research questions and sub-questions in relation to sex and relationship education in the UK and the theory of empowerment. This chapter will be split up into three parts referring to the research and sub-questions. The first part will look at if and how SRE has contributed to the empowerment of girls. The second part will look at if the sexual health of adolescents has been improved by sex education and the third part will look at consent in SRE and how it has been integrated into SRE so far. Figure 2. shows the name, age, gender of the participants and school type that they attended. The diagram has been created so a thorough analysis can be conducted to show the differences between, ages, gender, and the school attended, and to see if any patterns can be found and explored.

Figure 2. Participants names, ages, school type and gender

<table>
<thead>
<tr>
<th>Name*</th>
<th>Age</th>
<th>School Type</th>
<th>Gender they identify with</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anna</td>
<td>18</td>
<td>Comprehensive</td>
<td>Female</td>
</tr>
<tr>
<td>Lisa</td>
<td>18</td>
<td>Comprehensive</td>
<td>Female</td>
</tr>
<tr>
<td>Rachel</td>
<td>19</td>
<td>Catholic – all girls</td>
<td>Female</td>
</tr>
<tr>
<td>Bella</td>
<td>19</td>
<td>Comprehensive</td>
<td>Female</td>
</tr>
<tr>
<td>Sarah</td>
<td>19</td>
<td>All-girls school</td>
<td>Female</td>
</tr>
<tr>
<td>Nick</td>
<td>18</td>
<td>Comprehensive</td>
<td>Male</td>
</tr>
<tr>
<td>Cara</td>
<td>18</td>
<td>Independent performing arts</td>
<td>Female</td>
</tr>
<tr>
<td>Tabby</td>
<td>19</td>
<td>Comprehensive</td>
<td>Female</td>
</tr>
<tr>
<td>Lily</td>
<td>18</td>
<td>Comprehensive</td>
<td>Female</td>
</tr>
<tr>
<td>Sam</td>
<td>18</td>
<td>Comprehensive</td>
<td>Male</td>
</tr>
<tr>
<td>James</td>
<td>19</td>
<td>Comprehensive</td>
<td>Male</td>
</tr>
<tr>
<td>Jake</td>
<td>18</td>
<td>Comprehensive</td>
<td>Male</td>
</tr>
</tbody>
</table>

*pseudonyms used*
1. How has sex education contributed to empowerment for girls?

Data collected shows sex and relationship education has not empowered girls so far, but there was a divided opinion over if it had the possibility to. There was a poor quality of school-based sex education given which meant those interviewed had to look for other sources to find out sexual health knowledge. The classes given were lacking in knowledge, too late and described by all as heteronormative. In society in general and school the participants found sex to be a taboo subject, which affected their knowledge. Empowerment will also be discussed in reference to sex and relationship education (SRE). Education would vary school-to-school and teacher-to-teacher as well as teachers having a large role in this knowledge and education.

Inadequate SRE

To start off with its vital to say that there was a consensus of participants receiving inadequate SRE, it was either very basic and or not consistent. Sometimes sex education would be part of personal, social, health and economic education (PSHE), but no one specifically said their classes were referred to as sex and relationship education (SRE). It seemed not a lot of time was given in the curriculum to SRE, as the SRE classes participants did have were not frequent. The maximum a participant had classes was once every two weeks. Furthermore, the sex education received, all differed from school to school and depended on what type of school the adolescents went to. Examples of schools attended, were faith schools, girls only grammar schools, drama and arts school, and ones run by the local councils and government (comprehensive).

Out of all the twelve participants, the nine who went to a comprehensive school explained that their sex education was inadequate. Lisa said at the age of fifteen/sixteen, pupils would have one day of sex education timetabled for the year. However, if pupils were absent from school that day, they would completely miss that information. Relating back to Kidger (2005), parents who are critical of SRE
can withdraw their child. Therefore, this schedule of SRE opens the door for parents to stop their children from attending SRE as those who are sick on that one day of sex education, would miss out on relevant information. Moreover, due to sex education being seen as a taboo subject, pupils would not be likely to ask for notes or a summary of the information received at school. This also relates to Pound et al.’s (2016) study where boys were likely to be loud and make crude comments in SRE, because they wanted to seem experienced. Furthermore, if the boys want to present a persona that they are experienced, then if they miss a class of SRE, they will not ask for notes about what was taught and then have to actively seek this information elsewhere. Therefore, the scheduling of SRE plays an important role from an empowerment perspective.

An exemption from this was Tabby, who also went to a comprehensive school, but felt she received the majority of her sex education knowledge from school. Her reason for this was because where she came from, had the number one in teenage pregnancies in the UK, so emphasis then started being put on SRE, as she would have classes every other week. Therefore, this is an example of SRE focusing on the ‘negative sexual health outcomes’ which Kidger (2005) referred to as a harm reduction discourse, where adolescent’s sexuality needs to be controlled as it is ‘dangerous’. In comparison, Nick was told that abstinence is the only way to completely protect yourself from pregnancy and STIs, which meant he felt he could not take SRE classes seriously and engage in them fully. Which yet again presents the sexuality of adolescents as needing to be controlled.

Three other participants who are female, went to either a Catholic school, private girls school or a drama and arts secondary school. Cara who attended the drama and arts school did not receive any SRE at all and she did not even have the option to be taught it, instead her knowledge came from her primary school she attended before and the internet. As Cara’s performing arts school is independently funded, she said the school had more freedom with their curriculum. Bella who attended and all girls catholic school, said due to the school being religion based, certain
values and opinions were produced into the classes, such as abstinence-only being highly promoted. This shows power over from Bella’s teachers, as they had the sexual health knowledge, the resource, but Bella’s teachers used their agency negatively to prevent pupils from achieving empowerment. Expanding on this further, adolescents are denied “the ability to make choices” (Kabeer, 2005: 13). As Spencer et al (2008) views how empowerment frameworks are relating to making ‘informed choices’, in Bella’s case she is not even given adequate information in the first place, to make these informed choices. For Sarah, who attended a private school found her sex-education focused primarily on ‘girl’s issues’, as it was an all-girls school such as puberty.

From these results, it shows that even though the adolescents who went to comprehensive schools had inadequate SRE, those who attended private and faith schools, had more inadequate sex education. Relating this to Kabeer (2001), there is a lack of consistency in nationwide policies, as although there is guidance for SRE to be put in place, there is no coherent use of SRE. Therefore, not every adolescent is getting the same chance to access this knowledge to help improve their overall well-being. Therefore, if schools are not being consistent with their teaching of SRE, adolescents do not receive the same resources as others. If schools like faith schools for example, can adapt the curriculum to their teaching of faith, students are excluded to the resource of knowledge and then have to find this information elsewhere. Furthermore, the responsibility of finding this knowledge is shifted onto the parents and students.

From the data collected, there seemed no consistency between the framework given and the reality of knowledge produced. Although, the participants went to different secondary schools, the most common experience described by them was being shown how to put a condom on a banana or dildo. However, for Anna a pupil from her class stole the dildos from the school which meant sex education was put off for another three to four years. Relating back to Kabeer (1999, 2005, 2001), she discusses how external factors, the resources, influence individuals to enable them
to make empowered choices and for individuals to have agency, they need to have access to the resources. Therefore, effectively the dildos are the resources which have influenced Anna’s right to education which would in turn allow her to make empowered choices.

“when I was 14, so I was in my fourth year, we were meant to have like a demonstration of how to put on a condom onto dildos basically, but one boy in my year stole all of them. So, then it got cancelled, so we didn't get it until, I was 17 but the rest of my class was 18 because I was a year ahead. So, we didn't actually get proper sex education until we were 18, because of that incident, so they postponed it for a few years. at that point we already had like 5 girls pregnant”.

In the comprehensive schools, the basics of sex education were being told about condoms as a way of protection from pregnancy and sexually transmitted infections and focusing on negative sexual outcomes, which previous literature also identified (Pound et al.,2016; 2017; Allen, 2011; Kidger, 2005). Pound et al. (2017) found in their study that the focus on negative sexual outcomes and ‘risky sexual behaviours’ was not appreciated by the young people in the study. Kidger (2011) coined this as a ‘moralistic discourse’ which my data from the interviews also found.

Also in the comprehensive schools, videos, images and presentations were used as a way of teaching SRE. Rachel recalls her experience of SRE being images of STIs and their effects on the body being shown, such as herpes on genitals, which she referred to as “disgusting things”. When all twelve participants spoke about their experiences of SRE, it came apparent to me that fear was being used as a tool to promote a certain way of sexual behaviour. Relating to Kabeer (1999), only once you receive the relevant information, can you be considered to make educated choices. The data collected shows the adolescents have not been given all the relevant information and scare-tactics have been used. Therefore, preventing the adolescents to be empowered, and not enabling them to experience the achievements of empowerment.
As previously mentioned, Bella who attended a catholic school were pretty much taught “*don’t have sex, you’ll get pregnant and die*”. Her class were also told that children dying in childbirth was due to people having sex outside of marriage, as God looks down on this. Due to experiences like these the participants expressed discomfort and wanted the classes to be over and done with as quickly as possible. Relating to Lukes’ (2005) second dimension of power, the adolescents would have to resist this *power over* them and create an agenda from their own perspective. However, an issue arises of how do adolescents actively look for adequate and reliable information from other sources?

To all the participants apart from Nick and Tabby, they especially felt the responsibility of sex education was put onto themselves, and it was their responsibility to actively search for this information. Lisa said that during her one day of sex education, the class were given contact numbers of sexual health clinics, and were told to go speak to them to find out information. Therefore, first, the responsibility is on the adolescents to seek out the healthcare provider. Then the responsibility was put on healthcare providers to give adolescents this education. When discussing the responsibility of sex education being left to them, these participants, especially Anna expressed negative feelings about this, saying that adolescence was a weird and ‘difficult time’ and could have done with the support from these lessons and teachers. She said “*it’s really difficult finding these things out for your own, and not understanding what half of it means as well*”.

There was a mutual feeling of being alone and being unsure of who to talk to and who to trust. As previous research stated by Pound et al. (2016; 2017), young people want to have autonomy and agency but felt sex education did not provide them with that. The girls, especially Lily, Anna, Bella and Sarah also felt they were not treated as sexually active people with autonomy due to the education being very standardised, and did not reflect any individuality or flexibility. However, as I previously mentioned, Nick and Tabby they viewed SRE classes as ‘it is what it is’, and even though they acknowledged the lack of SRE, did not see it as the be all and
end all. In Nick and Tabby’s case, this shows passive agency, where little choice is given to them both to make strategic choices, but instead to just accept it.

Key themes of experiences

Although, those interviewed did not receive adequate school-based sex education, I find it still essential to discuss the experiences that they did remember. To summarise, the participants said their experience with the education they were given in school were deemed as; too late, heteronormative, lacking in vital information, and was described mainly as being ‘awkward’, and was an uncomfortable experience.

Class dynamic

When discussing the class dynamic of SRE, it also became apparent that the education received very much depended on how classes were split up, referring to if they were single or mixed sexed classes. The adolescents especially the girls, did not want to ask questions in a mixed-sex class, as they found it uncomfortable and they did not feel confident enough in doing so. Lily especially said that she preferred if there were single-sex class, as she would have felt more confident in asking questions.

“looking back to what we were when doing sex ed, I probably would of felt less awkward if it was all girls, I think I would have taken it more seriously when it was boys in the class, you can't help but laugh, when talking about your personal things”.

Those who wanted single-sex SRE classes, seemed to display embarrassment when being in a mixed-sex class, as they did not feel they could ask questions and this limited their knowledge. The girls also found it intimidating to ask questions in a mixed-sex class, as the boys sometimes laughed and made comments. Some of the girls felt talks regarding periods and contraception would have been better just for single-sex classes. While the boys, especially Nick said he could not help but laugh during SRE, as it was so awkward. However, Sarah who went to an all-girls, comprehensive secondary school, felt her school-based sex education was not
awkward, due to going to an all-girls school and feeling comfortable in speaking in front of her female classmates. Even though there were mixed opinions on if classes should be mixed-sex or not, Anna thought for some parts, especially regarding consent that the classes should be mixed, as consent involves everyone. Anna’s point is extremely important to highlight due to, even though consent is an issue which affects both girls and boys, girls are described as being ‘sexual gatekeepers’ (Pound et al.; Coy et al., 2016). Therefore, both girls and boys need to be taught together to stress the importance of asking for consent, instead of a focus on one gender over another. Knowledge on consent is a resource which adolescents can use their agency to internalise this information and then reach the achievement of empowerment.

**Awkward**

When coding the data, it became apparent that the word ‘awkward’ came up countless times to describe sex education classes and discussions on sex in general. Teachers giving classes were awkward and the class dynamic was awkward. Reflecting back, the participants wished they had this knowledge, even though it was such an awkward environment. Furthermore, the participants were unsatisfied with education given at school.

Results collected in this research showed that the class dynamic played an important part in SRE, which Pound et al. (2016) also found in their study, as it contributed to how much knowledge the adolescents would receive. Bella was told that those who wanted to ask more questions could stay after class. However, she did not stay behind, as she did not want to be the only person to stay after class. Therefore, this reinforces the idea that sex is a taboo subject, as no one wants to be embarrassed about being the only person to look for this information. Bella said:

“after class. she said erm if you want to learn to put on a condom stay afterwards cos I’ve got a dildo. but nobody stayed because they thought, I’m not having a one to one with the nurse, putting a condom on a dildo. it should have been like a group activity”.
This example shows, that yet again the responsibility for SRE is being shifted from the teacher to the student. Instead of the teacher being forced to bring up uncomfortable subjects by a strict curriculum, the teachers can shift the responsibility to the students in telling them that they can come and ask. This is problematic with a topic as charged as SRE, especially for boys as Pound et al. (2016) describes them being disruptive in class, as they want to present a persona that they are well informed about sex. Thus, shifting the responsibility to the adolescent’s entails risking that they do not get the relevant resources at all, which will lead to disempowerment.

**Heteronormative**

A key finding from the interviews were that the classes were heteronormative, the participants acknowledged this and that the sex education classes they received was focused on heterosexual relationships. The majority of those I interviewed did not receive thorough information on LGBT relationships, and had to look at other sources for this information. Although, Tabby seemed to receive the most adequate sex education, she expressed disappointment that LGBT was not thoroughly discussed during SRE. Therefore, the legitimate sexuality presented at school is heterosexual relationships, as it’s a very much ‘one size fits all’ framework and no room for individuality. Bella, who went to the Catholic school, said the school’s religiousness had a massive influence on this. Sister Margaret, did not understand homosexual relations herself, so did not know how to talk about it to the class. Anna who identified as being bisexual, found it hard to find out how to protect herself when engaging in sexual activities with girls. Usually her main source of knowledge came from her mother, but her mum is heterosexual and this information was not given at school. Therefore, she had to turn to the internet to find this out and felt the education needed to be found out by herself, with no support.

I find it key to highlight here that Allen (2011) and Kidger (2005) argued that heteronormative values are reproduced in sex education. My data confirms this, as
homosexual relationships were either not talked about completely or projecting negative opinions onto the pupils. Nick said that “in year 9 I believe, there was a teacher in assembly who said that HIV is a gay or black disease. Apparently, she got a very strongly worded email about it, very soon after”. Therefore, do adolescents need to use their agency here, and resist this narrative and power over them? Relating to Lukes’ (2005) one dimensional view of power, one party is exercising their power over another party. The teacher in Nick’s case is using their position to exercise their power over the pupils, with their view on homosexuality. Therefore, for Nick to be empowered he needs to use his agency to choose to either accept or resist his teacher’s views, as Kabeer (2005) defines agency as being more than decision-making, but also resistance. Furthermore, the question of agency becomes more problematic here due to the adolescents age, as they cannot be deemed as able to use their agency to resist the teacher’s norms and values. This is amplified even more by the fact that the teacher is a position of power, and is an authority figure to the adolescents.

Also, here heteronormativity is applicable to Lukes’ (2005) second dimension of power, the agenda making phase, where agendas are made behind closed doors. For example, in SRE in most of these cases homosexuality is not simply discussed, and LGBT issues do not seem part of SRE. As Lukes’ argues the second dimension is about who controls and sets the agenda, and prevents ideas from here being put to the public and becoming mainstream. Therefore, could it be viewed that homosexual relations are kept off the SRE guidance because of a heteronormative agenda being set by the government? However, this argument will be explored further in the discussion chapter.

Lack of Knowledge
When discussing what was learnt from school-based sex education, it seemed the participants missed out on a lot of knowledge, and one of the main themes missed, was LGBT relationships, which have already been mentioned. During the interviews, I asked participants what they wished they had learnt about during their
inadequate SRE classes. The other most common themes I found were; contraception types, healthy relationships, consent, how to get out of an uncomfortable situation, sexually transmitted infections and the effects of how serious they are. As well as, self-pleasure, the human body and autonomy, in the sense of being self-aware of changes in the body, and why these changes occur.

A key theme identified by Nick, Sam, Jake, and Anna, that they wish there was a conversation on self-pleasure as they said they had to find out stuff for their own. Results from the third National Survey of Sexual Attitudes and Lifestyles (Natsal-3), Pound et al. (2016; 2017) also found this and especially saw there was a lack of discussion on female pleasure, which reinforce the idea that sex is as a taboo subject. The boys seemed more comfortable in bringing this subject up, whereas, Anna was hesitant to. Therefore, I find this to reproduce the stereotype that women lack desire and are passive, which Pound et al. (2017) also found in their study. Furthermore, the content in SRE is continuing to produce and reinforce stereotypes of sexist societal norms, where female sexuality is viewed as more of a taboo instead of boy’s sexuality.

Another issue that Sam, James and Lily, spoke about was how the realities of sex were not discussed and they wish they had this information. Lily said “More about like reality of it. Like they don’t go through when you first have sex they don’t tell you how it is, they don’t really get too deep with it”. She wanted to what actually happened during the first-time experience of sexual intercourse, as no one spoke about this with her. Therefore, she had to turn to television programmes and films are this source of knowledge, as she felt to embarrassed to discuss this with anyone.

I also noticed that, no one mentioned anything about relationships and healthy relationships, even though it is called sex and relationship education. Therefore, the name of the name of the class shapes the expectations of the pupils to learn about both but then only one topic is brought up, reinforcing the socially constructed idea that sex is the most important thing in a relationship. Values such as trust, mutual
respect and consent in a relationship were not discussed much. Thus, SRE might be reinforcing negative social constructions.

Sources of Information
Due to there being a lack of adequate sex education at school, it meant the adolescents turned to other sources of information. These were; the internet, parents, friends, older siblings, and television shows and adverts. Parents were also source of information but were less common, as, they were used only if adolescents felt they had an open relationship to do so. However, others felt that it was too awkward to discuss their sexual health with their parents.

The use of the internet was the main source of sexual knowledge stated by all the twelve participants. The internet included, pornography, social media, YouTube, Google and Bing. However, there mixed opinions on the use of the internet being a main source of sex education, as there were conflicting arguments if it was a positive source of not. For Cara, her performing arts school did not even give her the option to learn about SRE, so she felt she had no choice and had to look on the internet; “obviously, that’s where I learnt everything”, she said. For Lisa, she said the school never taught her about what to do if she missed a pill, so she looked for this information on the internet, and found this source useful.

However, Anna expressed frustration and spoke about that if the school do not teach SRE at school, adolescents are going to be left wondering a lot of questions. Therefore, the internet is the most used source for knowledge, but there’s plenty of myths and misconceptions on the internet. “There can be a lot of wrong things, that are meant to scare you and if you have not had the correct information, then it is going to worry you, it is going to scare you” she said. Both Anna and Bella used YouTube for sex education and described this being more useful than school-based SRE. However, a discourse of the ‘creation of myths’ became apparent from the internet, as it is unknown what is fact or fiction online. To my surprise, there was a common consensus that the participants saw that not everything you see on the
internet is true but felt there were misconceptions spread regardless. James, Bella, and Nick especially spoke about not everything being true that is seen on the internet, but for Cara, even though she was aware of this, she did not know how else to find out about sex education, as she had no recommendations as to what sources are reliable! In relation to Kabeer (1999), the internet is a resource of knowledge that is not provided by the school. Thus, adolescents then have a choice by using their agency to decide if they will use this information and be empowered.

Pornography was a key source of sexual information to some of the participants, but there were mixed opinions of it. Lily had particularly strong opinions of the issue of pornography as a source of information, she thought that it could repress women, as in reality the women porn stars were not treated properly, unless they starred in pornography which is paid for. She worried that younger audiences have access to porn easily, and this normalises women being repressed. While for Sarah, she thought at least it shows you how to “do it”, as this sort of information is not given elsewhere. However, surely this is problematic? Relating to the concept of consent, is consent mentioned in pornography? If empowerment is enabled by sex education being a resource, and pornography being a resource, what message are adolescents taking away from it?

Sam and Jake, also spoke about how porn is easy to access, and taught them how to perform. As in school-based SRE, they did not feel able to ask teachers about this in class, it would be embarrassing. Therefore, how can teenagers make empowered choices about sex if porn is their main source of information? It is extremely problematic, that porn in a source of knowledge in the first place, due to the male dominated discourse presented in porn. Thus, a vicious cycle is created, as the lack of information presented in SRE, leads adolescents to have to turn to the internet, and then porn teaches them that this male dominate discourse is correct. In turn this reinforces gender roles, of women being ‘sexual gatekeepers’ and are submissive (Pound et al., 2016). Furthermore, adolescents are not given the
resources to make educated choices, and there’s a need for consent education to be more influential, as SRE is still lacking in this regard.

Whereas, others thought it could be a positive source of information as it shows you what to do in sex, and this information is not given elsewhere. Others, such as Lily, saw with the internet and television adverts came unrealistic expectations. She thought the popular film of ‘Fifty Shades of Grey’, promoted non-consensual sex “its glamorising borderline psychotic behaviour, if I was younger and I had watched that film, you would think that is normal”. Consent came up when discussing pornography with Rachel, and she said there needs to be myths busted surrounding pornography. During a sexual encounter with someone, she got hit in the face during sex and saw pornography promoting this kind of behaviour. A discussion on consent will be discussed more in part three of this analysis chapter. However, I still wonder, does this way of thinking presume all young people have a lack of agency, and are a passive audience? When Kabeer (2001) talks about empowerment, she discusses agency being passive or active and how agency is exercised via resources. In this case pornography and television can be seen as resources, which individuals can either use their agency to act passively or actively so either engage in this behaviour or ignore it.

As well as the internet being a main source of sex education, participants such as Anna found family to be another main source. One participant Anna, felt she had an open relationship with her mum so felt they could talk about consent, healthy relationships, STI’s, and what signs to look out for in an unhealthy relationship. The only thing she could not find out from her mum was about what safe-sex practices she could use when engaging in sexual relations with a girl. For this she found a Buzzfeed article online to answer her queries. However, with the others there was a mixed opinion on being comfortable in speaking to parents about sexual health. Bella, felt she did not have this relationship with her mum and described her mum as being a “prude”. Bella had written in her diary about a sexual encounter, which her mum later read and was angry with her for not coming to her to speak
about safe sex practices beforehand. After this happened, then Bella’s mum started to talk to her about sexual health. For Lisa and Nick, they both had a similar relationship with their parents, and felt it was too awkward to discuss sexual matters with them.

*Responsibility of giving SRE*

After finding out the participants did not receive much SRE at school, and that they had to look at other sources, I wanted to explore where does the responsibility lie to give adolescents this education? As from the results, I can see power relations being present here, and the responsibility of who gives SRE being passed on. On one hand, some of those interviewed such as; Lily, Anna, Bella and Sarah wanted to be treated as sexually active adults, with autonomy. Which also coincides with the results found in Macdowall’s (2015) study, where adolescents wanted their autonomy to be acknowledged and for them to be taken seriously. On the other hand, the adolescents complained about the responsibility given to them to actively seek out their own sex education. Therefore, there is a contradiction between the adolescents wanted to be acknowledged as autonomous sexual beings, but then wanting to have the sexual health knowledge being provided for them. This contradiction is also apparent by teacher’s actions too, as pupils are not being treated as being responsible enough to have sex, but then being trusted to find out sexual health knowledge too. Furthermore, Naezer et al. (2017), discuss empowerment in terms of someone taking control in their lives, but adolescents are not being provided with the access of resources, to take the control in the first place.

Therefore, I asked all twelve participants about whose responsibility they thought it was to give sex education and results came back very mixed. Some thought the government have a responsibility to give this information and so it should be the schools, as not all parents will discuss sex with their children. Tabby said “I feel like yeah that’s okay with some parents, and child relationships but others don’t have that and that’s why I reckon schools should have a bit more responsibility in that respect”. Whereas, Sarah, Lisa, Lily, and Sam wished their parents would
provide them with this knowledge and be more open when discussing this subject as it is a “two-way street”.

The participants gave ideas of how to improve the lack of parent-school coalition of delivering SRE. Ideas included; if the parents were notified before school-based sex education was given, either by email or a parents evening, so then both the parents, and school can work together. Also, if parents were invited in for an evening where the school discussed what was going to be on the curriculum and how the parents could also help by providing this knowledge at home. The problem is sometimes parents thought it was the school’s responsibility, so would leave it up to them, which means the only way the adolescents would receive SRE is from sources such as, the internet, television programmes and their friends. Therefore, how can empowerment be attained if inadequate resources are provided to the adolescents in the first place?

Furthermore, I put forward this question; is SRE seen as lacking because no one wants to take full responsibility of the subject? Even though the school have the responsibility of implementing this education, power relations are present at a higher level of society. Meaning, surely the government should be making SRE more of a statutory requirement in the curriculum. Applying this to Lukes’ (2005) definition of power, he explains actor A exercising their power over actor B. However, in the case of SRE, actor A (the government) has the power to pass the responsibility to actor B (institutions of education), to pass on the responsibility to actor C (teachers/ parents), and finally reaching actor D (the pupils/children).

The Teachers Role in SRE

From the data collected, it seems the teacher’s role in sex education seemed a highly important one. The education received would vary school-to-school and teacher-to-teacher and in some cases, own opinions of teachers affected SRE. There was also an expression of distrust with the teachers, which the participants felt held them back, as they would not know who to turn to if they needed to confide in someone
about something. Although, this research explicitly looks at the empowerment of girls, it is also important to see where this knowledge of sex education is coming from, and how SRE is used to either empower or disempower pupils.

As already mentioned, Bella was taught by nuns, and she thought this greatly affected her sex education. Although, she said Sister Margaret, tried her hardest, she did not understand homosexual relationships and did not discuss them. Roman Catholic views were expressed to the pupils at Bella’s school with fear tactics, such as using gods message, to promote abstinence only methods. However, Bella said she did not blame her teachers for their views, as this is genuinely believed.

Even at a comprehensive school, Anna and Tabby both spoke about their teacher’s views being implemented onto the pupils. Anna had a sixty-something year old, male guidance teacher, who refused to talk about sexual health and instead spoke about road safety, which made Anna feel uncomfortable and ashamed to bring sex up. She said when she was 16-18 she got a new guidance teacher, who finally spoke about sexual health, but found by sixteen, it was too late as several girls in her class were already pregnant. For Tabby, her religious studies teacher taught her which would affect the way sex education was taught, as her teacher would argue with the pupils over their opinions.

“sometimes, she would almost like argue with the children on different matters, like i can't remember exactly what it was, but she had some very stuck views about stuff. it would have been nicer maybe to have someone come in who was like not maybe as tied to the school”.

Therefore, these examples show the teachers exercising their power over the pupils and using their opinions and ‘selective traditions’ of knowledge to influence the adolescents (Allen, 2011; Kabeer, 2001). There was also a lack of trust with teachers, and the participants felt these relationships with teachers affected their confidence and knowledge as they would not feel comfortable in asking teachers questions. Lisa, Lily and Sam discussed about wanting to avoid the ‘awkwardness’
which I previously mentioned, by bringing an outsider in, such as a nurse or healthcare professional who could speak about these issues, as they would be knowledgeable. Lily said “its sad but if you are a professional you automatically have respect for them, so it’s different”. On the other hand, Anna preferred this familiarity of knowing the teacher for several years, as a relation of trust could be built up, but unfortunately this did not happen to her. Therefore, these examples show a clear power imbalance between teachers and students, which also Pound et al. (2017) described being present in their study. Referring to Lukes’, here actor A (the teacher) exercises their power over actor B (the pupils), and in this example, the pupils lose due to their interests not being taken into consideration in the decision-making phase.

**Empowerment**

SRE classes/ school-based sex education programmes were not found to be empowering, but there was a divided opinion that some thought it had the possibility to be. Some of those interviewed were more hesitant to discuss sex education as being empowering, as they saw societal norms needing to be changed before adolescents, especially girls could be empowering. Societal norms and sex being seen as a taboo subject also influence the education received by the participants, due to a lack of resources being provided to the adolescents in the first place. For this section, many of the participant’s views on empowerment will be given due to this research having a specific focus on how SRE has contributed to empowerment.

When defining empowerment, several of the participants asked me to explain what does that ‘empowerment’ mean. However, after I gave them some definitions of the term, which I used in the theoretical framework, more definite opinions arose. In the interviews empowerment was discussed in relation to discussing if and how SRE had been empowering for adolescents. However, all the participants did not find SRE empowering, as the majority of their sexual health information did not come from school.
Empowerment was discussed in terms of, ‘knowledge is power’ and how to use this knowledge to make ‘informed choices’, which Spencer et al. (2008) saw empowerment models of SRE focusing on. As well as, to be empowered to say no during sexual relations, having the empowerment of choice, to get someone to use protection and to be empowered to be self-aware of their own bodies. However, it is to be remembered that as Kabeer (2001) says, the concept of empowerment is not clearly defined or static, what empowerment to one person is different for another, which needs to be taken into consideration. However, can the lack of the definition of empowerment be problematic as if empowerment is too broad to define, then how can schools create an empowering framework?

Anna had a very strong view that SRE had the possibility to be empowering. Although, from her own experiences, she did not feel empowered by SRE at school due to having an unsuitable guidance teacher who could not say the word ‘sex’. Instead, appropriate teachers need to be found to teach the subject for this to happen. Lisa thought that schools would never use an empowerment model to teach SRE, as sex is taught in a biological sex for reproductive purposes. However, for Rachel, she was more hesitant to describe or view SRE as empowering, as she described the whole experience as being weird, and wanting to get it over and done as quickly as possible.

“it’s just the worst age, when they start implement it onto you. you’re at an age your bodies changing, you just feel really awkward. you’re hormonal. I don’t know if maybe it’s always the worst time. but then it has to be that time, as you can’t leave it too late. erm I think it could be empowering but it’s so awkward that no one wants to talk about it erm, there’s other subject people would much rather talk about and be passionate about”.

For the boys, Sam, Nick and Jake, they also seemed unsure, but also pointed out empowerment is for both men and women and not only focused on one gender. As Jake said;

“all this information would be empowering. I think also it would be pressure off men because if you watch a lot of porn or like, society tells you that this is what men need to be like in sex, then the guys not like that in sex it’s going
to be really disempowering for him, and to let them know you don’t have to be like that, be whoever you want to be”.

On the other hand, Lily and Cara viewed the right education being taught is empowering and Cara explicitly thought that having the right knowledge is empowering. Therefore, education be seen as a resource of empowerment and schools are the institutions, which enable this empowerment to take place. For Tabby, her SRE classes were not empowering in her case, but she thought SRE has the potential to be. However, she was sceptical of how empowerment could be brought into an education setting, and thought society as a whole needs to change, in order for it to work.

“erm I think it’s, yeah, well erm, it’s not just down to knowledge. there’s other factors like society as a whole, and like how, these things are policed it’s not, although education is a very good place to start, society also needs to come along. but I guess with time that will come, cos you essentially would be raising the next generation to think this way so…” (Tabby)

Therefore, does SRE have the power to change these gender inequalities in societal norms? These societal norms are having a negative role in the adolescent’s education. However, as Tabby said, education is not the only place where empowerment can happen, which Anna also discussed societal norms as being extremely negative. A discourse of girls being labelled as ‘sluts’ for having sex, while a ‘boys will be boys’ discourse was presented during her SRE. Anna also described how society is still sexist, and puts women down for either choosing to have sex or not.

“I know for a fact that we are shamed if we have sex, we are told that’s it not okay. or if something happens to us, we shouldn’t talk about it, we should stay quiet. but it’s like no we should talk about it, we should be empowered, so that if I wanna sleep with 30 guys I will and no one can say anything about it […] or if you don’t wanna sleep with anything then you should feel comfortable and okay, and not be shamed into thinking that’s not right cos people can’t have it both ways. you can’t say to someone they are a whore for sleeping with 12 guys, and then tell someone they should be having sex when they don’t want too”
Much of the previous literature on SRE, discusses about how empowerment can be used in school-based sex education, by presenting adolescents with knowledge and skills to make ‘informed choices’. But it seems that SRE is not providing adolescents with this knowledge to make ‘informed choices’, such as abstaining from sexual intercourse. Therefore, I do wonder now, do the teachers have the ability to empower students and who’s responsibility is it to empower adolescents?

2. *In what ways has the sexual health of adolescents been improved by sex education?*

As I mentioned at the beginning, the United Kingdom has a significantly high number of people with a sexually transmitted infection. With people between the ages of 16 and 25 being the most vulnerable to getting them (Public Health England, 2017), with girls being more likely to get an STI, than boys. Public Health England recommend SRE is needed for adolescents to improve skills to prevent STIs. However, from the data collected it shows this recommendation is not put into practice, as the participants only had basic knowledge regarding sexual health.

‘Word of mouth’ was a source which was used to spread knowledge on where to get tested, information on STI’s and how to take care of one’s body. Stigma and shame were associated with STIs, along with feelings of embarrassment and feeling ‘dirty’. When discussing the adolescents sex lives, sexual intercourse was spoken in terms of happening in relationships, instead of one off experiences. Therefore, I have interpreted this as sex being a taboo subject and the sexual health of those interviewed was not improved from information received from SRE. Furthermore, does SRE reproduce the idea that sex is a taboo subject?

*Knowledge on sexually transmitted infections*

When discussing sexual health, numerous participants said they were confident in explaining how STIs are spread. However, this did not match up to the reality of their explanations, as no one spoke about the infections which could still be passed on even with using a condom. Chlamydia was the most common STI spoken about,
but no one specifically told me that they had ever had one. Although, I am not sure how true this is, as there was a sense of embarrassment and shame when speaking about STIs, which reinforces sex as a taboo subject. The SRE provided, spoke about the ‘negative sexual outcomes’ of not using protection during sexual relations, but did not offer a discussion on the types of protection available out there. The protection discussed was condom focused, and pupils were taught how to put a condom on a banana or dildo. The use of femidoms were not discussed, which Anna found to be a barrier in accessing information regarding her sexual health, if she wanted to have sexual intercourse with a girl. This is an example of schools being an institution where heteronormative ideals are reproduced (Allen, 2011).

**Defining sexual health**

When discussing with the participants what sexual health meant to them, Tabby brought up a key issue that sexual health in SRE is taught in terms of STIs and how to protect yourself from unintended pregnancy. However, sexual health should be referred to more than this for example, looking at how the body works, how to care for your body and why certain changes happen.

“*I guess more emphasis on how to care for your body as well, sexual health isn't just sex which a lot of emphasis was put on. It's like, learning to care for your body and knowing when something is wrong and what to look out for and stuff like that*” (Tabby).

Lily spoke about that she did not realise how STIs can leave serious consequences, such as infertility and cervical cancer. The severity of STIs were never explained at school and if she had known this, she would have taken protection so much more seriously and felt her school had let her down by not providing this knowledge. For Bella, at her catholic school, very basic knowledge was also provided by the nuns who taught her and she had to look for information regarding sexual health on the internet, as religion interfered with her education. Whereas, for Lisa she still would not know what to do, or where to go for sexual health information or what would happen if she got an STI. Applying this to Kidger (2005) who argues adolescent’s sexuality is a ‘moral risk’ which needs to be controlled. However, by trying to
control adolescent’s sexuality, resources are not provided in the first place for adolescents to even access.

**Stigma surrounding sexual health**

A key finding when speaking about sexual health and sex in general, was there is a lot of stigma and embarrassment surrounding the subject. There was the fear of bumping into someone they knew at the clinic, or speaking to a friend of family member about it. This was especially true for Lisa who said she would rather tell her parents she was pregnant over telling them she had an STI. Her reasoning was, that when you’re pregnant it will show. Whereas, she explained that with an STI, it does not necessarily show visibly to others. Even though this is more an extreme case of stigma and embarrassment, it shows how societal norms of sex being a taboo subject are still present.

For Lily, the stigma surrounding sexual health was seen as being ridiculous, and it needs to be de-stigmatized, which could happen by more people openly discussing the subject. She said that education can be used as a tool to de-stigmatize STIs.

> “if we had the right education then yeah. I said to a friend who went to the clinic, she got quite embarrassed about it, and I said its literally like having a cold the problem is or if it’s a chest infection, it’s so openly welcomed, but with your private parts and therefore its frowned upon and you're seen as dirty, but actually chlamydia is so commonly passed on it’s like a bloody cold so that it shouldn't be seen as such a negative stigma”.

Tabby also spoke about a need of de-stigmatization of sexual health, as apparently eighty percent of the population have herpes, but there still is a taboo about sex and STIs, that is not addressed in SRE, but needs to be. Here empowerment is prevented from being attained, by sexual health knowledge (resources) not being discussed due to sex being a taboo subject. Therefore, even though adolescent girls are more likely to get an STI, SRE does not address these sexual health inequalities. Sexual health knowledge can be used as a resource but it is not even given to adolescent girls during SRE, which means there’s no possibility of enabling empowerment.
Along with stigma came stereotypes, slut shaming, and name calling, particularly at the expense of girls. Relating to Pound et al.’s (2016) study, the girls were verbally harassed when discussing their sexual health with the class. Which in Anna’s case happened in her class too, were girls were either slut shamed, or referred to as being a prude or frigid. Here is an example where wider societal norms affect SRE. Therefore, can empowerment only be achieved once societal norms are addressed first?

**Empowerment and sexual health**

Relating sexual health empowerment, how can the sexual health of adolescents be improved when SRE purely discusses ‘negative sexual outcomes’? Anna discussed the need for having a sex-positive approach in SRE, as it would enable adolescents to feel comfortable and empowered by their sexual health.

“if we were taught that sex is a good thing. it’s a healthy thing, when done correctly, when done with consent, when done with a condom and safely in a safe area, then it’s a wonderful thing. People should be empowered by it and feel comfortable and confident when they are sleeping with people”.

Therefore, surely by SRE focusing on the negative sexual outcomes, it refrains from enabling adolescents to be empowered. As Kidger (2005) argued, adolescent’s sexuality is described as dangerous and in need of being controlled, which is extremely problematic as this discourse is preventing adolescents to make ‘informed choices’ about their sexual health.

3. **How can we include consent in SRE and what has been done so far?**

This section will explore the data collected in relation to the third research question which looks at consent and its inclusion into SRE. Standard definitions were given on consent, and the participants acknowledged what does and does not count as consent, as well as there being a ‘grey area’ in consent. However, schools were not the main source of finding out information on consent for the adolescents, but other sources were more influential such as the internet. Empowerment was also
discussed in regards to consent, specifically looking at girls and boy’s roles in consent. To answer the question, consent has been inadequately addressed in SRE so far.

Consent in SRE
When speaking to the participants it became extremely clear that consent had been inadequately addressed in SRE. Although, the participants had a clear definition of what consent meant; ‘yes means yes and no means no’, schools had not been a main source of this information. For Lisa, videos described as “being filmed in the eighties”, were used for her one day-long SRE class. However, she found these videos unbearable to watch as they were unrealistic, and awkward. Therefore, she learned consent from television programmes, and adverts on the television. For Bella, a police officer was meant to come in discuss road safety, but due to a girl in Bella’s class being raped, came and spoke about consent instead. Thus, this incident meant Bella’s class were provided with the resources, but the school were not going to pick up the responsibility beforehand. This is also an example of the responsibility being shifted, instead the school taking the responsibility in speaking to the adolescents about consent, a police officer had to do it.

For Nick, his school gave out leaflets with the details of organisations to call and if the adolescents would experience an un-consensual situation, such as rape of coercion. Which is another example of the responsibility being shifted again from the teachers to the pupils. Therefore, the adolescents had to actively seek this information out, and find their own resources, because the school did not provide adolescents with the access to them in the first place. Furthermore, how are adolescents meant to be empowered if the resources are not provided in the first place preventing them from gaining agency?

The issue of sources of information also arises when discussing consent, as when SRE does not provide this information to adolescents, what other sources do they turn to? In the first section of this chapter, the participants spoke about pornography
and the internet being a main source of sexual health knowledge. Thus, this is worrying due to pornography not discussing consent in sexual relations, and as Lily described ‘Fifty Shades of Grey’ as glamorising psychotic behaviour. When the correct resources are not provided to adolescents, the information needs to be sought elsewhere, which can be more dangerous as gender roles are presented in these two examples. Therefore, gender roles of men being dominant and women being seen as ‘sexual gatekeepers’ are produced by pornography and films such as ‘Fifty Shades of Grey’ (Pound et al., 2017). In Pound et al.’s (2016; 2017) study the participants found SRE produced narratives such as; women had the responsibility of consent, and men were labelled as sexual predators.

Furthermore, from the data collected for this research showed gender norms being present in the information received by the participants, as girls were viewed as getting more ‘emotional’ over sex and consent.

“I think it affects both but I think it affects girls more cos there’s more of a […] I think typically boys will watch more porn and more of expectation of sex, whereas I feel sometimes girls go in a bit blind” (Sarah).

However, why is the responsibility of consent put onto women as consent affects both men and women? Surely by schools inadequately addressing consent in SRE in the first place, societal norms are then reproduced, as the sources of information accessible to access, promote these gender norms. To my surprise Anna and Tabby spoke about male rape, which their teachers in SRE did not speak about. They discussed how SRE classes only briefly mentioned about rape happening to women, but felt that “it works both ways” so it needs to be adequately addressed in SRE, where girls and boys are taught about it.

**Grey area of consent**

As I previously stated, the general definition of consent, was along the lines of ‘yes means yes and no means no’. However, the discussions went deeper into this topic, as it emerged a grey area of consent is problematic, due to there being some blurred lines as to what counted as non-consensual. An example of this was when Anna
explained that to her hugging can be a non-consensual act, as not everyone likes to be touched and people should ask for consent before. For Lily, she spoke about how non-consensual sex can happen in a relationship but this is harder to speak out about, as consent is often presumed in a relationship. While Tabby described social media and the internet as creating a new blurred line in reference to consent. “Even things like dick pics, if someone sent something without permission”. A key problem the participants spoke about was that consent is often presumed and to ask ‘is this ok?’ would kill the mood, “I feel like people go along with it, as bad as it sounds. You are consenting, but you don’t say I’m fine with this” Bella said.

Final discussion

In this chapter, it will reflect on key findings from the analysis, literature review and theoretical framework. These will be discussed here in relation to one another, as well as going back to the research questions. This chapter is split into three parts; sexual knowledge as a resource of empowerment power relations in SRE and limitations of the study. These two sections have been created, as I feel the main research question and sub-questions can be explored and answered adequately this way.

SRE as a resource of empowerment

Applying SRE to Kabeer’s (1999, 2001, 2005) model of empowerment, SRE should be a catalyst for providing sexual health knowledge. Therefore, sexual health knowledge should be viewed as a resource of empowerment, which then adolescents can use their agency to decide what to do with the information and then see if they can become empowered. Below figure 3. has been created to show Kabeer’s dimensions of empowerment applied to this study of adolescents and SRE, which is used to explain how resources and agency are used as capabilities to reach the achievement of empowerment. Below each dimension of Kabeer’s (2001) model of empowerment will be explained in turn so assess how empowerment can be view in terms of SRE.
Resources
The first dimension of resources applies to SRE being a capability of empowerment, as in theory SRE provides adolescents with knowledge regarding sexual health and consent. Once the adolescents have been given the access to this knowledge, they then can use this agency and decide how to act on this information and hopefully be empowered. However, SRE is not providing adolescents with adequate knowledge, so they need to turn to other sources such as pornography, friends and family etcetera. Although, it has been previously mentioned sources such as pornography reinforce gender norms of women been passive and sexually desire less (Pound et al., 2017), which contribute to wider societal-norms of patriarchy even further. Therefore, how are adolescent girls meant to be empowered if adequate resources are not provided for them in the first place? Another issue which arises is the access to these resources, as the participants did not always feel confident in speaking to their parents about sexual health matters. Kabeer (2001) defines empowerment as being given choices but no options are being given to the adolescents, to them to use as they wish, apart from inadequate information which ideally they should resist, such as heteronormative values.

There is also a shift of responsibility in providing these resources, where it seems no one is willing to take up the responsibility and leaves it to the adolescents. Teachers also have a role in enabling this empowerment and can be viewed as providers of resources. However, there is a pattern of teachers offloading the responsibility onto parents and the pupils, which can have severe consequences as then no knowledge is being provided for the adolescents. The age of adolescents also needs to be remembered, as a lot of responsibility is being put on them when they are described as a ‘vulnerable group’ (Kuzma and Peters, 2016).

In the literature review scholars, such as Grose et al., (2014) and Aggleton and Thomas (2016) spoke about schools being the ideal environment for SRE to be provided. However, there is a paradox between what governing bodies are saying
and then what is actually put into practice. A key issue lies in the fact that SRE is not consistent or standardised nationally as schools have the options to work it into the curriculum or not. Therefore, SRE is not viewed as a priority subject, due to it not having the same frequency in the timetable like science of maths do for example. This reinforces further that sexual health is not important to the governments. of where hard to reach groups can be reached, as the necessary resources to empower pupils are not provided at school. However, it is to be remembered that external factors such as gender roles, slut shaming, sex being a taboo subject and the parent’s roles in their children’s education, also affect the possibility of adolescents reaching empowerment.

Figure 3. My own interpretation of how empowerment is achieved via Kabeer’s (2001) dimensions of empowerment.

<table>
<thead>
<tr>
<th>Resources</th>
<th>Achievements</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Sexual knowledge)</td>
<td>(empowerment)</td>
</tr>
</tbody>
</table>

**Agency**

When Kabeer (2001) discusses agency, she argues that it is not tied down to just ‘decision-making’ but also resistance and manipulation. However, adolescents must use the knowledge provided by the resources and use their agency to act upon a way, that leads to an outcome of empowerment. An example of using agency to resist, is where Nick’s teacher told the class HIV is a disease for gay people.
Therefore, he used his agency to resist this homophobic narrative that was being placed on him. However, how can adolescents be expected to resist strong narratives being placed over them, as teachers have an authoritative figure?

**Achievements**

Kabeer’s (2001) main argument is that to be empowered, you need to be disempowered in the first place. Therefore, I view these adolescents as being disempowered. Firstly, they are not getting all the resources they need (knowledge, material etc). Secondly, they are not getting the access to use these sources and are expected to resist the authoritative figures above them. When using Kabeer’s dimensions of empowerment in reference to SRE, although, it would be ideal for adolescents to use their agency more after receiving inadequate resources, this is not realistic. Thus, adolescents especially girls are being restricted from achieving empowerment. Although, I acknowledge this argument is very resource heavy, it is due to the lack of reliable and trustworthy resources provided to adolescents within SRE.

**Power structures within SRE**

This part of the discussion chapter will discuss how power relations in SRE effect the sex education given. As Kabeer (1999; 2001; 2005) argues that power is part of empowerment I find it essential to discuss this in terms of sex education experiences. When discussing the experiences of sex education with the twelve people I interviewed, a theme of ‘power’ became very apparent, along with narratives and societal norms. The divisions of power I have found within sex education are; parents/ children power, teacher/ pupil power, government/ adolescent power and government/ education power. Lukes’ (2005) two-dimensional view of power will be applied in more detail in relation to figure 4, as well as Kabeer’s view of empowerment. Therefore, as I view there is a hierarchy of power involved in SRE, I have created figure 4. to explain this argument further.
First, it is essential to clarify what is meant by the ‘hierarchy of knowledge’. Thus, knowledge in the case of SRE, should be viewed as power but also knowledge as having the power. At each level of this hierarchy there is a gatekeeper who either allows/disallows this knowledge to be passed down to the next level and effectively the gatekeeper acts as a filter. Therefore, each actor (the government, institutions, teachers and adolescents) within this hierarchy has the choice for: *power to* and *power over*, meaning that they can either use their power positively or in a negative sense (Kabeer, 2005). They can either use their agency to pass this on or prevent it from being passed on. The ‘selective tradition’ of knowledge which Allen (2011) refers to, starts at the top, referring to the government, as the set and control the agenda of SRE, by reproducing hegemonic values and passing them down the hierarchy of knowledge.

Evidently, there’s some issues with this way of explaining, as the hierarchy of knowledge can be viewed as a prescriptive way of how power works. However, I found it more coherent to articulate this argument via the diagram, as it is naive to view SRE as not consisting of some power relations. Below each actor within the hierarchy of knowledge will be explained in turn, to show how power structures are present within the current SRE network and how this influences the sex education adolescents are receiving in English secondary schools.

*The government*

In this hierarchy of knowledge, the government has the most power, as the government is the ‘resource hub’ that implement policies for the rest of the society to follow. In the case of SRE in England, the government decided on the information to be put into the SRE guidance and policy. Therefore, Allen (2011)
describes a ‘selective tradition’ of being passed on and this can be applied to SRE, as the normative sexuality of society is created by those in power. They have the ability to create the agenda and in relation to SRE, and essentially control adolescent’s sexuality (Kidger, 2005).

The government have also given parents the option of withdrawing their children to SRE classes, which is not applicable to other subjects in the curriculum such as maths and science. Therefore, does the option of withdrawing adolescents from sex education speak louder volumes, as other subjects are viewed as being more important?

Institutions
The institutions in this hierarchy refer to education systems such as schools, where they effectively have the flexibility to decide what is taught in SRE. An example of this is Bella’s faith school she attended, where SRE was given with a religious narrative being apparent in the classes. The schools can use their power over to reproduce their own ideals such as heteronormativity onto the adolescents.

Teachers
Within SRE teachers have a powerful role in the knowledge received by the adolescents. For example, even if teachers do not ask for this role, they are the ones teaching adolescents about sexual health and have the authoritative capability to do so. Examples from the data collected have shown teachers own views being implemented onto the pupils, which means teachers are effectively choosing what does and does not pass through this hierarchical level.

Adolescents
At the bottom of this hierarchy are the adolescents, who have a lack of power and decisions get made for them. When SRE does not provide adequate information for them at school, they then need to actively seek for this knowledge elsewhere. Therefore, applying Lukes’ argument of power, the pupils would have to resist this
power over and agenda and in turn create an agenda which coincides with their own concerns. Furthermore, the adolescents would have to be active in using their agency to seek out this sexual knowledge.

Conclusion

Reflecting back to the aims and research questions of this study, the key findings showed that the current SRE framework is not empowering for adolescents, especially girls. Inadequate SRE was given to adolescents in schools, which meant they had to find this knowledge from other sources, such as the internet. However, the internet produced narratives of societal norms and gender roles which would influence adolescents negatively. Relating to Kabeer’s (2002) model of empowerment, knowledge was viewed as a resource, which could enable empowerment. However, in reality to the data collected, empowerment was not achieved by the resources given. Societal norms such as, sex as a taboo subject and slut shaming prevented adolescent girls being empowered at school, and the participants did not think education alone would prevent societal norms from happening, but instead society as a whole needs to be addressed first.

Although, I could not give quantitative data is showing how SRE has helped lower or increase statistics of sexual health, qualitative data showed adequate sexual health knowledge was not given at school, as well as inadequate knowledge on consent which had to be learnt elsewhere.

When SRE was applied to Lukes’ two-dimensional view of power, it became clear that the government has control of what sexual narratives are produced via institutions such as education. There also was a clear hierarchy of how sexual knowledge and narratives was passed down, as did, the narratives for acceptable sexual behaviour.

Therefore, to conclude, the current framework prevents adolescents, especially girls from accessing resources to become empowered. It was a shame to hear from the
participants in the study, at how inadequate SRE had been to their sex education knowledge. As adolescents, have been described so often as being a vulnerable group, it is shocking to see that policy and practice effectively fails them. It was also shocking to see how the responsibility of giving SRE is continuously shifting.

After listening to the raw experiences and emotions of the adolescents I interviewed, I feel I can use this knowledge to help reform the next relationship and sex education (RSE) policy which is due to come into practice in Autumn 2019. I hope adolescents are then acknowledged as being human beings with certain needs and desires and an empowerment based sex education policy is put in practice nationwide.

**Implications for further studies**

As the new framework is coming out Relationship and Sex Education (RSE) in Autumn 2019, I suggest the United Kingdom to use this research to understand and explore the views of those who this new framework will affect. I suggest a ‘study up’ approach to be used to enable adolescents to have a better off sexual health and well-being.
Bibliography


Appendix

Figure 5. Coding Example

*Transcription of interview with Anna*

A - we had classes once a week and mainly focused on alcohol and drugs, taught most about. because in my area there was a high level of drug abuse. the main thing we got taught about.

G: much info on sex information:

A - not particularly, the odd bits and pieces. when i was 14, so i was in my fourth year, we were meant to have like a demonstration of how to put on a condom onto dildos basically, but one boy in my year stole all of them. so then it got cancelled, so we didn't get it until, i was 17 but the rest of my class was 18 because i was a year ahead. so we didn't actually get proper sex education until we were 18, because of that incident, so they postponed it for a few years. at that point we already had like 5 girls pregnant and they had moved schools, to a school which had a nursery in it. there was very few people in my year which was a virgin, it was a bit late to start teaching them about sex and health now really.

G: where did you get you knowledge of sex education:

A: my mum, my mum taught, spoke to me about it all because we have a kind of relationship where theres nothing we can't talk about, erm so when i starting questioning things, she was like this is how this works and stuff like that. Especially through puberty, because we got taught in primary school that our periods are like a spec of blood, well thats a lie. when mine started i phoned my mum and she had to explain when she was at uni about what was going on, i was about 13 .... so she's always been there to teach me through things. she's taught me about different types of contraceptives, whats healthy, whats not healthy in a relationship and erm, you know signs to look out for if things aren't right, and always to put your own happiness first.

G: do other people have support like that?

A: quite a few of my friends, never spoke to their parents about stuff like that. it was the internet mainly, tv that kinda thing. where its not accurate to health. we did get a little talk on stds, aids and hiv and things like that in school. it was more of use a condom so you don't get it kinda thing. erm my school was kinda like we won't talk about that.

G: Sexual orientation of classes?

A: only heterosexual relationships taught about... I'm bisexual, i learnt nothing to do with women to do with sex health towards other women. i had to find that out
through the internet effectively. cos my mum is straight, she didn't know anything about that either. id take that from the internet. its not someone fully informed on something telling you that if you're gay this is how to keep yourself protected. obviously with gay men they can use condoms, but growing up there wasn't femidoms until recently erm and obviously girls sleeping with girls you can catch stds.

G: sexual health clinic?

A: in the town, bright green on the corner, called 'the corner'. you could speak to someone or get free condoms or get the pill. a lot of people went when they needed advice.they also helped you if you were in an abusive relationship and how to get out of it. do it from age range from 11, they never give out anything like condoms unless you are the age of consent but if younger children are feeling pressured it is a safe place to talk and everything is confidential.

G: did people feel safe going there?

I - yes, a lot of people felt embarrassed, it was embarrassing to go and get condoms, especially for girls and for them to go and speak to someone about their sexual health worry of getting back to parents, not being pressured by someone else.

G: same teachers?

A: yeah, every class had a guidance teacher. we had a very probably in his 60's, a male haha and he refused to talk about it. talked more about road safety. when he retired we got a female teacher who was then like, when we were in a final year. was like i really need to educate you on sexual health, as lots of girls in year who were pregnant and had to move school were there was an accommodating nursery. when you're 17/18 its a bit late now. i think the minute you get into high school, you really need to talk about sexual health cos i had a quite few people who lost their virginity at 12 years old. the more informed they are when they are younger, the better their decisions will be when they are older, when it comes to sex. it also depends on the teacher you get, cos some classes had really good sexual health....well why isnt my teacher telling me this. well clearly hes uncomfortable so they need to get guidance teachers who are comfortable in talking about these things with students so then they dont feel ashamed or uncomfortable when someone tells them cos you should never feel ashamed or uncomfortable in talking about sex.

From reading this excerpt from the transcripts, I will show and example of how the data was coded. Key themes I came across were:

- Embarrassment
- Heteronormative ideals
- Sources of information: the internet, friends, television, parent relationship
**Participant Consent Form**

*‘Let’s Talk About Sex’*

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<th>Statement</th>
<th>Yes</th>
<th>No</th>
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<tr>
<td>I have been informed about the research project and understood what is</td>
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<td>asked of me. The information has been fully explained to me and I have</td>
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<td>been able to ask questions, all of which have been answered to my</td>
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<td>satisfaction.</td>
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<tr>
<td>I understand that I don’t have to take part in this study and that I can</td>
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<td>opt out at any time. I understand that I don’t have to give a reason for</td>
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<td>opting out.</td>
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<tr>
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<tr>
<td>I have been assured that information about me will be kept private and</td>
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<td>confidential.</td>
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<td>I am aware that pseudonyms will be used instead of my real name in</td>
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<td>transcripts and research – it will be anonymized.</td>
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<td>I am aware that the interviews will be voice recorded.</td>
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<td>Storage and use of information:</td>
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<tr>
<td>I give my permission for information collected about me to be stored or</td>
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<td>electronically processed for the purpose of this research. I understand</td>
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<td>that the information collected will be stored on a password protected</td>
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<td>computer within a password protected folder. I am also aware that after</td>
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<td>the 4th June 2018, the voice recordings will be discarded.</td>
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Interview Questions

Did you attend any SRE/PSHE classes/sex ed classes?

What was the format of these classes like? How often and how old were you in secondary school?

Tell me about the sex ed education you received, in your own words, and in as much detail as you would like to give..

Do you have any examples to give?

What did you take away from SRE/PSHE lessons?

What is most effective/important to them when learning about sex education?

What worked in sex ed?

What do you think needed improving?

Which parts of sex would you liked to have known more about?

What parts would you have liked to have known less about?

How would you feel talking to your parents about this subject?

Did you get any of your information from the internet….and what info?

How did you feel with teachers giving you these lessons?

Would you have preferred an outsider etc sexual health nurse to come in?

Did your parents provide you with more knowledge on this subject rather than school?

STI’s
How are stis transmitted?

can you tell me about some areas of this you are less clear about?

What does ‘adolescent friendly health services’ mean to you?

Do you feel you had sufficient education about STD’s at school?

Can you tell me about safe sex practices you are aware of?
Is there anything regarding safe sex practices you are unsure of?

Do you feel you had enough knowledge on condom use

Consent
What does consent mean to you?

Can you give examples of what consent is?

Can you give examples of what consent isn’t?

Empowerment
Can sexual health info and consent info help empowerment?

Do you think this knowledge would be empowering?

Can sex education be empowering for girls?

New sex ed programme coming out in 2019 – what info would you wish you had more of

General
Age
Gender
What type of school did you go too?