Learning for life, living with hope: the comprehensive health education workers project

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One of my darkest days was the day of the funeral of my best friend from high school. He had lost his battle with HIV/AIDS in his thirties, dying much too young. I vividly remember the service, with his grieving mom, dad, and sister huddled together around his coffin in a sterile church that erased his gayness, our gayness. The hurt in their eyes remains an indelible memory. For me, remembering is my impetus for working with vulnerable sexual and gender minority (SGM) youth and young adults at risk of becoming HIV positive or contracting other sexually transmitted infections (STIs). Currently, I work collaboratively with sexual health educators and other caring professionals to run the Comprehensive Health Education Workers (CHEW) Project (http://chewproject.ca) (Grace 2017). I initiated this community-based educational and social outreach project in Edmonton, Alberta in 2014. The initiative primarily serves SGM youth and young adults (predominantly 12 to 29 years old) who have histories of living with adversity and trauma induced by stressors like homo/bi/transphobia, estrangement from family, street involvement, homelessness, and involvement in sex work (Grace, 2015). Framed using critical politics and pedagogy focused on the theme *learning for life, living with hope,* the CHEW Project assists these marginalized and underserved young people to build capacity and agency grounded in concerns with democracy, freedom, equity, and social justice (Grace 2013). It views young people as whole persons, providing comprehensive sexual health education (CSHE) in tandem with solutions-based intervention and outreach focused on their individual development and meeting their physical, safety, and social needs. As a critical endeavour grounded in hope and possibility, the CHEW Project also aims to help young people transgress systems and structures that failed to provide them with adequate and appropriate recognition and accommodation of their needs in individual, social, and civic contexts (Grace 2017).

Currently, the CHEW Project reaches more than 2,000 vulnerable clients face-to-face annually and has a website/Facebook reach around 30,000, with 40 percent using mobile access. The youth and young adults accessing the project commonly have histories of mental and sexual health problems and substance abuse, as well as high rates of suicide ideation, attempts, and completions (Grace 2015, 2017). Economically oppressed, discriminated against, and angry, many engage in survival crimes, including petty crime, theft, vandalism, and sex work. They also experience high rates of underreported violence and victimization, including physical and sexual assaults and being recruited by gangs. The CHEW Project is significant for adult education in that it provides a holistic model for linking lifelong learning for youth and young adults to sustainable critical intervention and outreach that have the potential to be accommodative and transformative (Grace 2013, 2015; Hill and Grace 2009). Education for young people accessing the CHEW Project includes mental health education, sexual health education, adult and peer mentoring, and arts-based social and civic learning.

Intervention and outreach include free access to counselling for psychological problems and addictions, STI testing, medical referrals, and social services and supports. The CHEW Project fills a recognized gap in providing mainstream institutional services for disenfranchised and vulnerable youth and young adults in urban settings (CPHO 2011; Grace 2015). Recognized as a lifesaving innovation by the Alberta Government, the project employs the innovative C3 model that I developed to integrate *comprehensive* health education and outreach, *community* education and support services, and *compassionate* policing in solutions-based interventions using face-to-face, website, and social media platforms.

In operating the CHEW Project project with government, university, and community support, I create opportunities for graduate students to work with the CHEW team and link critical theorizing and research to advocacy, policy work, and strategizing and accomplishment in everyday project practices (Grace 2016a). These graduate students grow as researcher-advocates as they engage in sexual health education for SGM youth and young adults coupled with community intervention and outreach (Grace 2016b). Expanding the team of educators for this historically disenfranchised population, the CHEW Project has also provided training to about 1,000 frontline service providers who are part of our network composed of more than 30 community partners. Everyone learns about critically employing the C3 model in delivering interconnected services for SGM youth and young adults. Here our goal is to build a knowledgeable team of caring professionals that is able to respond proactively as they provide clients with supports and relief in everyday and crisis contexts (Grace 2015; Grace and Hankey 2017). This helps those we serve to develop senses of self-efficacy, self-worth, and hope; acquire senses of belongingness and dependable attachments; and learn strategies for enhancing their safety and security (Grace 2015).

In the next section of this paper, I consider realities accentuating the need to engage in CSHE in the face of challenges that SGM youth and young adults have in navigating living and learning in what Giroux calls the surveillance state (Pollard 2014). In the concluding perspective, I draw on Giroux's (2016) theorizing of moving beyond pedagogies of repression to speak to the importance of transgressing rightist anti-SGM public pedagogy that attempts to stifle CSHE including SGM-inclusive CSHE.

Engaging in Comprehensive Sexual Health Education in the Surveillance State

The CHEW Project is a concerted response to alarming epidemiological statistics for Alberta that have indicated increases in newly diagnosed cases of STIs including HIV, infectious syphilis, and gonorrhea among 15 to 29 year olds (Alberta Health 2013a, 2013b). In Edmonton, consecutive 2010 to 2012 rates as well as the 2013-annualized rate of HIV were the highest in the province (Alberta Health 2013a; 2013b). This dreadful situation remains quite pronounced and is reflected nationally in Canada, with young people aged 15 to 29 comprising 27 percent of all new HIV diagnoses in 2015, which was a 17 percent increase over 2014 (CATIE 2017).

While all young people are affected by this crisis in sexual health, SGM youth and young adults face particular challenges (CPHO 2011; Grace 2015). They have to deal

with the inadequacy of contemporary sexual health education that is primary constituted in heteronormative, cisgender (natal sex aligns with gender identity) terms. Such exclusionary education fails to address behavioural and epidemiological matters affecting students with identified or emerging non-normative sexual and gender identities. We have firsthand accounts of this from SGM young people who participate in the CHEW Project. They often speak about their lack of SGM-inclusive knowledge of CSHE, which commonly starts with the failure of schooling to provide adequate or any sexual health education. As international research indicates, there are dire consequences for SGM young people who lack sexual efficacy. For example, sexually active LGB (lesbian, gay, and bisexual) youth experience greater rates of pregnancy compared to their heterosexual peers, which is impacted by such factors as stigma and discrimination and lack of supports and resources (Office of Adolescent Health nd; Schantz 2015; Seaman 2015). As well, many LGB youth have manifest experiences of enacted stigma such as discrimination and harassment, substance abuse, forced sex and dating violence, sexually transmitted infection (including HIV), suicidality, and homelessness (Office of Adolescent Health nd; Saewyc 2011; Schantz 2015). Saewyc (2011) positions homeless and street-involved LGB young people as comprising a particularly vulnerable group, with significantly higher rates of sexual risk behaviours such as unprotected sexual intercourse, survival sex, and reduced condom use. These actualities speak profoundly to the need for CSHE that continues across the lifespan.

In Canada, research-informed guidelines for sexual health education have existed since 1994, with revisions in 2003 and 2008. As the Public Health Agency of Canada (PHAC) (2008) relates, these guidelines are broadly concerned with improving sexual health policies, programs, and curricula in health and education for all Canadians across differences that constitute them as multiple subjects. As PHAC (2008) describes it, Canadians have a right to CSHE where the goal is to have individuals accrue knowledge, understanding, motivation, and behavioural skills required to be self-efficacious and have positive sexual health outcomes reflecting respect and care for self and others. Importantly, as PHAC (2008) relates, ‘Effective sexual health education programs [should] ensure access to clinical health and social services that can help people address their counselling and health care needs related to sexual health’ (PHAC 2008, p.24). Sadly, matters of access and accommodation continue to comprise major barriers for disenfranchised populations like street-involved and/or homeless SGM young people (Learning Network 2018).

In order to have healthy communities, CSHE is needed that meets the needs of a multivariate population of young people adapting and adjusting to complex and changing surroundings (Ophea 2015). When sexual health education is holistic and sufficient to be effective, it follows the Canadian Guidelines for Sexual Health Education, providing individuals with

- a deeper understanding of themselves, their specific health needs and concerns;
- the confidence, motivation and personal insight needed to act on that knowledge;

- the skills necessary to enhance sexual health and to avoid negative sexual health outcomes; [and]
- a safe, secure and inclusive environment that is conducive to promoting optimal sexual health. (Ophea 2015, p.2)

As the Ontario Physical and Health Education Association (2015) points out, motivation to adhere to these guidelines and increase sexual health literacy should be driven by the unacceptability of contemporary statistics showing high rates of STIs, including HIV, among Canadian young people. Thus motivated, the CHEW Project engages street-involved and/or homeless youth and young adults in CSHE in Edmonton, especially in the inner city. These individuals are at increased risk of contracting STIs and having mental-health issues that can lead to suicide ideation, attempts, or completions. They are part of a forgotten or ignored population with life histories marked by being largely failed by families, schools, the healthcare system, and the youth justice system. When we work with this population, we use resources specifically focused on meeting their needs. For example, when we help YMSM (young men who have sex with men) learn about CSHE, we employ a harm-reduction model that includes using resources from CATIE, the Canadian AIDS Treatment Information Exchange, which is funded by the Public Health Agency of Canada, the Ontario Ministry of Health and Long-Term Care, and Human Resources and Skills Development Canada. One of these resources is *Harm Reduction from A-Z Cards: Information for Young Gay and Bisexual Men* (CATIE 2014). In Alberta, rightist entities like Informed Albertans (2017) that troll our website have sensationalized and misrepresented our use of this resource, while ignoring the fact that the cards provide apropos CSHE intended to protect YMSM and keep them alive.

Driven by their desire to have control over sexual health education that is less than comprehensive and inclusive of all, Informed Albertans comprises part of what Henry A. Giroux calls the surveillance state (Pollard 2014). Using social and digital media, it monitors and watches on its terms in order to fabricate a public pedagogy of negation targeting progressives who advocate for CSHE, SGM inclusion, and what rightists perceive as other threats to their construction of cultural tradition. Concomitantly, Informed Albertans targets sexual and gender minorities, acting outside of empathy and ethics that would focus on inclusion and CSHE for all. The result, as Giroux would see it, is an education deficit tied to a pedagogy of repression that situates knowledge about sexuality and sexual health as dangerous knowledge (Pollard 2014). Giroux would tell SGM young people to counteract these rightist politics and discourse by making social and digital media a site of struggle in their quest for comprehensive education, including sexual health education, and full citizenship (Pollard 2014). He states, 'Young people growing up in this world today need to not only be capable of critiquing, assessing, and reading texts and screen cultures, but they also need to learn to be cultural producers … [who] know how to work the media in ways in which it can be made public and reach out to vast audiences' (Giroux, in an interview with Pollard 2014, p.185). With regard to the CHEW Project, young people affected by rightist surveillance and negative messaging have opportunities to be cultural producers, using media like the chewproject.ca website to engage in public pedagogy in word and arts-based formats.

As Giroux would describe it, such production is political work that positions young people as critical agents confronting barriers to being and acting in the world (Pollard 2014). This relational and ecological engagement sends a message to educators, legislators, and other significant adults that youth and young adults are able to think critically, assert their personhood and citizenship, and challenge those who would deny them access to CSHE and other resources that enable them to be whole, healthy, aware, and capable of making good decisions regarding their lives (Grace 2013, 2015).

In the end, it is science, objectivity, and facts, and not rightist beliefs, assertions, and sensationalism that can save the lives of sexually active young people. Indeed, rightists ought to remember the tenet that caring professionals live by, which is to do no harm. From this perspective, they should try to understand CSHE as learning that ought to be compulsory and universally available. After all, it is the right of youth and young adults to learn about their comprehensive health, including their sexual and mental health (CPHO 2011; Grace, 2015). This right should be respected, without interference.

Concluding Perspective: Transgressing Anti-SGM Pedagogy of Repression

When repression of sexuality is enabled by misinformation or no information and the wrongful or insufficient actions or inactions of institutions and entities like Informed Albertans, modern prudishness, as Foucault (1990) described its controlling features, is allowed to keep young people ignorant instead of engaged in core CSHE designed to keep them healthy in mind and body. Sexual health educators of SGM and other youth and young adults have an ethical responsibility to engage in critical pedagogy and public ethical practices that interrogate how 'sex is "put into discourse"' (Foucault, 1990, p.11).

Challenging educators to assist and accommodate young people across vulnerable identities and difficult circumstances, Giroux (2016) calls on them to turn to critical pedagogy to promote engaged learning that raises consciousness and builds understanding. Here the desired learning outcome is to transcend the crisis of agency tied to rightist politics that work against uplifting the role of education in nurturing critical literacies and civic capacities. Critical pedagogy locates young people as persons and citizens who have the potential to be advocates, agents, and activists in cultural work for social transformation. To enable students in this social and ecological work to bolster democracy, Giroux (2016) calls on educators to engage in ethical and political practices 'necessary to endow young people with the capacities to think, question, and doubt, to imagine the unimaginable, and to defend education as essential for inspiring and energizing the citizens necessary for a robust democracy' (p.2). Applied to CSHE, these practices are about the right of students as persons and citizens to a full education that includes an encompassing focus on sexual health that respects their integrity and their need to know. Here integrity is about enabling students to be self-efficacious in relation to their sexual and gender identities by having accessible, accommodative, and formative sexual health education. If young people are to be agents capable of making healthy decisions regarding their involvement in sexual activities, then they need sexual health education that is universal and comprehensive, while being apropos in terms of their sexual and gender locations. In the end, the struggle over offering students CSHE

is really a political struggle over individual agency and the right of young people to access knowledge and understanding about their bodies, desire, pleasure, risk taking, informed decision making, and overall health. When pedagogy is critical it recognizes that providing CSHE enabling these outcomes 'is always about power, because it cannot be separated from how subjectivities are formed or desires mobilized, how some experiences are legitimated and others are not, or how some knowledge is considered acceptable while other forms are excluded from the curriculum' (Giroux, 2016, p.5). From this perspective, Giroux (2016) would tell us to be strategic in developing curriculum and instruction that attends to knowledge, meaning, identity, place, worth, and value in constructing CSHE. Central to this work is emphasizing agency as being responsible for ensuring a healthy self and healthy others in one's circle of interactions.

As Giroux (2016) would see it, sexual health educators of youth and young adults have the political and pedagogical task of imbuing CSHE with critical pedagogy that helps learners not only to build knowledge and understanding, but also to 'hold power accountable, and embrace a sense of social responsibility' (p.5). This means teaching young people how to be critical agents who are proactive and strategic as they assert their right to CSHE and demand that those placing limits on this right are held accountable. Here sexual health educators need to employ critical pedagogy that 'presupposes that students are moved by their passions and motivated, in part, by the identifications, range of experiences, and commitments they bring to the learning process' (pp.12-13). For SGM young people, this requires critical pedagogy to be emergent, functional, particular, and sensitive to their histories, enabling them to grow as agents and activists who have the right to a full education that includes universal access to SGM-inclusive CSHE.

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