Sensual sexuality education with young parenting women

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Received on April 25, 2013; accepted on January 23, 2014

Abstract

Comprehensive sexuality education curricula that incorporate sex positive and integrated approaches go beyond a presentation of facts and strategies for prevention to emphasize the promotion of sexual subjectivity and wellbeing. A pilot sensual sexuality education program was planned, implemented and informally evaluated with young parenting women at an alternative General Educational Development test preparation center. The program prioritized a sex positive framework, including topics such as pleasure, desire and sexual entitlement, and invited participants to explore sexuality through a multisensory orientation. Participants took part in small group discussions and activities that engaged their senses through arts-based methods. Grounded in holism, program topics were integrated with a focus on participants’ everyday experiences. The pilot curriculum serves as a promising program for re-positioning young parenting women as sexual subjects, which is key to the promotion of health and wellbeing.

Introduction

Young parenting women are often targeted as objects of prevention in sexuality education programming. As ‘teen mothers’, they are simultaneously silenced and made hyper-visible as social problems to be prevented, according to the political, social and moral mores on youth sexuality, which are raced, classed and sexualized in specific ways in the United States [1, 2]. Particularly in the case of young women of color and low-income women, assumptions regarding heteronormativity of their sexuality, where the focus for behavior and choice is restricted to heterosexuality, and the presumed machismo of their partners influence the types of contraception offered to them and fuel assumptions about pregnancy intentions [3]. These assumptions are not only restricted to a US context. Researchers in New Zealand and the United Kingdom have observed that when presented progressive components in sexuality education curricula young people themselves often prioritize safer sex and contraception use over a focus on relationships, pleasure and alternative sexualities [4–7]. Paired with cultural assumptions in the United States about reasons why young people become pregnant and have babies, particularly as early childbearing intersects with the provision of social services and the construction of social welfare policies, stereotypical notions about ‘teen mothers’ still very much exist in this debate [8].

In cross-national contexts, sexuality and teen parenting are similarly disputed. In this sense, a ‘moral panic’ [9] on teen pregnancy and birth plays out in the construction of social policy, provision of sexuality education and related health promotion programs, and on the ground in ‘targeted’ young women’s lives. Middleton [10] writes about the stigma and shame experienced, especially by young women, associated with policymaking directed at teen parenthood in a UK context. Jewkes et al. [11] refer to a similar panic surrounding teen pregnancy in South Africa, which results in a ‘tough love’ approach that translates into girls being held responsible for ‘the problem’ of pregnancy and then...
disciplined to prevent the problem from occurring. Heilborn et al. [12] also state this as so for Brazil, where young women’s sexuality is targeted for control in relation to potentially negative biological outcomes for young women. Locally and cross nationally, prevention efforts are translated as the need to protect young women from becoming pregnant, with its possibility linked most crucially to shielding young people from the knowledge on how to actually prevent pregnancy.

To date, few sexuality education programs in the United States are designed that account for young ‘parenting’ women’s specific needs. Rather, curricula are often modified and offered to parenting teens as adapted material from that directed at other groups of marginalized youth—for example those in the foster care system [13]. Often missing is a process-oriented perspective [14] that emphasizes the construction and negotiation of meanings of sexual health and wellbeing among young women themselves, rather than a focus solely on the transmission of relevant information and messages to persuade individuals to achieve desired outcomes.

However, pockets of good practice that prioritize young people’s sexual subjectivities do exist, including Lamb’s [15] recent ‘Sexual Ethics Curriculum’, which encourages participants to consider social, moral and relational aspects of sexual practice, and the online work of the Original Plumbing group (www.originalplumbing.com) [16], which provides a wealth of interactive information and dialogue for youth living outside the dominant paradigm, in this case specifically directed at transgender communities.

Researchers, including those in Australia, the United Kingdom, and the United States, have well noted that young parenting women often experience poverty and a lack of support in their family and other institutional settings (i.e. school and healthcare systems) ‘before’ becoming pregnant [17–19]. Indeed, young mothers may continue to weather physiological stress due to societal stigma and continued lack of support ‘after’ the birth of their children [20]. These factors signal an imperative to construct more effective sexuality education programs to promote the wellbeing of young parenting women. The premise of our approach was to create community within a group of young parenting women and prioritize their stories and lived experiences as central to the promotion of health and wellbeing. We see arts-based approaches as connecting multi-sensory (voiced/oral and visual) traditions with documentary methods and processes (digital and manual) to create an outlet and methodology for processing information and sharing this knowledge as it relates to common experiences within the group [21].

For more than two decades feminist sexuality researchers have posited the need for sexual education programs to address the development of young women’s sexual subjectivities. Tolman [22 (p. 6)] defines sexual subjectivity as ‘a person’s experience of herself as a sexual being, who feels entitled to sexual pleasure and sexual safety, who makes active sexual choices, and who has an identity as a sexual being’. This requires acknowledging the contexts of young women’s relationships and the need to attend to issues of pleasure and desire [23–25], while also attending to the power dynamics that often curtail the potential for agency and egalitarian relationships [26, 27]. In creating our curriculum, we also prioritized those needs unique to young parenting women (and arguably all parents), to include a focus on the ways in which families choose to discuss matters of sex and sexuality, self care, and ways to promote the young women’s sexual subjectivities in the midst of daily obligations.

Arts-based [28, 29] and sex positive programs [30, 31] grounded in a holistic and multi-sensory perspective may be one approach for more effectively promoting sexual health and wellbeing in this respect. They foreground the lived realities and everyday sensibilities of young people to acknowledge the complex and variable meanings and fluidity of contexts, such as socio-political histories of migration, local cultural and gendered expectations [32]; socioeconomic status and access to resources [14]; and biopolitics [33] that cut across sexual and reproductive identities and practices.

Many sexuality education programs emphasize primary prevention and do so from a sanitary and static perspective on sexuality, highlighting
envisioned risky behaviors and forecast negative outcomes, all to be avoided. Taking a negative, deficit- or risk-based approach to sexuality, participants are taught what to fear, what to avoid, and what ‘not’ to do when it comes to sex [34]. García [35] highlights the tendency of sexuality education programs to especially position marginalized young women as ‘at risk’ for teen pregnancy; essentially creating a double bind through their reliance on dominant (colonizing) discourses of sexuality while casting the burden of responsibility on these same young women.

Scholars more recently have critiqued fear-based models as inadequate, with some promoting a sex positive approach instead. Sex positive approaches emphasize the right to feel and be safe in sexual relationships, to have a happy and fulfilling sex life, and to have access to knowledge and resources that promote wellbeing [34, 36]. The approach works to improve sexual health and bolster well-being through the promotion of increased sexual subjectivity and agency, in part by developing communication skills in intimate relationships, challenging oppressive gender norms, and facilitating awareness and intentionality among young people regarding sexual meanings, identities and practices [37]. Additionally, sex positive approaches may recognize a ‘discourse of erotics’, one that positions young people as sexual subjects who have the right to experience sexual pleasure and desire [23, 38]. Through practice—hands-on and engaging activities in sexuality education—participants can learn to think of themselves as entitled to sexual fulfillment, in addition to gaining knowledge related to sexual health [23].

The noted lack of sex positive approaches in programs prioritizing parenting young women, especially in the United States, provoked our interest in developing a sexuality education program rooted in a sex positive approach, with engaging activities for participants. We found a sensory/arts-based approach to be particularly appealing. Social researchers have noted the fundamental nature of the senses to meaning and practice, as they serve as a grounded ‘medium through which all of [our] values and practices are enacted’, [39 (p. xi)] are ‘part of the set of . . . human skills which render a world intelligible and workable’ [40 (p. 5)], and are ‘thus the very basis of human experience and interaction’ [41 (p. 8)]. A sensory perspective helps us to key into contexts of sexuality as being ‘emplaced’. Emplacement goes beyond the idea of embodiment to acknowledge the ‘intertwined nature of sensual bodily presence and perceptual engagement’ with the contexts and social relationships that constitute our surroundings [42 (p. 94)].

In the field of sexuality education, we would benefit from attending to the challenge proposed by anthropologist Stoller, who calls for a ‘sensuous awakening’ [43 (p. xii)]; one that recognizes the deep significance of sensations in health research and practice and ‘present[s] sensations in evocative, passionate, carnal, and imaginative ways, [which may] require experimenting . . . with different modes of representation . . . ’ [43 (p. 4)]. We see this as crucial for engaging participants in collaborative knowledge production in the context of sexuality education [44].

Although sensory approaches have taken root in the social sciences, attention to the senses as a mechanism for health education research, as well as for health promotion practice, is incipient. Chávez et al. [45] were among the first to suggest that the field ‘engage the senses’ through an arts-based approach. They use sensory practices to address health disparities, with attention largely focused on music/sound, movement and taste/food as devices to awaken the consciousness, facilitate feelings of communal belonging and generate new knowledge through participants’ active dialogic engagement in the process. More recently, Harris and Guillemin [46 (p. 690)] suggest using a sensory approach in interview research, which they see as providing a ‘portal’ into the relatively uncharted territory of felt illness and healthcare, as these are experiences that often difficult to articulate due to their intangibility. Though not termed ‘sensory’ per se, Degrarrod [47] and Clift [48] both note the potential of similar collaborative and arts-based methods to create embodied, empathetic and social justice-oriented forms of knowledge production among participants and between participants and researchers/audiences.
Sensory approaches can ultimately stimulate new ways of thinking and provide a progressive basis of knowledge for evidence-based practice.

Less is written on the use of sensory approaches for sexual health promotion. McClelland and Fine [49 (p. 246)] are notable in advocating for ‘aesthetic and performative methods’ to address young women’s sexuality, noting that the methods can be used to ‘unearth connections and insights that might not have otherwise been spoken’. Sensual methods encourage young women to participate in activities dedicated to ‘those poetic, embodied, or visually articulated moments of sexual subjectivity that are not easily’ captured in standard models of sexuality education [49 (p. 247)]. Allen [50 (p. 488)] similarly argues for the use of visual methods in research on sexuality, stating that ‘their potential lies in capturing the embodied and material manifestations of sexuality which can be difficult to articulate and uncover through written or talk-based methods’. She uses photo-diaries and photo-elicitation methods to gather new insights on the ‘schooling’ of sexual meanings in the context of secondary education in New Zealand, including consideration of the emplaced/spatial dimensions of sexualities. Likewise, Waskul [51 (p. 660)] suggests a combination of performative methods and sensual learning to address ‘subjects and experiences’ in sexuality education that are ‘candidly embodied, somatic, and sensual’. After sensory-oriented social scientists Vannini and colleagues, we ask: how might sexuality education researchers and practitioners acknowledge the ‘gap between somatic discovery and discursive knowledge’ oft present in young women’s experiences of sexuality, to ‘work from a place of participants’ embodied experience?’ [41 (pp. 37–8)].

In this article, we highlight the potential of a sensual sexuality education approach for doing so. Students registered in the first author’s university course on ‘Sexuality, Health and Wellbeing’ took part in planning and implementing a pilot sensual sexuality education program at a nearby alternative General Educational Development (GED) test preparation center for pregnant and parenting young women (referred to in this article as ‘The Center’).

The second author was a student registered in this class in 2010, and a teaching assistant for the class in 2011. Findings are first presented from a focus group conducted at The Center to explore student perspectives on sexuality education. These exploratory findings informed the development of a sexuality education curriculum eventually implemented there. We present two multisensory activities that were implemented as part of the curriculum and end by discussing future potentialities for sensual sexuality education.

**Methods**

**Setting**

The Center is a community-based, alternative education program in a small, working-class city in New England. Latino families, especially, face a barrage of statistics related to inordinately high teen pregnancy and birth rates, broadcast at local and national levels. The city has high levels of poverty, unemployment, and poor educational and health outcomes. Students at The Center reflect this description: most have been pushed out of school before becoming pregnant and all receive public assistance. However, according to the Executive Director of The Center, 70–85% of its graduates go on to college, a rate substantially higher than high school students matriculating through the city’s public school system.

The Center’s mission statement served as the basis for the current exploratory project. Its mission states that all young people need the same things, emotionally, intellectually and physically, regardless of class, race, or age. The Center has created a unique and comprehensive program that includes ‘wraparound’ services: GED prep classes, on-site counseling and nursing services, transportation, school meals, on-site certified childcare, and extracurricular activities in the arts, humanities and athletics based on a college preparatory model. The sexuality education sessions were integrated into the wraparound services at The Center. For instance, issues evoked during our sessions traveled into counseling sessions and as questions to the
Center’s on-site Nurse Practitioner, who provides sexual health care and contraception counseling.

**Study context and process**

The first author has conducted extensive ethnographic research and assisted with multi-sensory (arts- and sports-) based programming at the Center over the past 6 years, which led to the development and piloting of the sexual education curriculum. She also regularly teaches a course on sexuality, health and wellbeing, which enrolls upper-level undergraduate and graduate-level university students in public health and the social sciences. Along with several university students who were registered in the 2010 course (including the second author), in the summer of 2011 she co-led a 1-hour focus group discussion with 10 Center students. The purpose was to explore Center students’ prior experiences with sexuality education, including their perspectives on a pilot curriculum implemented by university students in the previous year (2010), and to gauge Center students’ needs for further program development.

The focus group discussion was audio-recorded with consent of participants and human subjects approval by our university. Prior to analysis, all potential personal identifiers were altered so that individuals could no longer be identified. Participants’ names listed in this article are pseudonyms to protect their confidentiality. The focus group transcript was analyzed using a thematic content analysis approach [52]. The transcript was read through by the authors several times to gain a sense of the overall flow of the discussion and to determine emerging themes. Based on our consensus of findings, the following fall (2011), university students registered for the first author’s course revised and then implemented an amended program at The Center.

In both years (2010 and 2011), activities implemented at The Center were first piloted in the university classroom. In groups, the university students met over the first half of the semester to develop curriculum activities, while bringing on board theories and concepts learned in course readings and discussion. The students then presented group facilitations—curriculum activities—to the rest of the university class—with other students in the class and the first author/instructor providing peer review of the materials. Group members revised their facilitation accordingly. In the second half of the semester, groups facilitated these revised activities at The Center, with the first author/instructor again providing feedback. In 2011, the course structure also entailed that the university students meet with The Center’s Director of Education when she visited the university campus at the beginning of the semester to discuss program needs. Having university students facilitate and develop the curriculum in collaboration with their instructor and the Director of Education at The Center, with periodic involvement of The Center students in the process, created a unique mentorship experience for both sets of students.

**Study goals and evaluation**

Several goals guided students’ development of the pilot sexuality education program. The first goal was to inform participants about the roles that both safer sex and sexual subjectivity play in health promotion. Objectives included the provision of medically accurate and evidence-based information for practicing safer sex, while conducting arts-based, engaging activities that could encourage participants to provide input with regard to their own safer sex preferences, and if and how the information provided might be relevant to their own needs and understandings. The second goal was to provide participants with practical communication skills that might enhance sexual agency. This included having students participate in interactive activities that encouraged role-playing to build negotiation and communication skills related to particular relationship scenarios. We prioritized the sharing of experiences through a multi-sensory, arts-based approach, incorporating storytelling, visual representation and movement-based activities. The approach was inspired by the National Latina Health Organization’s self-help process [53], whereby participants dialogically share experiences, note their
common experiences, and draw deeper wisdom and heightened awareness from this exchange. In this study, we were interested in exploring the ways that the senses might enhance the dialogic process. The third goal was to provide a supportive and non-threatening space for participants to explore their sexual meanings and practices. Objectives included conducting the focus group session and meeting with The Center’s Director of Education before beginning the program, and then implementing the program at The Center, with 1-hour sessions held weekly over the course of 6 weeks.

One master’s level research assistant and one undergraduate student assistant conducted an evaluation of curriculum sessions implemented at The Center in 2011. Evaluations were conducted using an anonymous, short-question survey, with the same questions used to evaluate the content and process of all sessions. Surveys were distributed to Center participants at the end of each session, after the university student facilitators had left the room. Participants were asked to rate their overall satisfaction with the workshop, whether or not the information presented and the style of presentation (process) was understandable and related to their own experiences, and whether or not they felt comfortable sharing experiences and asking questions during the facilitation. Participants rated sessions on contraception and gender expectation, body image, and resilience with high scores, from which the activities presented in this article are drawn. One limitation is that this study was largely exploratory; we did not evaluate the long-term effectiveness of the program and its lasting impact on the participants, nor did we conduct the study with enough magnitude to draw causal conclusions from program activities.

Results

Focus group

Findings from the focus group session revealed several key themes. One theme centered on Center students’ difficulties in articulating sexual meanings and practices; precisely because talking about sexuality was largely silenced in school and by their families. When asked what they had previously learned about sex—in school and from their parents—participants overwhelmingly spoke of learning about the negative aspects of sex. Referring to what her mother had taught her about sex, one participant, Maria, said: ‘[My mother] always made sure I was scared to have sex’. In terms of learning about sexuality in the school setting, one participant, Dolores, related, ‘in school they don’t really say nothing’, another, Zydalis, said, ‘They never really said nothing usable’, and finally another participant, Rosa, said, ‘It was all negative’. In this sense, Center students spoke of having what we might term, Freudian slips aside, ‘clitoral literacies’ left untouched [54].

When participants were asked to consider pedagogical approaches that might be beneficial for talking and learning about sexuality, students were quite vocal about wanting a clearly informative, but also sex positive, approach. Maria said she preferred ‘getting told directly what’s going to happen’, similar to what was found in another study, in which high school students’ claimed preference for ‘straight up’ sex education [55]. Others, such as Veronica, elaborated that she preferred approaches that ‘[t]reat us like grown ups’, instead of being ‘told we’re stupid, like we don’t know’ or ‘like we’re in preschool, that’s how they talk to us about it’. Speaking of the need for a sex positive approach, Rosa said:

They tell us all the bad stuff: it hurts, you should wait, you can get something—you know, everything bad about it. But they never say the good stuff. Just give us the whole thing all at once, and we can figure it out!

Center students also spoke of experiencing gendered double standards in sexuality education associated with feelings of atrophied sexual subjectivity. One student, Eva, said:

[The teachers] always talk about the guys, they explain everything about the guys, what the guy would do, what the guy can’t do, but what about us? They’re just telling us don’t lose our virginity, what’s that you know?

Garcia [35] also highlights this double standard in sexual education. As much as certain young women
are positioned as being ‘at risk’ of teen pregnancy, sexuality education programs create a double bind for them through their reliance on dominant discourses of sexuality. Dominant discourses include an emphasis on an abstinence-only (before condom use) approach, position young women as passive victims in sexual relationships and maintain a myopic lens on individual heterosexual behavior at the expense of a broader view of structural issues (histories of racism, poverty and material dispossession, sexism, homophobia, and stigmatizing social services and public policies) as they inform sexual practices. This largely colors program design, such that ‘at risk’ young women are prioritized as objects for prevention—as linked with their biological potential to become pregnant—and young men are left by the wayside as desiring subjects.

In turn, participants expressed a special enthusiasm for learning more about sexual pleasure and desire, including how they might ‘sexually pleasure’ themselves, and emphasized that they were ‘not taught about [masturbation], just about sex’. If masturbation did come up in conversation, it was ‘something gross’, and something they ‘shouldn’t do’. Finally, in contrast to the heteronormative strictures of many sexuality education programs, the young women voiced interest in talking about, as Maria put it, ‘girls having sex with girls and boys having sex with boys’, elaborating that ‘[teachers] never talk about [this]’. Another participant, Vanessa, related that she had a girlfriend, ‘so [she] knew about both’, and finally another young woman, Iris, concluded that, ‘either with boy or girl, [she] would like to learn everything’. Similar to what is noted by other researchers, the young women’s schooling on sexuality was associated with heterosexual intercourse, which was something to be prevented more than to be enjoyed [4–7].

Based on exploratory findings from the focus group and working in groups of four to five, university students registered for the university course in 2011 proceeded through an iterative process of planning, implementing, evaluating and revising the sexuality education program developed in 2010. Next we present two activities from the curriculum, which were positively evaluated by Center students.

**Body mapping activity**

University students designed a body mapping activity to engage Center participants in considering, representing and discussing their ‘emplaced’ [42] experiences in terms of family and community expectations, built environment, structure of the political economy and where they fit in. Body mapping has been used to engage indigenous Australian youth to explore their perceptions of sexual health and risk, as well as relationship meanings and experiences [56]. The method has also been used in a Southern African context to explore the relation between gendered relations and expectations as they inform the emplacement of HIV/AIDS in South African [57] and Zimbabwean [58] contexts, and women’s experiences with contraception [59].

The university students developed a body map guide (Fig. 1) to facilitate the activity. Participants were asked to think about their emplaced experiences as informed by their sensory perceptions of place, space and time. Specifically, the body map guide asked participants to consider a set of questions that linked parts of their bodies to sensed experiences. The group of Center students was first divided into pairs. Each person received a body map guide and a large life-size sheet of newsprint paper. Paired students were then asked to each take turns lying down on their sheet of paper, with the other participant tracing an outline of her partner’s body on it. Participants were provided with art supplies for constructing their body maps and were encouraged to use textual, visual, or other sensory modes to express their responses to the questions. For example, one question—directed at the participants’ shoulders—asked them to consider the ‘weight they carried’, proverbially in terms of their worries, but also in terms of how this felt on the body and manifested in terms of the ways they moved around in the world, as informed by everyday experiences and structural constraints. Another question—directed at the participants’ knees—asked them to think about ‘where they came from’. We encouraged participants to think about home and family, community, nation, and to elaborate on what made them feel ‘safe and calm’. In this respect,
participants were prompted to think about sights, smells, tastes, sounds and textures/touches that made them feel this way.

After body maps were completed, and upon consent of participants, body maps were taped to walls around the room, with participants and facilitators proceeding on a gallery walk around the room to view and discuss the maps. Participants were encouraged to talk with each other and explain their body maps during the walk. Then, after the gallery walk, participants and facilitators joined together in a circle to discuss the process and outcomes. Facilitators used a series of questions to engage participants in reflecting on their own maps and those of others, and to highlight connections among participants. Discussion questions included: (i) Overall, how did you feel about the body mapping activity? (ii) Thinking back to what you put in your own body map, how does your body image relate to your family’s/community’s/nation’s sense of your body? (iii) Thinking back to what you put in your own body map, what impact do others (i.e. media, family, friends, teachers, social service providers, the government) have on your sense of your body, your expectations for yourself, and your ability to deal with life? (iv) What senses stood out to you in the gallery walk, when you looked at your own and other participants’ body maps? (v) What are some similarities and differences you saw in each other’s body maps?

In a follow-up discussion, after the session was completed, Center students said that they enjoyed participating in the body mapping activity because it engaged them in an art form that ‘made them feel young again’, perhaps associated with a time when they were able to more artfully express themselves and live in the world less encumbered. Rather than providing information on ‘safe spaces’ as they might
be prescribed for young women, the activity encouraged participants to be creative in thinking and talking about their bodies, which had the potential to stimulate their sensual literacies through a process of drawing, movement and emplaced reflection, as symbolically evoked on the body and lived under the skin [60]. The students also enjoyed the collaborative and haptic (i.e. the sense of touch) nature of the process, literally touching each other by tracing each other’s bodies, engaging in discussion about the process with their partner as they constructed their maps, and then talking together during the gallery walk and larger group discussion. Several participants noted that through sensual and artful collaboration they realized felt commonalities in terms of ways of being-in-the-world [61, 62].

Other participants spoke of the ‘healing’ nature of the activity. Expressing and addressing sensitive issues through creative means, and producing a tangible object—a body map—to discuss and semi-publicly represent the issues was a noted cathartic potential. Instead of reproducing images of pregnant or parenting teen bodies as burdens on the nation’s health, the body maps afforded the young women an opportunity for participatory media making [29]. Discussion surrounding body maps did not focus so much on body size and shape, as it did on bodies as informed by social relationships and the ways that social shaming and stigmatization associated with young motherhood and structural violence are internalized. Similar to the concept of ‘commensurability’ theorized by Garcia [63 (p. 68)], participants appeared to develop a sense of solidarity ‘by remaining in the face of one another’s [previously] unshared vulnerabilities’, as they shared their maps with each other and bore witness to experienced joys and common vulnerabilities largely framed by histories of material dispossession. We see the concept of commensurability as holding enormous potential for the practice of sexuality education: through felt and shared vulnerabilities we can begin to understand the possibilities for a shifted sense of care [63 (p. 68)] among young parenting women as together with educational facilitators they address their everyday concerns, needs, pleasures and desires.

**Design-your-own contraception activity**

University students also designed a session focused on methods of contraception. At one ‘station’, Center students received information about a variety of methods and received samples to look at, touch, hold, smell and sometimes even taste, and discuss these options. Participants were encouraged to acknowledge their own experiences with the methods and viewpoints if they felt comfortable doing so.

In another station, participants were asked to design their own contraceptive method. They were encouraged to consider their ‘ideal’ method in producing this design, taking into consideration the way the method might be felt in, on, and through the body, as well as sensed by intimate partners and others alike. Directions for this activity were written colorfully on a placard posted on the wall, with the following directions: Design-Your-Own Contraceptive Method. Draw what it will look like. Things to consider: how does it feel (in, on, and through the body, as well as in connection with others and your surroundings)? Method of delivery? Frequency of dosage? Hormonal? Where administered on your body? Need a prescription? Self-administered or provider-controlled? Designed for men, women, or both? Flexibility in use? Cost? Covered by insurance? Effectiveness? Effects?

Participants were provided with art supplies and photo examples of various contraceptive methods for additional creative inspiration. The aim was that participants would consider emplaced aspects of contraception in designing their ideal method, including how the context of sexual practice could affect their sensory orientation while using the contraceptive method, as well as how its use might affect their sense of self and social relations [64]. Through this creative endeavor, we hoped that they might be able to explore and articulate their contraceptive preferences as sensually (including socially) informed. In so doing, they could consider various aspects that might influence their use of a particular method.

After their designs were complete, participants were asked to share their designs with the group (Fig. 2). Facilitators hoped that the design and
discussion might encourage the group to move beyond a static analysis of contraceptive benefits and adverse effects, to promote participant subjectivity in being able to consider contraceptive preferences and ideals as linked to visceral experiences and social (rather than reductive ‘side’) effects [64]. Participants were extremely enthusiastic about this session in their feedback. They especially enjoyed the dynamic of the design-your-own contraception station, particularly that it encouraged them to articulate their experiences with contraception through multisensory considerations (i.e. smell, touch, taste, look) and link their perspectives on contraception to embodied/carnal knowledge [43].

**Fig. 2.** Design-your-own contraception example.

Discussion

Frequently, sexual health programs that prioritize young parenting women focus on the prevention of sexual activity, unintended pregnancy and transmission of STIs, with rare attention placed on sexual subjectivity. The sensual sexuality education pilot program explored the ways young parenting women at The Center might engage with sexual subjectivity and agency, and the ways these constructs might be ‘thickly’ constituted in their everyday lives [25]. We note the need to also include (and even prioritize) boys, young men, and fathers in this and future research endeavors.

Fine and McClelland [25 (p. 301)] suggest broadening our conceptualization of sexuality to extend focus beyond individual beliefs, attitudes and behaviors. Their concept of ‘thick desire’ signals the need to consider context when considering sexuality education. They write: ‘[a] framework of thick desire situates sexual well being within structural contexts that enable economic, educational, social, and psychological health’. Here, we propose
even further thickening sexual concepts. Yes, structural contexts should be considered, but we should also explore the way these concepts are informed by social interaction, through lived experience, and as they are commensurately felt by other program participants [63]. In this respect, the two activities presented here are premised on notions of negotiation, complexity and context, with a sensory approach potentially associated with the channeling of ‘shared vulnerabilities’ [63] into solidified sexual subjectivities.

The sensual sexuality curriculum was designed with a process emphasis on the ‘hows’ (program process), just as much as it was framed by the ‘whats’ (curricular topics/information/messages) used to delineate each session [14]. Indeed, we found that the program more closely mirrored a real-life perspective when organized by the activities and aesthetics at hand, to engage with sexuality in a more holistic, and a less topic-driven, manner. Over the course of the program, university students witnessed Center students animating their sexual and reproductive health experiences through program activities, being ‘touched’ by each other in the process [47], and tapping into the senses through an arts-based approach to make collective sense of sexuality and wellbeing.

The sensual approach also invited participants to explore sexuality as grounded in emplaced experience: to explore what ‘felt’ good and bad, desirable and undesirable, and informed by needs and limits according to intimate relationship practices, specific cultural contexts, local histories, and genealogies on sexuality, kinship and family making, and citizenship [65]. Sexuality education can be more promising when driven by a sensory approach, to consider sexuality as it is lived, rather than as sterile information to be absorbed and acted upon by rational automatons. The approach is founded on the belief that if we do not conceptualize sexuality as multi-faceted, taking into account mind–body–place connections, in terms of participants’ shared understandings of the world around them and their visceral experiences, and harness their sensual literacies, we will continue to provide literally ‘un-stimulating’ and largely ineffective programs.

Sexuality education programming guided by a sex positive, sensory approach shows promise for situating sexuality as part and parcel of everyday life; no longer relegated as a set of discrete health issues or social problems to be prevented. In this way, the approach can potentially release young parenting women from a position of receptivity, to reposition them as sensual sexual subjects: as initiators as well as negotiators in social interaction [24]. A sensual approach can transform our capacity for researching sexuality, health and wellbeing, and doing comprehensive sexuality education.

Acknowledgements

The authors thank the administration, staff and students at The Center for participating in the research and evaluation around the sensual sexuality education program. They also thank Bethan Lamb and Rebeca Escalona for their assistance in designing, implementing and evaluating the program. Finally, they thank the Ford Foundation Youth Sexuality Research Initiative for supporting this work through the Hear Our Stories: Diasporic Youth for Sexual Rights and Justice project.

Funding

Ford Foundation Youth Sexuality Research Initiative Grant (0120-6329). The content is solely the responsibility of the authors and does not necessarily represent the official views of the Ford Foundation.

Conflict of interest statement

None declared.

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