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Let's talk about sex

A qualitative study on sexual health education in
Grenada

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ABSTRACT

The purpose with this study was to understand what conceptions about sex and sexuality are conveyed in sexual health education in schools in Grenada as well as analyze how teachers and guidance counselors relate to those conceptions. Our focus was to understand how sex and sexuality is conducted and portrayed in the educational material and what the respondents believe is important when teaching the subject. We also wanted to understand what aspects of gender are present and what moral- and rights-based assumptions characterize sexual health education. This qualitative study was based on content analysis on educational material that covers sex and sexuality as a topic as well as semi-structured interviews with specially trained teachers and guidance counselors. The theoretical framework consisted of theories drawn from aspects of gender and discourse in order to understand the collected data. We found that sex and sexuality is portrayed through the conservative approach to sexual health education where moral, traditions and values allow a great deal of influence in the discourse. These morals, traditions and values are derived from religious influence and policies in Grenada. Sexual health education conducted in Grenada is heteronormative and presents abstinence as an ideal-typical solution to many sexual health concerns. Furthermore there seems to be a perceived gender-difference during class where boys tend to be more open than girls. There is also a stereotypical view on gender present in the educational material where females are portrayed as responsible and males as the opposite. Moral is heavily influenced in sexual health education in Grenada. A more beneficial approach to sexual health education would be a rights-based approach.

Keywords: sexual health education, Grenada, moral-based approach, rights-based approach, reproductive governance

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ABBREVIATIONS

CARICOM – Caribbean Community Secretariat (an organization primarily for the purpose of regional economic development)

CEDAW – Convention on the elimination of all discrimination against women

GOG – Government of Grenada

GPPA – Grenada Planned Parenthood Association

HFLE – Health and Family Life Education

MOE – Ministry of Education

MOH – Ministry of Health

NGO – Non-Governmental Organization

PAM – Programme for Adolescent Mothers

SIDA – Swedish International Development Cooperation Agency

STD – Sexually Transmitted Disease

STI – Sexually Transmitted Infections

UNICEF – United Nations Children’s Fund

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1. INTRODUCTION

This study explores sexual health education in schools in Grenada. The following chapter will be an introduction to the subject, aim and research questions.

Grenada is a small island located in the southeastern parts of the Caribbean Sea and has a youthful population. According to the Population Census from 2011, 57% of the population was younger than 35 years of age (GoG 2013a; 2013b). Previous finding shows that adolescents in primarily developing countries have limited access to health services that provides sexual health education (Córdova-Pozo et al. 2015). However, according to the Convention on the Rights of the Child (2009) they are rightfully entitled to information regarding sexual and reproductive health. Even though Grenada recognizes the definition of adolescence made by UNICEF¹, adolescents in Grenada are still primarily viewed as children rather than young people transitioning into adulthood. This carries various challenges, particularly access to reproductive and sexual health services (MoH 2013; UNICEF 2014). In Grenada, there are no sexual health services addressed only to adolescents. In addition to this, adolescents' lack knowledge of where they can turn with their sexual and reproductive health concerns other than to governmental or private health care. They prefer to turn to friends or families before contacting a health professional. Help-seeking behavior for adolescents can be influenced both positively and negatively by the way sexual health education is conducted in schools. Teachers have a potentially important role in this regard in the way they teach about sexual health and also to challenge existing gender norms (Frame 2012). So, in what way are the portrait of sex and sexuality gendered in sexual health education in Grenada?

Risky sexual behavior, such as multiple partners, sporadic use of contraceptives and early sex debuts amongst adolescents in developing countries is fairly common. Some consequences due to unsafe sexual activity may be getting infected with a sexually transmitted disease (STD) or unplanned pregnancy (Brown, Jejeebhoy, Shah & Yount 2001). The Grenadian society has an extensive number of STD's and HIV along with

¹ Adolescence is a complicated state to define and it varies in different countries (UNICEF 2011). When using the word "adolescent" within the scope of this study we refer to the definition made by UNICEF stating that an adolescent is a young individual between the ages of 10 to 19 (UNICEF 2014).

adolescent pregnancies, which are all considered increasing problems in Grenada (MoH 2012; IPPF 2013). Sexual health education in school is shown to have an impact on risky sexual behavior and can both delay sex debuts and increase the use of contraceptives and condoms, thereby minimizing the rate of unprotected sex. This may in turn lead to reduced numbers of STD's, HIV/AIDS and unplanned adolescent pregnancies. Findings also show that sexual health education in school may lead to increased attention to values concerning sex, such as attitudes towards use of contraception (Kirby, Obasi & Laris 2006). However, in developing countries if sexual health education exists, its focus is often to reduce risky behavior by abstinence (Córdova-Pozo et al. 2015). In the light of this we ask ourselves, how is sex and sexuality portrayed and constructed in sexual health education in Grenada?

It is suggested that opinions on and attitudes around reproduction are shaped depending on the cultural and political context, also called biopolitics. Biopolitical aims can be understood as a way of regulating reproductive and sexual practices through 'truth regimes', entangled with notions of science, religion and morality (Krause & De Zardo 2012). Different biopolitical rationalities can be present when speaking about reproduction, family planning and preventive work such as rights opposed to cultural beliefs, which can lead to a conflict for all parts involved (De Zardo 2012). Similar indication can be identified in sexual health education where findings show that it generally is conducted through either a moral-based approach or a rights-based approach. A moral-based approach is conveyed through the influence of conservative moral beliefs that are based on religious incitements. On the other hand, a rights-based approach is implemented on the foundation of human rights and existing legislation (Miedema, Maxwell & Aggleton 2011; Iyer & Aggleton 2014). The current sexual health education in schools in Grenada is usually conducted through Health and Family Life Education (HFLE) and most of the times it is held by specially educated HFLE-teachers. It is a life skills-based training programme, which highlights the development of individuals and personal values. The programme focuses on creating and maintaining positive attitudes about health, social competencies and behaviors needed in life for youths (UNICEF 2010).

Out of the previously mentioned, it is of interest to study how sexual health education is conducted in Grenada and what moral- and rights-based assumptions characterize it.

2. AIM

The aim of this study is to understand what conceptions about sex and sexuality are conveyed in sexual health education in schools in Grenada as well as analyze how teachers and guidance counselors relate to those conceptions. The aim is also to understand the findings in the light of theories drawn from gender and discourse.

3. RESEARCH QUESTIONS

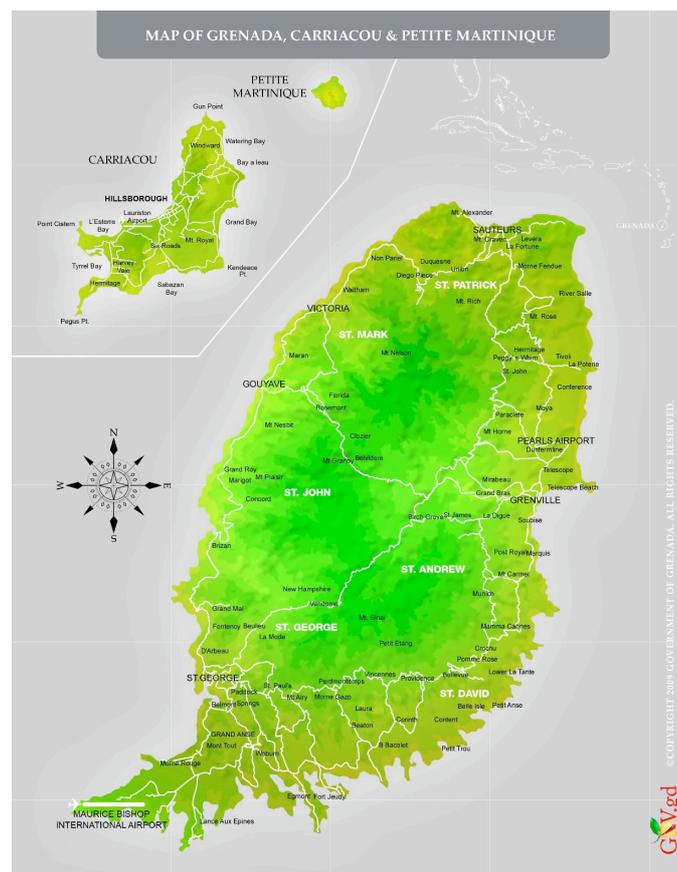
- How is sex and sexuality constructed and portrayed in the educational material?
- How are aspects of gender portrayed in sexual health education?
- What do the teachers and guidance counselors believe is important when teaching about sex and sexuality?
- What moral- and rights-based assumptions characterize sexual health education?

4. BACKGROUND

This chapter will provide background information on the island of Grenada as well as the existing sexual health services for adolescents that is relevant to this study.

GRENADA

The island of Grenada is located in the southeastern part of the Caribbean and has a population of about 110 000 people, with about 66% between the ages of 15 to 64 (GoG 2013a; The World Bank 2015a). It is a part of a tri-island-state containing the islands Grenada, Carriacou and Petit Martinique. It has a history of being colonized, first by the French and then by the British. Due to this the island still has cultural influences from Europe and the official language is English (GoG 2013a). Religion is highly valued in Grenada and the major religion is Christianity with more than half of the population being predominantly Roman Catholic (GoG 2005).



Source: Government of Grenada, 2009 (http://www.gov.gd/egov/pdf/grenada_map.pdf)

EXISTING SEXUAL HEALTH SERVICES FOR ADOLESCENTS IN GRENADA

As previously mentioned, there are no sexual health services addressed only to adolescents in Grenada. However, there are places for them to go with their sexual health concerns (Frame 2012). Grenada Planned Parenthood Association (GPPA) is one of them, with two clinics in two parishes of Grenada. GPPA aims to provide the population with knowledge of family planning and offers sexual and reproductive health services to both females and males (IPPF 2013). Reproductive health services play an important role since the adolescent birth rate is fairly high in Grenada. 34 out of 1000 births were recorded to adolescents in 2013. In 2000 these numbers were 55 out of 1000 births and in 1990, 90 out of 1000 births (The World Bank 2015b). So even though the numbers indicate a decrease they are still fairly high.

Through informal meetings during our field study we have been given the impression that NGO's take more responsibility than governmental or private health care in providing sexual and reproductive health information to adolescents. Moreover, we have also received information that it is uncommon that young mothers return to school after pregnancy even though they have a right to education. A number of NGO's provide information on sexual health to adolescents both in the city and in the rural areas. A NGO is Programme for Adolescent Mothers (PAM), which is a two-year academic programme that makes it possible for adolescent mothers to complete their education when they have been forced to drop out of school due to their pregnancy (PAM 2013).

5. PREVIOUS RESEARCH

This part of the thesis is a discussion of existing research conducted in this field that we found relevant for our study. All of the research and literature used in this thesis was found through Lund University's search-engine LUBSEARCH using the words "reproduction", "sexuality", "adolescence/adolescent", "(sex) education", "pregnancy", "gender", "contraceptive/s", "Caribbean", "sexual and reproductive health", "sexual behavior" and "bio politic/s" in numerous constellations. There is a lot of work done in this field but studies from Grenada seem to be limited. Quantitative studies appear to be a majority in the findings and qualitative studies are mostly case studies. Many studies that highlight the preventive work are often commissioned by organizations such as WHO and UNICEF and there seem to be a lot of studies and reports that are conducted within the frame of medicine, most likely branches of reproduction and public health. Previous research of particular reference to our study primarily derives from sociology and medicine.

SEXUAL BEHAVIOR AMONGST ADOLESCENTS

The Brown, Jejeebhoy, Shah and Yount (2001) study commissioned by WHO on sexual relations amongst adolescents in developing countries is an evaluation of numerous projects in 21 developing countries in Africa, Asia and Latin America. It is important to be aware that many of the studies are not nationally representative and many of them are smaller case studies. It is also important to be aware that the socio-cultural context differs in different developing countries. In some countries the use of contraceptives are forbidden and in others abortion may be seen as the only solution to adolescent pregnancies. Although conducted in different countries with various socio-cultural contexts, the evaluation suggests that there is a global trend in adolescents' sexual and reproductive health situation. Findings show that many adolescents tend to engage in risky sexual behavior, meaning sporadic use of contraceptives and having multiple partners and the consequences of this behavior may be getting HIV, STD or unplanned pregnancy. Moreover, the evaluation shows that adolescents in developing countries have varying amounts of knowledge regarding sexual health issues and misconceptions about safe sex practices are common. The information they receive about sexual health is most likely to come from friends or the media and not from school or health professionals (ibid). A quantitative study in the form of a questionnaire conducted in the Bahamas on parental involvement to reduce risky sexual behavior amongst adolescents

tells that different risk-reduction programmes, such as HFLE, used in school do not involve parents. Findings show that parent-adolescent communication about safe sex practices and sexual health concerns have some effect on reducing risky sexual behavior but more prominently show effect on youths' perception of increased knowledge on sexual health related concerns (Wang et al. 2014). These findings indicate that not only school and health professionals are an important factor in providing adolescents with sexual and reproductive health information but also friends, families and social media play an important role in this regard. Furthermore, Browns et al (2001) evaluation suggests that there seems to be a gender imbalance that can affect risky sexual behavior. It is emphasized that generalization is not the aim with the evaluation but findings suggest that there is a gender inequality in attitudes and behavior in males and females. There are findings of gender-specific attitudes about premarital sex and sexual double standards are justified by both genders. Finally, the need for proper and age-adapted information on sexual and reproductive health and services that is directed towards adolescents is highlighted as a global need in developing countries (ibid). These findings also show that there is a universal trend in adolescents' sexual health situation suggesting that many adolescents are involved in risky sexual behavior. However, it needs to be emphasized that risky sexual behavior can be defined in various ways in different countries and may not even be considered risky behavior in others. It also needs to be noted that gender imbalances in attitudes revolving appropriate sexual behavior are not solely unique for developing countries.

SEXUAL HEALTH EDUCATION

Iyer and Aggletons (2014) qualitative study on the teachers' perspective on sexual health education conducted at an NGO-run school in Uganda examines the discourse from two ideologies: moral- and rights-based approach to sexual health education. The study was conducted through focus-groups discussions and semi-structured interviews with teachers and the findings of these interviews were understood in the light of school-policies and discourses on sexual health education. Material used in sexual health education and teachers' perspective on the classes is identified as a conservative approach since there is a focus on 'controlling' the students' sexual behavior. With many students being sexually involved it is suggested that a rights-based approach would be more productive than a conservative approach to sexual health education (ibid). This study brings an interesting perspective to our study since similarities, such

as a conservative approach are identified. Even though the Grenadian society is not as influenced by religious and moral values to the extent that it is explained that the Ugandan society is, it still corresponds with the morally conservative approach that is identified in sexual health education conducted in Grenada.

Kirby, Laris and Rolleris (2005) quantitative study on the impact of sexual health education in developing and developed countries is an evaluation of 83 sexuality and HIV-educational programmes that focus on preventive behavior in reducing adolescent pregnancies, HIV and STD. These educational programmes were conducted in schools and health clinics. The evaluation shows that there is little to no difference between these sorts of programmes in developing and developed countries and suggests that they can be efficient regardless of the economical development of the country, cultural aspects, age groups and gender. However, findings show that even though the programmes may seem robust and even if they decrease sexual risk-taking it is not a dramatic decrease. They are therefore not a complete solution to this issue by themselves, but they are suggested to be an effective complement. The evaluation shows that many programmes improve knowledge on sexual health and preventive behavior and it is implied that increased knowledge in this area can affect one's behavior. It is thus likely that this can be a factor in changing risky sexual-behavior i.e. increasing the use of contraceptives and condoms, delaying sex debut and lowering the numbers of sex partners. It is accentuated that there has been a lot of development in this field but that more needs to be done in order to reduce unplanned adolescent pregnancies and the rates of HIV and STD's (ibid). This study does not include the HFLE-programme or Grenada as a developing country but the findings are still relevant for this study since it highlights that education improves the knowledge on sexual health and the positive effects that this may lead to. Many studies seem to focus on how efficient sexual health education is. However, within the scope of our study we are neither capable nor interested in expressing ourselves about the efficiency. It appears to be a knowledge gap in studies that focus on presenting conceptions about sex and sexuality, reproduction and gender and how this is mediated through teachers in sexual health education. These issues are not noticed as often and our study will highlight the need for studies with this aim.

ADOLESCENTS IN GRENADA AND BIO POLITICS

Frames (2012) qualitative study on adolescents' help-seeking behavior for their sexual and reproductive health concerns shows to what extent the socio-cultural and programmatic context influence them. The study is conducted through focus-groups discussions and semi-structured interviews with adolescents and with organizational stakeholders. Findings show that sexual health care addressed only to adolescents does not exist in Grenada and many adolescents avoid seeking help through the health care system when facing a sexual and reproductive health concern. Female family members play an important role in this regard and their knowledge about an adolescent's concern may increase the adolescent's ambition to seek professional help. The socio-cultural factors that function as barriers in adolescents' help-seeking behavior revolve around sexuality communication, social stigma and gender-power relations. Frame claims that the sexuality communication in the Grenadian society has progressed but still has a long way to go and the content of the communication in communities, schools and policies is identified as one of the factors for the vulnerable sexual and reproductive health rights for both males and females. Moral and religious values are also considered a factor to explain the lack of sexuality communication in Grenada. The programmatic factors that hinder adolescents' help-seeking behavior are the negative attitude of some health professionals and teachers directed towards adolescents. However, Frame emphasizes that according to adolescents they believe that the programmatic factors are easier than the socio-cultural factors to change in order to improve their help-seeking behavior. Social stigma is gendered and an important issue to address in order to improve both the socio-cultural and the programmatic factors that hinder adolescents' help-seeking behavior. Taking this into account, Frame suggests that this could revolutionize books on sexual health education and sexual and reproductive health services available for adolescents in Grenada (ibid). This indicates, once more, the important role of families and friends when adolescents face a sexual health concern. It also suggests that moral and religious values play an important role in order to explain the lack of sexuality communication in Grenada. This can be identified as a conservative approach, which is mentioned earlier in the Ugandan study, and can further provide us with an understanding for the moral and religious influence in the Grenadian society.

De Zordo's (2012) 13-month long ethnographic study examines how family planning in Brazil can be understood in terms of biopolitics. The study is conducted through

observation and unstructured interviews with health professionals and family planning users. The study assesses how different biopolitical regimes are present in family planning services. It aims to develop an understanding for how this affects the interaction between family planning users and health professionals, and their respective attitudes on contraceptives and family planning. The study presents different discourses such as rights-based opposed to cultural beliefs. Findings show different attitudes revolving around family planning, suggesting that the majority of both health professionals and family planning users focus on cultural and traditional beliefs and methods and those that focus on rights diminish the traditional beliefs and methods (ibid). Biopolitics is present in societies and explains where it is legitimate to receive information that is considered to be true. These ‘truth regimes’ can vary between science, religion and morals. This is an aim that can be present as a way of regulating reproductive and sexual practices in a political and cultural context (Krause & De Zordo 2012). The notion of biopolitics is heavily influenced by Foucault’s work (see Foucault in Mills 2003). Foucault explains that regimes exercise power through discipline with various techniques and methods. The ‘truth regimes’ are widely accepted institutions that put discipline on individuals. These institutions can be everything from educational institutions to hospital and governments. Further, individuals are not even aware that this discipline, which constrains their lives, is derived from these institutions. The discipline has been internalized to the extent where it seems ‘natural’ for the individual (ibid).

The De Zordo (2012) study is of relevance for our study since it can help us unveil how different discourses, such as discourses based on rights or cultural and moral beliefs, shape and influence ideas and practices with respect to sex and sexuality. We can find indication of biopolitics in previous studies mentioned where it is explained as a conservative approach to sexual health education and this will help us shed light on the way biopolitics is present in sexual health education as well.

6. METHOD

This study is based on a nine-week minor field study in Grenada, in the southeastern Caribbean Sea. This chapter will present the process of our study and the choice of research methods.

We started our field study in Grenada with informal meetings with different stakeholders with a connection to the subject of adolescent pregnancies. Immediately after the first meeting, we realized that many of our assumptions did not correspond to the reality. Hence, we had to take a few steps back and start over. According to Beckers in Wästerfors (2008) the researcher should study previous collected material as open-mindedly as possible and not be attached to the first idea in order to develop new aims. You can find similar reasoning in Bryman (2008) where he emphasizes the importance of starting a study with a clean slate, however it is difficult due to experiences and perceptions as a researcher (ibid).

The aim of this study was to analyze sexual health education and different kinds of moral assumptions present in the material. Therefore, we have conducted a content analysis on HFLE-books (see table 1) and also four interviews, two with specially educated HFLE-teachers and two with guidance counselors, from different schools in Grenada. The HFLE-teachers teach the students, amongst other subjects, about sexual health and the guidance counselors' work is conducted in different sessions and is closely related to sexual health education. We have chosen to interview the teachers and counselors because they have close relationship and direct relevance to the subject. We understand that we as researchers were a part of the environment where the study was conducted. The limited quantity of empirical data indicates that the results of this study cannot be considered representative.

Caribbean Community Secretariat (CARICOM) has worked alongside ministries of education in different Caribbean countries and UNICEF to design the HFLE-programme to enable it to function in the entire Caribbean region with a focus on themes that are contextually relevant. It is a life skills-based training programme to be used in schools, which aims to develop individuals and personal values. The programme focuses on creating and maintaining positive attitudes revolving around health, social competencies and behaviors needed in life for youths. The HFLE-programme covers

ages 5-12 in primary school and 11-16 in secondary school and its content revolves around four themes: self and interpersonal relationships, sexuality and sexual health, eating and fitness and managing the environment. It is explained to be an interactive and student centered way of teaching and learning. The chapters regarding sexuality and sexual health focus on an understanding of human sexuality, factors that can influence the expression of sexuality, reproductive health, contextual issues such as HIV/AIDS, adolescent pregnancy and sexual abuse and providing sources of sexual health information and services. With an aim to help students understand their own sexuality and how to protect their sexual health a number of areas are dealt within the course (UNICEF 2010).

CHOICE OF METHOD

Our ambition with this study was to gain a deep understanding for a specific issue and not to generalize; therefore we have chosen an ethnographic, qualitative approach. An ethnographic approach is when a field study is conducted through ethnographic methods, such as observations, interviews and informal meetings in order to document a particular society's way of life (Atkinson & Hammersley 2007). Since our study was conducted in an unfamiliar cultural context, an inductive approach was relevant to us. The inductive approach works from specific observation to broader generalizations and theories, sometimes called "bottom up". That means the specific observations are the beginning to the hypothesis (May 2011). A qualitative method has a focus on words or pictures and not on numbers and statistics, as one would with a quantitative method. Its aim is also to receive a better understanding of what people do and why they act this way (Bryman 2008). Furthermore, it can also be recognized by its openness to interpretation by the researcher, which can be viewed both as an advantage as well as a disadvantage in order to confirm the results (Denscombe 2009).

During this study we have worked with two different methods and sets of data, namely documents and interviews. By combining methods we attempted to accomplish methodological triangulation that, according to Webb in Bryman (2008) means using more than one method. This can also contribute to a result with a higher reliability (ibid).

CONTENT ANALYSIS

Content analysis means analysis on a written text in its most general sense. In the qualitative research it is more important that document the researcher uses is “out there” and ready to be collected and analyzed rather than it has been produced in the purpose for the research (Bryman 2008). We conducted our analysis on books used for sexual health education in schools in Grenada. The books are formed by the Ministry of Education in Grenada and UNICEF and can therefore be viewed as public, official documents according to Scott in Bryman (2008). Furthermore, Denscombe (2009) explains that since these forms of documents are public and easy accessible they are considered having a high credibility.

Denscombe (2009) speaks of content analysis as a way of finding a meaning behind the explicitly expressed text. Both the explicit as well as the meaning behind it contributes to create and maintain a view of the reality and the content analysis aims to explain in what way any written material does this. However, Denscombe points out that this method contains both strengths and weaknesses. The collected data could have been interpreted and analyzed in an alternative way. On the other hand it is a time-effective method since the data is easy accessible (ibid).

INTERVIEWS

To fulfill the aim of this study, we have also conducted semi-structured interviews because they give an opportunity to let the interviewee get deeper into the subject and develop answers in a broader sense (May 2013). Semi-structured interviews are open and they allow the researcher to add questions during the interviews depending on the information provided by the respondent (Bryman 2008). This form of method is relevant to our study because the aim was to gain a deeper understanding of how sexual health education is conducted in schools and how sexuality and sexual health is formed in the books rather than to receive a broader understanding.

Before the interviews, we prepared ourselves by developing interview guides, one for the teachers (see appendix A) and one for the counselors (see appendix B) with questions relevant to the aim of our study. Before each interview we explained the aim of the study and asked all the participants to sign a letter of agreement (see appendix C).

We recorded all the interviews and then transcribed them into text. The interviews varied in time between 20 - 40 minutes each.

Our study was performed in a different cultural and linguistic context, which caused some limitations. One limitation was difficulties to understand the accent. Even though English is spoken in Grenada it contains a heavy Caribbean accent, which posed a barrier for us. Another limitation with the interviews was the access to the participants. It was difficult to first initiate contact with the principals. In some cases the contact between the principal and the participant was lacking, which affected one of the interviews that had to be conducted in a busy classroom. Also one of the interviews had to be postponed on short notice because of the teacher's absence. Furthermore the subject of the study is morally loaded which brought some difficulties during the interviews while talking about sensitive topics. This was an existing challenge for us since we were sometimes faced with statements that collided with our own beliefs. We had to be aware of our own approach and not let it interfere with the interviews. These limitations helped us with understanding the importance of being open and flexible during the process of the study.

SAMPLING AND PRESENTATION OF DATA

The HFLE-coordinator at the Ministry of Education, whom we had contact with during our study, assisted us in recruiting participants from the chosen target-group and also provided us with all books used in sexual health education. The HFLE- coordinator presented all available HFLE-books to us from which we have chosen the books used in secondary schools because we found them most relevant to our study (see table 1). These books provided us with broader and more diverse information on the subject than the other books adapted to younger children. Our data comprises three student's books, three activity books and one teacher's guide. Each book covers four different fields of Health and Family Life Education but we narrowed our study down to the chapters regarding sexuality and sexual health. The student's books consist mostly of illustrations, comic strips and speech bubbles that convey the message. The text is short, concise and informative. The teacher's guide is almost entirely text-based with a few images.

Table 1. Educational material

Level	Kindergarten	Primary School	Secondary School		Teacher
Books	1 book	3 Student's Books 3 Activity Books	3 Student's Book	3 Activity Book	Teacher's Guide
Sample	Deselected	Deselected	X Chapters on sex & sexuality		X
Pages			Student: 96 pages /total	Activity: 58 pages/total	223 pages
Type			Student: informative text-book for students	Activity: training book for students	Informative guide for teachers in both the delivery of content and methodology

The HFLE-coordinator initiated a contact with the principals at each school, which we contacted and booked the time and place to perform the interviews. She also handed contact information to the head of the Student Support Service Unit, whom we later on arranged interviews with guidance counselors through. The purpose to interview teachers and guidance counselors was to add a complement to the books and gain a better understanding of the material in practice as well as how the individuals express themselves about sex and sexuality as a subject in schools. The selection of participants can in this case be described as a purposive sampling according to Bryman (2008). This form of sampling is most commonly used in qualitative method and its focus is on selecting units with direct relevance to the formulated research question (ibid). In this case those units were individuals and documents that were selected. Using this form of sampling was the only possible choice for us since our network with the target group was limited and the HFLE-coordinator had the network and the influence to arrange interviews with relevant participants on short notice as well as provide us with books.

PROCESSING OF THE COLLECTED DATA

Before doing the interviews we considered some important points such as having equipment of good quality for recording and if possible, letting the interview take place

in a quiet and calm environment. We made sure our equipment worked by testing it before each interview and tried to avoid talking too fast during the interview. Transcribing can be a time-consuming process and the interviews should be transcribed as shortly after each interview as possible to ensure that important information does not go to waste (Bryman 2008). Directly after each interview, they were transcribed which took about three hours per interview. We later on coded those transcriptions. Aspers (2011) explains coding as a way of dividing the collected data into smaller groups in order to identify similarities and differences between the groups. He emphasizes that this is something that needs to be done continuously during the process of the study to facilitate the work and to provide an overlook of the collected data (ibid). The documents we analyzed were first read without any particular categories in mind and the following time we identified repeating patterns and similarities (Bryman 2008).

We formulated different categories out of the patterns and similarities that we identified in the empirical data. Those that were of interest for our analysis were *heteronormativity, gender stereotypes, sexuality, reproductive health, abstinence and improvements*. We followed with creating a structured schema of the categories and wrote down when and where in the books and the interviews we identified parts that cohered with the chosen categories.

RELIABILITY OF THE STUDY

Reliability and validity are two terms closely connected to a quantitative choice of method. Nevertheless, when conducting a qualitative study other criteria must be considered (Bryman 2008). The term reliability, when referring to a qualitative choice of method, has four criteria: *credibility, transferability, dependability and opportunity to demonstrate and confirm* (our translation in italics, Bryman 2008: 354-355). The credibility-criterion refers to the extent to which other people accept the study. The credibility is increased when the researcher ensures the results with the participants in order to confirm that he or she has perceived them in the way they meant to (Bryman 2008). In order to increase the credibility in our study we have used methodological triangulation and after each interview we summarized the content of the interview to the participant to ensure that we understood them in the way they intended. The transferability-criterion refers to the extent to which the study can be generalized. By

providing a wide description of the approach and details it can help others to transfer the results to a different context (Bryman 2008). Since the aim was not to generalize its result to other contexts, we have reminded ourselves to provide as wide a description as possible of our approach to increase the transferability of our study. The dependability-criterion is the counterpart to reliability in a quantitative method and it means that there should be a clear description of every part in the process in order to ensure the results (Bryman 2008). To increase the dependability of our study we have viewed the fact that we were two during the process as an advantage since it made it possible for us to certify that we were on the right track and “examined” each other in order to keep the work adequate. Lastly, the opportunity to demonstrate and confirm-criterion refers to in what extent it is possible to leave out prior experiences and personal values when entering the role as a researcher (Bryman 2008). Once again, we have taken advantage of the fact that we were two during this process and we reminded each other to stay as unprejudiced as possible.

ETHICAL ASPECTS

The ethical aspects are of great importance during the process of a study and should be carefully considered. Norms in society create and maintain various interests, perspectives and ideals and it is common that these aspects and cultural beliefs affect both the researcher and the study. It is important to be aware of one’s own cultural context (Andersson & Swärd 2008). The Grenadian society is strongly influenced by religious beliefs, which sometimes was difficult for us to adapt to and understand. We formed a research problem based on our interest, perspective and ideals and we had to consider how this problem could be interpreted and received by individuals in the Grenadian context. We were aware of the sensitivity of our subject and it is emphasized that when conducting a study, which contains strong feelings, it can be difficult to maintain a professional distance. It is important to keep a balance between getting personal in an interview and at the same time respecting someone’s integrity (Svedmark 2012). We had to be aware of our own expressions and reactions to avoid showing personal opinions about topics we disagreed with. That helped us creating an open environment with participants during the interviews.

We have conducted our field study in accordance to the four ethical requirements for research for social sciences formed by Vetenskapsrådet. According to the requirement

of information we have informed the participants of the purpose of the study, that their participation was voluntary and that they could end their participation whenever they wished to. According to the requirement of consent we have informed the participants of their right to determine the extent of their participation. According to the requirement of confidentiality we have informed the participants that the information they provided to us has been treated with great confidentiality throughout the entire process. Lastly, according to the requirement of usage we have informed the participants that the information that they provided to us has been used only in our study (Bryman 2008). In order to maintain the four ethical requirements we developed a letter of agreement for the participants to sign before each interview (see appendix C).

Bryman (2008) explains that no approval is needed if the information is public and easily accessible. Regarding performing content analysis on secondary books we therefore found it ethically uncomplicated to do so. However, of consideration to the Ministry of Education in Grenada we have received an approval from the HFLE-coordinator to use the books within the scope of this study. Furthermore, when conducting interviews with the guidance counselors, they showed up at the same time and we had to ask one of the participants to wait outside in order to keep the requirement of confidentiality.

DIVISION OF WORK

This study is written and conducted equally by the both of us. Even though we divided the initial responsibility over some parts in the writing of this thesis we have discussed and revised all chapters together. We led two interviews each, one of us was conducting the interview and the other one functioned as a support, observer and note-taker. As a team we have supported each other and reminded each other not to jump to conclusions too early in the process.

7. THEORETICAL APPROACH

This chapter is an outline of the theoretical frameworks that have guided the analysis of the empirical data. A constructivist approach was used in the study, which means that we assume that members of the society create images of reality, and we are primarily interested in these images. Focus is both on the versions of reality expressed by the members of the studied environment as well as how that reality is shaped by their interpretations of it (Bryman 2008).

We have chosen to use gender theory derived from Yvonne Hirdman (2004) and Amy Wharton (2012) and aspects of discourse theory in accordance with Foucault (Mills 2003). We will use a model called the conservative orientation constructed by Tiffany Jones (2011) that originates from discourse theory as well as the concept reproductive governance in order to help us understand our empirical data. These theoretical frameworks are closely attached to each other and the combination of them will help us illustrate the diversity of the data.

DISCOURSE

The concept discourse in Foucault's sense is a complex word covering a lot of underlying meanings (see Foucault in Mills 2003). Foucault states that discourse should be seen as something that constrains our perceptions and rather is a complex schema that structures the way we apprehend reality. Foucault refers to 'the order of discourse' when speaking of the way discourse is constraining and he suggests that there are three external exclusions: taboo, the distinction between the mad and sane and the distinction between the true and the false (ibid). We will focus on two of them that we find relevant. Taboo is what makes it difficult to speak of certain subjects. The distinction between the true and the false is about trusting authorities and institutions to have "true" information and those who speak of other considered being false. Foucault means that practices and institutions such as government, universities and scientists support the truth materially. They work in such way where they exclude the "false" statements and maintain the "true" ones (Mills 2003). In this concept the 'truth regimes' are identified as the institutions and practices that provide "true" information. Biopolitical regimes can also be viewed as 'truth regimes' depending on the cultural and political context and where it is legitimate to receive "true" information.

In addition to the external exclusion there are four internal procedures of exclusion. These are: commentary, the author, discipline and the rarefaction of the speaking subject (Mills 2003). We will focus on explaining the term discipline since the remaining ones were not of interest for our empirical data. The disciplinary boundary refers to the limits we place on subject areas. Discipline is about what is possible and not possible to say within the frame of a subject (Mills 2003).

REPRODUCTIVE GOVERNANCE

Theories of reproductive governance are strongly influenced by Foucault's work. Reproductive governance refers to the way through which different stakeholders such as authorities, and religious institutions use legislation, moral and ethical incitement and economic inducement to handle and control reproductive behavior and population practices. Reproductive discourses circle around morality over different "rights", such as the right to your body, sexual and reproductive health rights and "right to life" for the unborn, and poses them against each other. The morality in reproduction is often set as opposed to supposedly immoral actions and these may vary depending on the cultural context. However, they often revolve around sexuality, sexual behavior, family formations and religious commitment. International involvement of human rights may start a shift in reproductive governance since it claims that some "rights" are universal and irrelevant of the context (Morgan & Roberts 2012).

Technologically speaking, sex and reproduction are now in an era where they can be separated; sex is not only about reproduction and reproductive practices are not only sexual. Reproductive governance allows us to understand that morality directed towards reproductive practices is fully involved with political and economical processes and that it therefore can regulate the reproductive options addressed to both women and men (Morgan & Roberts 2012).

CONSERVATIVE ORIENTATION

Tiffany Jones (2011) has constructed a framework to help understand sexual health education discourses. She explains the framework as different orientations that attempt to "save" children from perceived sexual health related issues through discourses. She presents four different orientations to education: conservative, liberal, critical and post-

modern (ibid). We will hereafter focus on and explain the conservative orientation since it is aligned with a society heavily influenced by religion, which Grenada is.

Jones (2011) explains the conservative orientation in education as where the school and teachers play an authoritative role and students are seen as recipients of knowledge. Sexual health education in the conservative orientation often derives from an authority that can be either culturally or politically determined, such as governments, religious organizations or schools. Sex, gender and sexuality exist only in a heteronormative way i.e. you are either a feminine heterosexual female or a masculine heterosexual male and everything in-between is considered negative. Therefore, sexual expression is most legitimate when it takes place in a heterosexual marriage and everything else is considered frowned upon. Sexual health education discourses are essentially about ‘protecting’ children from sexual involvement and often do this by withholding information. They ‘protect’ the child through behavioral guidance, such as emphasizing certain gendered behavior and encouraging abstaining from sexual activity. The content of sexual health education discourses can be understood from the cultural context with the presence of current social, moral and religious values. The discourses often have a focus on biology, explaining the anatomy of reproductive organs, the life cycle of a human and a strong focus on disease prevention (ibid).

GENDER

Gender is the term we normally use to distinguish between individuals on the basis of the biological sex. However, according to Judith Butler in Mattson (2007) there is other than just the biological characteristics of what the term gender means; it is also a social construction i.e. something we ourselves create and maintain. It is used to distinguish between what is understood as female and male social behavior, meaning how people become stereotypical ”men” and ”women”. This behavior and the view of the sexes is deeply rooted in society and is only noticed when someone differs from it. Gender studies explain the concept of the sexes as something that is created, maintained and socialized (Mattson 2007; Svensson 2007).

GENDER SYSTEM AND GENDER CONTRACT

Yvonne Hirdman’s (2004) phrase gender system can somewhat be understood as an order structure of the sexes and this order permeates other ones such as social,

economical and political orders. The gender system consists of two logics: the first logic is the dichotomy, referring to the separation of the sexes and that they should not be mixed. The second logic is hierarchy, stating that the male and masculinity represents the norm of society. Hirdman highlights that the male-norm is being legitimated through the separation of the sexes and on behalf of something else, the female sex. This separation is filled with power since it creates meaning to the way individuals orientate themselves in the world. She emphasizes that all individuals contribute and maintain this on every level in society (ibid).

Hirdman's (2004) framework gender contract is created to help understand males' and females' approaches to each other, containing obligations and rights that both sexes need to relate to. These approaches cover everything from how to talk, act and behave to how to look and portray oneself. This invisible, ideal-typical contract sets boundaries and limitations as well as possibilities on both sexes. The concept of gender and the obligations addressed to it have changed both in time and space but the given roles such as the obligations for a man to provide for his family and the child-bearing and housekeeping obligations for a woman still remain. These roles are obvious in society to an extent to which they are rarely challenged or questioned (ibid).

INSTITUTIONAL APPROACH TO GENDER

Wharton (2012) explains that gender is present in shaping identities and behaviors in individuals and in social interactions. Gender is also present in organizing social institutions - meaning public institutions in society including work, education, policymaking and legal system - but it is also present in the informal institutions such as families and relationships. Wharton uses the term "gendered institutions" as an explanation to when an institution is influenced by gender through every part of it. By this Wharton discusses that even institutions that are considered to be neutral from the influence of gender are still affected by and express it. Education is a social institution that is widely accepted in society. Institutions play a major part in creating cultural beliefs about the social world and this includes aspects of gender. They provide a framework for many peoples' view on what women and men are and how they are assumed to behave and this then reinforces back into the institution. They are an important part in creating and maintaining the view on gender and they also seem to take on a life of their own and are seldom questioned or challenged. Therefore you can suppose that education can somewhat be viewed as a gendered institution (ibid).

8. ANALYSIS

This chapter will present the analysis of the collected data. Results from the content analysis of the material and the interviews will be intertwined throughout the text. We have organized the text according to the six identified categories in our empirical data: *heteronormativity, sexuality, gender-stereotypes, abstinence, reproductive health and improvements.*

HETERONORMATIVITY

Constructions of heteronormativity are permeated throughout the books where every illustration and every example that portrays a couple is about having affections or relations only with the opposite sex i.e. illustrations of relationships between a male and a female. The following sentence is found in the student's book under examples of reaching one's abstinence goals. "What are some healthy ways of expressing affection for the opposite sex?" (HFLE Student's Book 3: p 51). A further example of the heteronormative portrait is: "I respect my future wife and do not want to bring history and baggage into my future life." (Male, HFLE Student's Book 3: p 49). Our focus with these sentences is the way they are constructed. Affection for the opposite sex in this sentence is interpreted as an example of heterosexuality as a norm. The only clarification to why there is a focus on relations with the opposite sex is found in the HFLE Teacher's Guide under the headline "Dealing with difficult issues and sensitive topics in the classroom" (HFLE Teacher's Guide: p 44). Sexual orientation and homosexuality is in this book referred to as a controversial aspect of sexuality and it is explained that it will not be dealt with in the HFLE-programme. It is emphasized that students may raise questions about homosexuality and that the teacher needs to be prepared on how to answer these types of questions and can refer the student to someone else if he/she does not feel comfortable answering. It is noted in the Teacher's Guide that a teacher should not speak judgmentally if a student raises these questions and a human rights-perspective is highlighted to be present when teaching. Thus, sexual orientation is handled with respect even though the topic is not a focus in the books.

The explanation of excluding sexual orientation as a topic in the HFLE-programme is that it simply is not dealt with in the programme. This raises the question to why it is excluded. By not covering sexual orientation, the programme is liable in creating a view

on the reality where sexual orientation is solely heterosexuality and thus creates the norm. However, when including only this constellation it also excludes every other possible form of relationship constellations, for example same sex relationships. This brings the heteronormativity portrayed in the books to also be understood through reproductive matters. The stereotypical form of relationship attributed to men and women might be that they should form a couple and reproduce and this is something that may be complicated for a same sex couple. You could understand this from Hirdman's (2004) gender contract and Wharton's (2012) informal social institutions as the norm bearing, ideal-typical gender roles of a man and a childbearing woman do not correlate with a same sex relationship. Therefore only the heterosexual relationship is portrayed in the books. These assumptions on how a male and female are supposed to be are deeply rooted in society (Mattson 2007). Hence, a same sex relationship would diverge from these assumptions and disrupt the norm created in and by society.

Furthermore, discourses are culturally bounded and this may serve as an explanation when trying to understand why the HFLE-programme is exclusively heteronormative (Jones 2011). First, homosexuality is restricted through legislation in Grenada (Chapter 72A, Criminal Code, Article 431: Unnatural Crime) so this is an adequate explanation to why sexual orientation is excluded. Even though homosexuality is both considered controversial and illegal it is still handled with respect in the education, which indicates that all member of society should have the same rights and be treated with respect. Second, it can be discussed whether or not Grenada's religious values can have an influence in the discourse regarding sexual orientation. The Catholic Church does not promote same sex relationships and with more than half of the population viewing themselves as Catholics this could have an effect on the discourse (GoG 2005; Stockholms Katolska Stift 2015). Since there is such a religious influence in this specific cultural context the morality of reproduction is woven with religious commitment and therefore only the heteronormative constellation of a relationship within the vows of a marriage can be considered morally allowed to reproduce. This means that all other possible ways of reproduction, such as having children outside of marriage or family formation for same sex relationships are considered in, Morgan & Roberts (2012) terms, as a supposedly immoral action and therefore ignored in the material (ibid). The majority of users and health professionals in family planning rely on traditional and cultural beliefs and the traditional image of a family consist of a male

and a female (De Zordo 2012). Therefore it might be considered conservative to allow space for other sexual orientations than heterosexuality in sexual health education.

Another interpretation to why it is not dealt with in the programme can be that through a conservative orientation in sexual health education discourse some topics are censored (Jones 2011). The discourse does this and claims that it is to protect a student but at the same time the discourse also promotes heterosexual relationships as the only legitimate constellation and ignores every other by excluding information about them. This is identified as setting boundaries on a subject (Mills 2003).

But how did the respondents, who are responsible for conveying the material to the students, perceive the issues of different sexual orientations? Respondent 4 explains that sexual orientation is a challenging and sensitive topic. He states that he is conscious about these topics because of his workplace and the policy he needs to follow since he works at a Catholic school with traditions that are in accordance with the catholic beliefs.

Um, I think some students have difficulties in terms of what is taught and what is generally accepted in society and maybe some of their own practices, whereas there may be some contradiction there and that might be proven to be one of the most difficult challenges for, so, on the norms. But this is not what I am feeling or not what I am doing or not what my friends are doing. So how do you bring these two together? (Interview, Respondent 4).

Respondent 4 explains a contradiction between what is taught and also considered generally accepted in society and sexual orientation. He seems uncertain in how to relate to this contradiction and presents a diffuse answer. This may be since he is not allowed to express himself in these terms because of his workplace. However, he still indicates the importance of bringing the topic of sexual orientation into sexual health education since he expresses the need to highlight it for the students.

Respondent 3 states that sexual health education can help guide the students in an explorative phase of their lives. She explains that it must be turmoil for individuals that

are questioning their sexuality in a society where same sex relationships are considered a criminal act and taboo:

[...] so some of them are questioning. They would see one of their peers that they are attracted to and to some extent that could be healthy and normal that they would want to explore some more because [...] they have to contend with the fact that we refer to our country and our nation as a God-fearing country. (Interview, Respondent 3).

Respondent 3 talks about this topic fairly openly and points to its importance. She still implies that there are boundaries to sexual orientation that need to be sorted out.

WHAT IS SEXUALITY?

Even though the books do not cover sexual orientation to a wide degree they do cover the topic of sexuality and expressing sexuality. The books explain sexuality as revolving around sensuality, intimacy, sexual acts, sexual health and reproduction and sexual identity. It is therefore accentuated that sexuality is not only about having sex. The books explain that sexuality is present in an individual's life from birth to death and the way sexuality is perceived evolves, as we grow older. The explicit topic of sexuality is allowed a fairly small space in the books even though research shows communication about sexuality is an important topic in adolescents' lives (Frame 2012). Following citation is one of many definitions of sexuality in the books: "Sexuality includes maleness and femaleness, how we express some feelings, how we relate to each other and to whom we are attracted." (HFLE Student's Book 1: p 34).

Both in the books as well as during the interviews we have observed that there is a conception that sexual health education is greatly connected to the body. In the books the anatomy of a woman and a man is explained alongside with ideal-typical values connected to each gender. We found similar conceptions about sexuality during the interviews. One reason to why the education has a bodily focus to a great extent can either be that it is considered necessary or that it may have some influence from previous educational programmes in sexual health. Prior to introducing the HFLE-programme in schools the subject 'health science' covered sexual health education. That

can be one reason to why one of the respondents continued portraying sexuality from a purely bodily standpoint. During one interview, we experienced the respondent more comfortable while talking about anatomy of reproductive organs and hygiene. While asking more open questions about gender differences and other topics the respondent had difficulties with understanding our questions and how to respond to them. She seemed to feel uncomfortable and kept the answers short. She also expressed that there was a difference in knowledge about the anatomy depending on the sexes. It seems like it is more common to talk openly and comfortably about a man's body whereas when talking about a woman's body it is more complicated and might be considered more of a taboo subject. She discussed what influences and knowledge students receive from their surroundings. "I explain to them the female, like the vagina, some of them ok will give lots of names and I have to tell them the right name, the vagina.... most of them know the penis, they know that is called a penis..." (Interview, Respondent 1). This excerpt indicates that the female sex is surrounded by metaphors and the right name is seldom used. The use of metaphors might be because the real name can be attributed with shame. This can be interpreted as it is affected by taboo since it is found difficult to talk openly about (Mills 2003). On the other hand the male sex is not affected by taboo to the same extent and not covered with metaphors and solely is being used by one name. This can be understood from the cultural norms where the male is supremacy and the norm in society (Hirdman 2004). The way the sexes are more or less affected by taboo seems to be taught in early years and Respondent 1 appears to believe that it is schools' responsibility to provide right information.

Teaching how to act accurately according to your gender is present in sexual health education. Both the schools and the culture place more requirements on girls where they should act more sophisticated and take more responsibility for the consequences of their actions. Even adolescents' help-seeking behavior in Grenada has a focus on women and girls rather than having a gender-neutral approach (Frame 2012). This indicates that there is a gender imbalance in the responsibilities. In sexual health education the girl is portrayed as the responsible one, such as abstaining from sex, protecting herself from unwanted pregnancy as well as in the case of getting pregnant she carries the ultimate responsibility for the baby. A further consequence might be difficulties in continuing her education. The following quotation is an excerpt from a comic strip in the books

about a young couple that get pregnant: “It’s really up to you. I have to pass my exams and move on.” (Male, HFLE Student’s Book 2: p 42). The boy indicates that he does not have any responsibilities of the consequences. By portraying girls and boys this way it can be understood as a way of reminding the adolescents to think about their actions and possible consequences that follows. On the other hand the girl is portrayed as the one who has no choice and has to face the responsibilities of the situation.

The differences are reflected in various topics in the HFLE-books. The books portray girls and boys in different ways fairly often. Even though abstinence is the main focus in the books it appears to be a difference in those cases where abstinence are challenged for the individual by outside influence. The girls express abstinence from sexual activities more often while the boys express themselves more openly about sexual topics. Sexual expressions and the differences between the sexes can be understood through conservative orientation in education. The school and the teachers play an authoritative role as well as the discourses on sexual health have the function of a behavioral guidance. It emphasizes certain gendered behavior, in this case how a male and a female should relate to sexual activity. When it is portrayed as a norm in society and when teachers, as authoritative figures, teach it there is no reason to question it (Jones 2011).

The following question is provided in the books as one of many examples of questions that young people think about. “Can masturbation make me sick?” (Male, HFLE Student’s Book 2: p 45). These types of questions highlight the need for proper information on reproductive health and the risks to reproductive health. To answer the question stated above the teacher can find support in the HFLE Teacher’s Guide where there is an explanation of masturbation: “It is safer to masturbate than to have unprotected sex and risk getting pregnant or getting HIV. And it is better to masturbate than to harass others.” (HFLE Teacher’s Guide: p 52). When reading this you could analyze it as a way of promoting abstinence by supporting masturbation. Masturbation is explained as a possible alternative to sexual activities rather than exploring and getting to know your own body. It can also be understood as an adequate solution for those who cannot handle their sexual feelings. When expressing “...better to masturbate

than to harass others.” it indicates that adolescents are lacking control over these feelings and cannot be trusted. These characteristics are also identified in the interviews. “Some of them get involved in sexual activities. They do not understand and some of them are not responsible enough, none of them I think is responsible enough to be sexually active...” (Interview, Respondent 3). This can be an indication of how adolescents are viewed as children rather than young individuals transitioning into adulthood in Grenada (MoH 2013). They are primarily viewed as children that are in need of care, guidance and are not responsible to make decisions.

What is the reason of promoting abstaining from sex to such a great extent and putting limitations on the knowledge about other possible solutions? The answer can possibly be connected to the religious context. The Catholic Church promotes abstaining from sex before marriage (Stockholms Katolska Stift 2015). Also the conservative orientation to sexual health education promotes abstinence (Jones 2011). Sexual health education is a prominent factor in reducing risky sexual behavior (Kirby, Laris & Rolleri 2005). Sexual health education in Grenada has a great focus on reducing the risky sexual behavior. However, is portraying all sexual behaviors outside the marriage as risky a good solution to the problem? Our conclusion is that it is not. A rights-based approach to sexual health education is assumed to be more beneficial than a moral-based approach when adolescents are already sexually involved (Iyer & Aggleton 2014).

STEREOTYPES

In some parts of the books males and females are portrayed with different, gender stereotypical opinions. In the section on teenage sexual choices the females express an opinion of abstaining from sexual activity as a positive outcome for their lives. “I have chosen to abstain from sex until I’m much older.” (Female, HFLE Student’s Book 2: p 36). As previously mentioned females are portrayed as the responsible ones and that they should be aware of possible consequences beforehand. On the other hand the males expresses a casual opinion of getting sexually involved in the same section in the book. “We’re all young and healthy, so what’s the harm in enjoying sex?” (Male, HFLE Student’s Book 2: p 36). These types of attitudes have been observed regularly in the books and are a way of creating and maintaining stereotypes addressed to gender. Gender contract is present in forming gender stereotypes and covers stereotypical ways

of how to talk and act depending on your biological sex (Hirdman 2004). These stereotypical behaviors have been imprinted in individuals through gender socialization starting from birth promoting what kind of behavior is acceptable for a male or a female (Wharton 2012). The example mentioned above could then be understood, as an appropriate female behavior is to abstain from sexual activity until you are old enough, maybe even married, and an adequate male behavior is to enjoy a carefree, active sex-life without any obligations. There is a separation between the sexes on how to approach your sex-life and this approach cannot be mixed. However women and men are each other's possibilities and limitations (Hirdman 2004). Thus, in the example above, the male needs the female to fulfill his sex-life and the female plans to wait with sexual involvement until she is much older. Hirdman (2004) states that these oppositions rarely are the same sort of limitations and possibilities (ibid). Hence, for the female in the example mentioned above, the female needs the male to wait with sexual involvement but the male needs the female to fulfill it.

All of the respondents express perceived differences between boys and girls. One of the respondents who worked both with boys and girls argues that girls are more secretive whilst boys are more open and direct when talking about sexual activities. She believes that it is derived from the cultural context and the society where it is more accepted for boys to be sexually active while girls need to protect themselves. She claims that these assumptions are difficult to break. Even Respondent 4 acknowledges the perceived differences between boys and girls: "So I think boys are more, in my experience they have been more open when talking about the issues." (Interview, Respondent 4). During this statement the respondent explains that the reason to that might be because he is a male and boys are more likely to identify with him.

The norms in society affect boys and girls in how they express themselves and how openly they can talk about sensitive topics (Wharton 2012). This limitation can on the other hand lead to differences in knowledge of the subject as well as confidence in asking for help if needed. Patterns in help-seeking behavior amongst adolescents are focused on females' behavior (Frame 2012). The reason to this may be that they, not only carry the ultimate responsibility but also sexual health education in school might not be enough for them. As previously mentioned, the girls are perceived as less openly engaged in the classes than the boys and perhaps this can be why they seek more

knowledge outside of the school? Also Respondent 2 perceives similar differences between the sexes when teaching about sexual health. She clarifies that boys seem to be more open and curious about sexual health than girls and explains this with how parents raise their children. “[...] and too: what goes on at home, what discussions are held at home and sometimes you know boys may go out. Parents may tend to leave girls at home, boys may go out so they expose in society you know. “ (Interview, Respondent 2).

There seems to be a gender imbalance in appropriate behavior addressed to adolescents depending on their sex and findings show that this is common (Brown et al. 2001). Repeatedly, the respondents express a perceived difference between the sexes and this might have an affect on what questions are being raised during class. Hence, a gender imbalance can be identified, not only in the appropriate behavior but also in the classroom.

In the activity book, in the section belonging to teenage sexual choices as mentioned above, some questions are being raised to challenge gender stereotypes. “Do you think that is an accurate reflection of differences between the sexes?” (HFLE, Activity Book 2: p 29). This allows for the student to think about gender stereotypes and question them. Is a male always carefree about sexual involvement and what might happen if that is constantly assumed? To challenge gender-stereotypes is, according to Respondent 3, a regular feature in sexual health education. When traditional and cultural aspects are deeply involved in the education, it makes it complex to challenge them. “I think it is always challenged but traditions sometime is very, very hard to brake.” (Interview, Respondent 3). However, shortly after the stereotypes have been questioned in the material there is a question that suggests that different aspects are involved whether it is easy or hard to choose abstinence depending on if you are a boy or a girl. This confirms that it is hard to challenge norms and gender stereotypes since they are implemented in our society on such ground that they easily go unnoticed (Mattson 2007).

What were to happen if a female expressed her attitude towards sexual involvement likewise to the way the male expresses his attitude or the other way around? This would be something that differs from the norm and it would be something to be accountable for since it would not be an “appropriately” masculine or feminine behavior. When

something differs from the norm it will not go unnoticed and can somewhat be described as a violation (Wharton 2012).

CONSTRUCTION OF ABSTINENCE

Abstinence is permeated in every section in each book, as well as the Teacher's Guide. Even during the interviews the respondents formulate abstinence as a major part in sexual health education in Grenada. Following is a typical example of how abstinence is presented in the books: "I want to do well at school. Being involved sexually is a distraction" (HFLE Student's Book 2: p 37). Abstaining from sexual activity is presented as a way of reaching your goals and sexual involvement is portrayed as something negative. One explanation to this can be that abstaining from sex can be viewed as the safest way not to get pregnant and not get infected by HIV or a STD. This can be one reason why abstinence is allowed a great deal of space in the books since the issues are considered an increasing problem in Grenada and abstaining from sexual activity is a possible solution to them. It appears that the educational material want to influence reproduction amongst a certain group, adolescents. Reproductive governance is therefore present in sexual health education where it aims to control reproductive behaviors (Morgan & Roberts 2012).

But, does the material provide an alternative to those who wish to have a safe and active sex-life? By portraying abstinence as the main solution to avoid getting pregnant or getting infected by HIV or a STD it sets boundaries and limitations to the students. There are ways of having an active and safe sex-life if you choose to. These ways are also presented in the books: it is emphasized that it is the individual's choice whether or not to get sexually involved and that it is important to protect yourself. On several occasions the importance of respecting other individuals' choices are highlighted as well as using contraceptives or condoms correctly to avoid unwanted pregnancy and STD's. Yet, the majority of issues regarding sexual choices leans toward abstaining from sexual involvement as the smartest solution and can thus contribute in creating societal norms.

The following example can on one hand be understood as an accentuation of the individual's own choice but on the other hand it also has an underlying meaning and

provides the best possible solution where it explains that the majority choose to wait. “No one can tell you when you are ready for sex and its responsibilities. Many people prefer to wait until they are adult and have found their life partner” (HFLE Student’s Book 1: p 41). This form of presenting, what we refer to as an ideal-typical solution, is a recurring characteristic in the books. Another example of what we call presenting an ideal-typical solution is: “Use a condom correctly every time that you have sex. This message is for everyone who cannot manage A or B” (HFLE Student’s Book 1: p 53). This example is collected from ABC for HIV and STD prevention in the books when “A” is referred to abstaining and “B” is referred to being faithful. That HIV prevention is present in the books is understood since it has a fairly high rate of cases in Grenada and is considered a problem on the island (MoH 2012). However, the ideal-typical solution, in this case abstaining from sex to safest avoid HIV and STD, is presented as the only safe solution. “C for using a condom correctly” is only an acceptable solution for those “...who cannot manage A or B”. You could assume that there are values present in the way the order of these solutions is expressed. Moreover, when using words such as “cannot manage” it on one hand emphasizes that “A” is the ideal-typical solution in the preventive work of HIV and STD’s but on the other hand you could say that it accentuates that adolescents are not always to be trusted with their instincts. We found corresponding arguments during one of the interviews when a respondent from a Catholic school expresses abstinence from sexual activities as an ideal-typical solution, similar to the “A”- choice, while teaching. When he realizes that some of the students are not going to follow what is taught, he presents them the last alternative, choice “C”. The resource material and the information for those students are only provided in the respondent’s office. Hence, in those terms abstinence is presented as an ideal-typical solution and the alternatives are provided for outside the classes.

One of the respondents expressed that working in a Catholic school is more challenging when teaching about sex and sexuality: “I teach at a Catholic school so the values of the Catholic Church, even though I’m not catholic myself, the school would want us to respect what the values are in terms of what they teach so the focus in terms of when it comes to sex is more abstinence-focus.” (Interview, Respondent 4). He explains that the views based on religion must be followed in schools governed by the church. The information on safe sex practice is still provided even though the focus on abstinence is

high. However, the respondent expresses his wish of a more balanced curriculum to allow the students to make their own decisions and choices.

Furthermore, there is a need for a discussion from where these ways of formulating preventive alternatives derive and what impact they may have. Foucault's distinction between the true and the false, referring to where it is legitimate to receive information that is considered to be "true", can provide an understanding for this (Mills 2003). The true, in this case that abstaining from sexual involvement leads to reaching one's life goals, is taught to students by the schools and the books are created by the Ministry of Education at the Government of Grenada and UNICEF. All of these mentioned stakeholders can be considered as authorities and institutions and therefore are acknowledged to provide "true" information. Hence, there is no reason not to trust them. Additionally, Foucault's notion discipline, which sets boundaries on how to speak of a subject and what is included, can also help us understand this (Mills 2003). Withholding information to the students in order to 'protect' them from sexual involvement is equivalent to the conservative orientation on sexual health education discourses (Jones 2011). To connect these two arguments, the creators of the books and the teachers have the power to choose what topics are being included in sexual health education. By including certain topics and excluding other they portray a truth, which is being taught and is contributory in creating societal norms. However, there seems to be an imbalance here. Authorities portray abstinence as an ideal-typical solution to many sexual health related concerns and thus may even be desired as a societal norm but still adolescent pregnancies and the rate of STD's amongst adolescents is considered a rising problem in Grenada (MoH 2013). You could draw the conclusion that sexual health education and, more specifically, the topic of abstinence do not seem to reach the majority of the students.

REPRODUCTIVE HEALTH CONCERNS

The reproductive health presented in the books mainly focuses on disease prevention, anatomy of the reproductive organs and presenting the risks to reproductive health. Three pages focus on safe sex practices, such as contraceptives and condom use. The interviews provided various statements on reproductive health with a large focus on

abstinence as disease prevention. Only one out of four respondents explained the importance of providing information on safe sex practices.

In the focus of disease prevention an informative approach is conducted throughout the books and amongst the respondents. The information on HIV/AIDS, STD's and cervical cancer is wide and in depth in the books. Risks and symptoms are presented and a scientific, biological approach is present. Photographs of different infections are vivid and may have a deterrent function. Information and preventive work on HIV/AIDS is most prominent, which can be understood since the rate for HIV-infected individuals in Grenada is rather high and HIV throughout the Caribbean region is considered an increasing problem (MoH 2012). A focus on disease prevention can further also be understood through the conservative orientation to sexual health education. This orientation revolves around protecting the individual from sexual involvement and originates from the cultural context (Jones 2012). With HIV/AIDS considered a regional issue and the conservative orientation with a focus on biology and disease prevention it is fairly easy to understand why an informative approach to various diseases connected to sexual health is widely present in the books. Respondent 3 emphasized that she has witnessed a difference in the knowledge amongst the students on STD's and that they now are more aware of how to use protection without it interfering with their wish to sexually explore. However, even though the knowledge is increased there seems to be a lot of cultural and traditional aspects that influence the adolescents.

[...] they are more careful because now they are aware of condoms, they are aware of the fact that for some STI's they do not show symptoms 'til quite awhile after. So they become aware but there are also those who have tradition against believing that if you use condom it has to do with trust [...] some men would say to women, you don't trust me that is why you want to use condom and things like that. (Interview, Respondent 3).

This indicates that traditional and cultural aspects are deeply involved in the education and needs to be addressed. For example, if there is a traditional conception about condom use being connected with trust to your partner, sexual health education needs to clarify otherwise.

Respondent 4 explains that the main focus at his school is that sexual health is about being responsible: “[...] the focus in terms of when it comes to sex is more abstinence-focus. Although I believe that if you teach something and you know that some students are not going to follow you need to try and help them so at least they are responsible.” (Interview, Respondent 4). He clarifies that information on safe sex practices is provided but it is not being taught since it is not in direction with the school-policy. This implies that disease prevention is mainly handled by promoting abstinence. The school is influenced by religious incitement and that affects sexual health education. When moral is present when speaking of reproduction and safe sex practices are only considered allowed within a marriage, all other sexual involvements are viewed as supposedly immoral actions (Morgan & Roberts 2012). It creates an imbalance between moral and rights. The school-policy is parallel with the moral of the religion and this may collide with the right to an adequate sexual health education.

A number of things are listed in the books that are considered possible risks for adolescents in order to maintain their reproductive health, such as STD’s, pregnancy and childbirth, alcohol and drugs and so on. These points can be identified as a moral-based, or a conservative approach to the risks. The rights-based approach is in opposition to the moral-based approach and is limited throughout the books. About half a page is dedicated to explain laws and rights attached to sexual health for young individuals. A moral-based approach in sexual health education focuses on ‘controlling’ sexual behavior, which is indicated in the section in the books on risks to reproductive health (Iyer & Aggleton 2014). This is similar to reproductive governance, which also focuses on ‘controlling’ reproductive behavior through legislation, moral influences and political processes (Morgan & Roberts 2012). Reproductive governance can, once again, be identified as present in sexual health education through moral influences. The conservative orientation to sexual health education often aims to ‘protect’ the students from sexual involvement and sometimes does this by withholding information (Jones 2011). Since the points referred to above are identified as moral-based the rights-based information is limited.

Alternatives to practice sex in a safe and responsible way are limited in the books. One of the few indications that promote condom use is: “If a teenager chooses to have sexual

intercourse [...] a latex condom must be put on before any sexual activity starts.” (HFLE Student’s Book 2: p 38). Various types of contraceptives for young women are never mentioned in the books, so it is right to assume that safe sex practices are restricted in the books. In the Teacher’s Guide there is additional information to teachers about different forms of contraception. There are information and illustrations of how to use a condom properly. “This information is provided for the teacher, to enable them to have greater knowledge themselves and answer any questions accurately, and **not** with the expectation that they should teach this to their students.”[sic!] (HFLE Teacher’s Guide: p 55). It is also explained that the teacher must confirm with their principal before teaching students about condom use. Furthermore, there is also information on other contraceptives, such as the pill, injections, implant and sterilization. This indicates that there is little to no information provided for adolescents who wish to have an active and safe sex-life in sexual health education conducted in schools. Risky sexual behavior can be reduced through proper sexual health education (Kirby, Laris & Rolleri 2005). But when sexual health education withholds information on ways to practice safe sex the only solution left is to abstain from sexual involvement if you wish to stay safe, meaning not getting pregnant or being infected with a STD. Risky sexual behavior can be assumed to be reduced through different methods in different places and it can be difficult to specify which one is most successful. Therefore, abstinence might be a good method but complements are needed in order to be adapted to the individual.

However, the interviews indicate otherwise. Respondent 3 believes that the most important topic in sexual health education is to talk about protection and safe sex practices. “[...] a number of them are sexually active and my conviction is, if you are then you’re gonna do it the right way, ok?” (Interview, Respondent 3). Thus, even though the books do not provide information on safe sex practices to wide extent, information can still be received in schools. Although, for adolescents to seek help this way may be hindered by influence from teachers, stigma and lack of sexuality communication in class (Frame 2012). Adolescents rather turn to their friends and families with their concerns and parental involvement have a great effect on their decisions (Frame 2012; Wang et al. 2014). Parents seem to be more available than school professionals in order to deal with adolescents’ sexual health concerns and since the traditional belief is heavily influenced in the culture they may receive doubtful

information. Respondent 1 presented an example of this when speaking of common questions from the students: “And sometimes some of them will say that mommy says that the baby comes from um, when you eat too much food and they get big you know [...]. (Interview, Respondent 1). This indicates that even the teachers are concerned with what information the students’ receive outside of school.

Respondent 4 is experiencing some contradiction when talking about safe sex practices. “[...] the school policy what we teach is abstinence, but personally I believe that if you know that students are not going to follow what you teach, you need to give them alternatives.” (Interview, Respondent 4). He explains that he provides information to the students in forms of leaflets and guides them where to go with their sexual health concerns but when it comes to teaching about contraceptives and condom use he expresses that he is limited in order to follow the school-policy. The conclusion is, even though Respondent 4 expresses otherwise he is still participating in withholding information of parts of sexual health education.

RESPONDENTS’ WISHES

During all interviews a wish to change and improve sexual health education is present. Respondent 2 expresses the need for more time to the subject and clarifies this with emphasizing that social issues can often stand in the way for accomplishments in other subjects. “Not enough time is set aside for HFLE. And when thinking of time I think um, even the appreciation of the subject itself. I don’t think it is valued in the way it should be valued and appreciated.” (Interview, Respondent 2). Sexual health education is not a complete solution to sexual health issues but it is an adequate supplement (Kirby, Laris & Rolleri 2005). If not an appropriate amount of time is devoted to the subject, how can the considered problems on sexual health concerns in Grenada decrease?

Respondent 1 identifies ways to change her own teaching-methods and would like to have a more interactive way of teaching as an improvement of sexual health education. “If I change from what I do probably um, I could use the children. I could, like, to ask them what they would like to talk about today and listen to what they have to say and pick up what they says and teach on what they would like.” (Interview, Respondent 1).

This indicates that there is a difference in the respondent's current approach and the approach that she would like to have. The respondent seems to want to leave the traditional teaching-methods where the teacher provides 'true' information. This teaching-method is identified as a conservative oriented approach where students are considered silent recipients of knowledge (Jones 2011). The respondent suggest that she can use the students in the classes: "[...] some of them know a lot about it already, so then they give me information too, you know." (Interview, Respondent 1). This can be interpreted as more of a rights-based approach to sexual health education were the interactive way of teaching may be more present.

Many of the respondents explain that they use supplements to the HFLE-books since they consider that the material used is not enough. Hence, even if their school uses the material it is seldom sufficient. One respondent inquires for proper material and curriculum to use in school since she is not aware that one exists. "I would make material resources available. Cause we really don't have. We have to get creative, you know, to do what we have to do. I would make that available and I would develop a proper curriculum. This is lacking." (Interview, Respondent 3). Thus, even though the Ministry of Education advocates a curriculum and material, some respondents seem to be unaware of its existence. Through informal meetings it has come to our understanding that there are policies regarding the usage of HFLE-books in schools. However, it appears to be common to look beyond these policies and the final decision lies with each principal whether the books are being used or not. However, findings from the interviews show that it is not about negligence but more of unawareness about the policies.

All respondents indicate that parents play an important role for their adolescents' knowledge in sexual health. Some claim that adolescents can receive misconceptions from the home and some claim that parents need to be more involved.

[...] I believe that you have to give the information and allow the students to make decisions so I wouldn't just give the information that I am comfortable with, what it is all there. Expose them to the information and allow them to make decisions and I would also involve the parents. (Interview, Respondent 4).

Respondent 4 expresses a contradiction between what the school-policy allows him to teach and what information he wishes to present. He also inquires a parental involvement, which is shown to have an effect on risky sexual behavior amongst adolescents (Wang et.al 2014). During the interview he continued with stating that sexual health education needs to provide all existing information, rather than only what is accurate with a school-policy or acceptable within a cultural context. This implies that providing all existing information is in accordance with a rights-based approach. Whereas withholding information that has been deemed unacceptable to the cultural context is in lined with a moral-based approach.

9. CONCLUSION

Within the scope of this study we have met with teachers and guidance counselors and performed a content analysis on educational material to understand how sex and sexuality is portrayed and constructed in sexual health education conducted in schools in Grenada. Our findings show that sex and sexuality is portrayed and constructed within the context and can be understood through the conservative approach to sexual health education where morals, traditions and values are allowed a great deal of influence in the material. These morals, traditions and values are derived from religious influence and policies in Grenada. Therefore reproductive governance is present when legislation and moral influence are allowed to control and handle reproductive behavior.

Sex and sexuality is constructed and portrayed in the material with an informative approach. It is not particularly in depth and covers a lot of topics on sexual health. Sex and sexuality is mostly conveyed through illustrations and comic strips rather than longer sections of text. Our findings show that sexual health education in Grenada has a heteronormative assumption and focus mainly on bodily aspects to sex and sexuality. Abstinence is portrayed as an ideal-typical solution to many sexual health concerns. Moreover, we identified moral influences that permeate the material where it withholds information on certain topics, such as contraception. This can be understood from the cultural context with strong religious traditions and beliefs that influence the discourse. Rights-based assumptions are limited when withholding information on e.g. contraception. The result of the interviews confirmed our analysis of the material to a wide extent. The respondents' openness and comfort when speaking about sex and sexuality seems to differentiate depending on personal experience and workplace. The respondents highlighted anatomy of reproductive organs, disease prevention and abstinence as the most important topics in sexual health education. Only one respondent considered safe sex practices important to teach. We identified influences of moral values during the interviews, which are then allowed to affect the education. The respondents expressed a perceived gender difference in class where boys tend to be more open than girls. There is also a stereotypical view on gender present in the educational material where females are portrayed as responsible and males as the opposite.

We have solely conducted a content analysis on HFLE-books but during our study we have realized that other material is frequently used in sexual health education. Therefore, we could have had a more nuanced result if other material was included in this study. Furthermore, if we had chosen to conduct observations in class, it might have given us a broader understanding. Another question that has risen during the study is how students perceive sexual health education. The answer to this could help us understand what they find helping and lacking in sexual health education. Further, the extent to which the current moral-based approach of sexual health education affects adolescents would be highlighted and understood. An interesting aspect would be to understand if they agree with this approach or if they choose to find their own.

We have gained a wider interest for sexual health education; how it is conducted both in Sweden and in other parts of the world. Many studies seem to focus on the efficiency of sexual health education however; we have realized that it is utterly important to study the content and how students perceive it and this needs to be researched further. Sexual health education can help adolescents in a complex period of their lives and we believe that it is important for sexual health education to address human rights and adapt to adolescents' reality.

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APPENDIX A – INTERVIEW GUIDE TEACHER

April – May 2015

Background information

Origin:.....

Years as a teacher:.....

Subject:.....

Can you tell me about a typical class of sexual health education?

Students

- How do the students react when they have a class in sexual health education?
- Do you experience a difference between boys and girls during classes in sexual health education?
- Do you experience any changes amongst the students during the time you have had sexual health education?

Teachers

- How do you teach about sex and sexuality?
- How many teachers in your school teach about sex and sexuality?
- How do other teachers react to your classes about sex and sexuality?
- What are the most important topics in teaching about sex and sexuality?
- What are the challenges in teaching about sex and sexuality?

Books

- Do you use HFLE-books in sexual health education?
- If yes, what is your personal opinion regarding the chapter about sex and sexuality in the books? Design? Language? Level?
- If no, what kinds of material do you use?
- Is the material you use helpful for the classes about sex and sexuality?
- How long have you used the books in your classes?
- Are the books enough as a guideline for classes about sex and sexuality?

Other

- If you could decide about sexual health education, how would your classes look like?

APPENDIX B – INTERVIEW GUIDE COUNSELOR

April – May 2015

Background information

Origin:.....

Years as a counselor:.....

Can you tell us about your job as a counselor?

How does your job correspond with sexual health education in the school?

Students

- How confident do you think the students feel about contacting you?
- How do the students react when you talk about sex and sexuality?
- Do you experience a difference between boys and girls while talking about sex and sexuality?
- Do you experience any changes amongst the students since introducing sexual health education in class?

Counselors

- How do you talk about sex and sexuality?
- How do you talk about sensitive topics?
- Do you use any material when you talk about sex and sexuality with the students?
- What are the most important topics, in your opinion?
- What are the biggest challenges while talking about sexuality with the students?
- How do the counselors and the teachers collaborate and complete each other?

Other

- If you could decide about sexual health education, what would it look like?

APPENDIX C - AGREEMENT

April-May 2015



LUNDS
UNIVERSITET

School of Social Work

We are doing a study about how sexual health education is conducted in schools in Grenada.

Participation in the interview is voluntary and you can cancel your participation at any time. We ensure you that the interview will only be used in our study and are anonymous, which mean that your name will not be visible in any of our part of our study. The interview will be recorded and transcribed and the tape will be destroyed after the study is finished. If you wish to, the final result can be sent to you after examination in Sweden.

Thank you for being a part of our project.

Best regards,

Aleksandra Goreczna & Lisa Hindström

.....

Interview person

Date.....

Name.....

Signature.....