



## Re-imagining comprehensive sexuality education delivery: The role of peer-led education in youth empowerment

<sup>1</sup>Kenneth Mukau 

<sup>1</sup>Rwanda Education Board: Foundations of Education Department, Rwanda

<sup>1</sup>Primary author: [kennymkau@gmail.com](mailto:kennymkau@gmail.com)

**Abstract** – Comprehensive Sexuality Education (CSE) promotes sexual health, gender equality, and informed decision-making among young people. However, traditional adult-led models often fail to engage youth or address their specific needs fully. This article examines how re-imagining CSE delivery through peer-led education can enhance young people's understanding of sexuality-related issues while empowering them to become educators within their communities. Amid rising concerns over early marriages, sexually transmitted infections (STIs), sexual abuse, and early pregnancies, the limitations of traditional CSE delivery methods stress the urgency for innovative approaches. Qualitative grounded research was used in this study, and an interpretive paradigm was developed based on Vygotsky's sociocultural theory and Bandura's social learning theory. The case study design was used as research design. Semi-structured interviews and focus group discussions were used as data collection techniques. Fifteen youths, aged 15 to 18 years, were purposively selected from Harare province, Zimbabwe. The findings illuminate the potential of peer-led CSE programmes to enhance the relevance and effectiveness of CSE by leveraging the influence of peer networks. Peer-led initiatives foster greater relatability, promote inclusive learning environments, encourage leadership development, and address cultural and societal barriers often overlooked by traditional methods. Additionally, the study explores the challenges associated with implementing peer-led CSE and provides practical recommendations for adapting such programmes to local contexts for maximum impact. The research highlights the critical role of peer-led CSE in equipping young people with the knowledge and skills needed to navigate complex sexuality-related issues and contribute meaningfully to their communities.

**Keywords:** Comprehensive Sexuality Education (CSE), Peer-led education, Youth empowerment

To cite this article (APA): Mukau, K. (2024). Re-imagining comprehensive sexuality education delivery: The role of peer-led education in youth empowerment. *International Journal of Studies in Inclusive Education*, 2(1), 29-36. <https://doi.org/10.38140/ijisie.v2i1.1782>

### I. INTRODUCTION

CSE is continuously being recognised as one of the key aspects of youth development, principally in ensuring that young people possess the knowledge and skills necessary to make informed decisions regarding their sexual and reproductive health. Global bodies like the United Nations Educational, Scientific and Cultural Organisation (UNESCO) and the World Health Organisation (WHO) have continued to advocate for CSE as a vital intervention strategy to address various risks associated with sex and sexuality, including, but not limited to sexual abuse, unintended pregnancies, sexually transmitted infections (STIs), and unsafe abortions, while also fostering gender equality and promoting healthy relationships (UNESCO, 2018; WHO, 2014). Irrespective of these global efforts, the effective delivery of CSE remains a significant stumbling block in many regions, particularly developing countries, and Zimbabwe is no exception. Traditionally, in Zimbabwe, sexuality education has been delivered by adults, especially aunts and uncles, and in some instances, community leaders (Mukau & Nichols, 2024), and in recent years by teachers and healthcare professionals, or community leaders (Mukau & Kufakunesu, 2025). This top-down approach has often failed to produce the intended results. It has not managed to engage adolescents effectively and does not usually resonate well with their lived experiences or communication styles (Pound et al., 2016).

Adolescents face various challenges from adult-led CSE programmes, preventing them from fully engaging with the content. These barriers include generational gaps, societal taboos surrounding discussions of sexuality, and discomfort or mistrust toward authority figures (Timmerman et al., 2020). In many African contexts, and Zimbabwe in particular, sexuality and sexual and reproductive health matters are still viewed as highly sensitive (Mukau & Nichols, 2024), frequently depressing open discussions since such discourses are relegated to the private sphere or subjected to cultural and religious taboos (Chikoko, 2019). Young people tend to feel uncomfortable participating actively in adult-led CSE sessions, thus creating a gap between the knowledge imparted and its practical application (Mukau, 2023). Subsequently, the potential of CSE to promote safer sexual practices and empower young people is, to a greater extent, undermined.

Alternatively, in response to these challenges, peer-led models of CSE are gaining prominence as innovative and effective options for engaging the youth. According to Abdi and Simbar (2013), a peer is a person who has equal standing with another regarding age, background, social status, and interests. Against this background, peer education is sharing knowledge and experiences among group members with similar concerns and characteristics to achieve positive health outcomes (Lightfoot et al., 2007). In other words, peer education can be viewed as a series of educational strategies presented by members of a subculture, society, or a group of people for their peers (Tolli, 2012). Peer-led CSE upholds peers' natural influence on one

another, using the power of peer relationships to foster more open, honest, and relatable discussions about sexuality (Kim & Free, 2008). In this model, adolescents are trained as peer educators and deliver CSE to their peers, creating a learning environment that feels more comfortable and engaging. Adolescents are more likely to trust and relate to peers with similar backgrounds and experiences, resulting in deeper levels of engagement, higher participation rates, and improved knowledge retention (Sawyer et al., 2014). Research has shown that young people are often more willing to discuss sensitive topics such as sexual health with their peers than with adults, heightening the effectiveness of the education provided (Lloyd & Forrest, 2001).

Empowering young people as educators within their communities through peer-led CSE programs is beneficial in several ways. This model's other advantage is that it amplifies the relevance and comparability of the education delivered, as peer educators are better positioned to understand and address their peers' specific concerns, questions, and experiences (McGinty et al., 2018). The peer-led model also offers opportunities for youth empowerment by facilitating peer educators' development of critical leadership, communication, and advocacy skills (MacPhail & Campbell, 2001). While assuming the educator role, young people cultivate a sense of responsibility and agency, contributing to their personal growth and leadership development. Moreover, peer-led CSE programmes are more pliable to cultural contexts, making them particularly effective in settings where societal norms may slow down adult-led discussions (Chandra-Mouli et al., 2015). In Zimbabwe, where cultural norms predominantly discourage open discussion of sexual health issues (Mukau & Nichols, 2024), peer-led programmes offer a unique way to navigate these intricacies while still delivering essential information.

As in many other parts of the world, young people in Zimbabwe face a myriad of obstructions to accessing accurate and comprehensive sexual health education (Mukau & Nichols, 2024). Traditional educational systems are often constrained by cultural norms and resource limitations, making it challenging to provide the refined, accessible CSE that young people need (United Nations Population Fund [UNFPA], 2016). Peer-led models offer a prospectively capable alternative that can link knowledge and practice by leveraging the influence of youth on one another. This study contributes to the growing body of evidence that backs peer-led education as an effective strategy for improving CSE outcomes. Additionally, the research highlights the challenges peer educators face, such as the need for adequate training and support. It explores strategies for overcoming these barriers to enhance the effectiveness of peer-led CSE programmes.

## II. LITERATURE REVIEW

The peer-led approach to CSE is increasingly gaining attention due to its prospective to address some of the shortcomings of traditional, adult-led educational models. Adopting peer education as an education strategy became necessary due to failures in the educational system (Pomeroy et al., 2011). Peer-led CSE programmes accentuate the role of youth as both educators and learners, creating a more engaging and relevant environment for discussing sexual and reproductive health issues (Gürsoy et al., 2009). The effectiveness of this approach to learning is based on the theory that the passage of sensitive information is easier between people of the same age group (Lghtfoot et al., 2007; Mabuie, 2020). Similarly, based on the theory of social awareness, peers tend to imitate the behaviour of someone they consider a model (Bandura, 1977). International research studies show that peer education can contribute to preventing risky behaviours (Tolli, 2012). The purpose of the peer education method is thus to enhance adolescents' and young adults' knowledge, attitude, and skills toward promoting healthy behaviours (Bulduk & Erdogan, 2012). This review, therefore, explores existing literature on the effectiveness of peer-led CSE, primarily focusing on its impact on knowledge acquisition, behavioural change, and youth empowerment. Additionally, it examines the cultural and contextual factors influencing the

implementation of peer-led CSE, particularly in African settings such as Zimbabwe.

Research has revealed that peer-led CSE programmes can significantly improve the sexual health knowledge of adolescents. Studies conducted in various settings have demonstrated that young people are more receptive to messages delivered by their peers than those delivered by adults (DiClemente et al., 2009). In Nigeria, peer education improved peer's knowledge of HIV/AIDS, their knowledge of STI symptoms, and knowledge of the different contraceptive options available (Akuiyibo et al., 2021). Following the peer education sessions in their study, Akuiyibo et al. (2021) further pens that peers (male and female) displayed improved knowledge and opinions around salient sexual reproductive health (SRH) issues affecting young people, such as prevention of STIs like HIV and stigmatization of HIV patients. One of the key reasons for this effectiveness is the relatability of peer educators, who often share similar life experiences, social contexts, and cultural backgrounds with their students (Sawyer et al., 2014). These shared experiences enhance trust and openness, which can be challenging to achieve in adult-led set-ups, where, in most cases, these young people may feel reluctant to discuss delicate issues such as sexuality, relationships, and gender dynamics (Kenny & Nelson, 2020).

In a study in South Africa by James et al. (2018), peer-led CSE programmes led to a significant increase in adolescents' knowledge of HIV prevention, contraception, and healthy relationships. Participants also reported feeling more comfortable asking questions and discussing personal experiences with their peers than with teachers or other adult facilitators. These findings agree with Scales and Leffert (2015), who argue that peer-led programmes tap into the social dynamics of adolescence, where peers are often the most influential figures in shaping attitudes and behaviours. Lightfoot et al. (2007) echoed submitting that peer education assists young people in developing knowledge, attitudes, and skills necessary for positive behaviours' modification by creating accessible and economical preventive and psychosocial support. Moreover, in Nigeria, research has shown that self-knowledge and understanding are high among students trained by their peers, individually and as a group (Akuiyibo et al., 2021).

As much as peer-led programs can effectively improve knowledge, their impact on long-term behavioural change could be more intricate. Some studies in support suggest that peer-led CSE can lead to positive behavioural outcomes, such as delayed sexual debut, increased use of contraception, and reduced rates of STIs (Karwalajtys et al., 2009). For instance, Lloyd et al. (2019) found that peer-led CSE programmes in Kenya significantly declined sexually risky behaviours among adolescents. On the other hand, some studies caution that behavioural change is dependent on several factors, including the quality of the training peer educators receive, the ongoing support they are provided with as well as the sociocultural set-ups in which the programme is implemented (Mavuso & Mhlanga, 2019).

One other noteworthy benefit of peer-led CSE is its prospect of empowering young people, not only as learners but also as educators. Peer educators regularly take on leadership roles within their communities, enhancing them to gain valuable skills in communication, facilitation, and critical thinking (Kenny & Nelson, 2020). This empowerment spreads beyond the classroom as peer educators advocate for sexual health and gender equality within their peer groups and broader social networks. Becoming a peer educator is a process that incorporates training, mentoring, and continuous learning, thereby helping these young people develop a sense of responsibility and agency. Studies have shown that the opportunity to take on an educator role enhances their self-confidence and improves the overall sense of self-efficacy among the youths (DiClemente et al., 2009). Moreover, by encouraging young people to take ownership of their education, peer-led CSE nurtures a more participatory and youth-centered approach to learning, eradicating monotony since almost everyone has something to do (Mabuie, 2020). Studies have shown that youth empowerment through peer-led education can have a ripple effect on broader

community attitudes toward sexuality and reproductive health. Like in Uganda, research findings show that peer-led CSE programmes contributed significantly to shifts in community norms regarding gender equality and the acceptability of discussing sexual health openly (Mukasa et al., 2016). These changes, in turn, supported a more enabling environment for sexual health education and reduced stigma around issues such as contraception and HIV/AIDS prevention.

While peer-led CSE offers numerous advantages, it is not without its challenges, and culture is one of them. Because of its diverse and delicate nature, culture demands careful consideration when conducting peer-led CSE programmes. There is, therefore, a need to cautiously explore and consider local norms, values, and social structures. In many African countries, Zimbabwe not being an exception, discussions about sexuality and reproductive health are often considered taboo, particularly in more conservative or rural areas (Mukau & Nichols, 2024). Cultural taboos and religious objections obstruct open discussions about sexual matters, creating discomfort among educators and learners (Ngara, 2019; De Haas & Hutter, 2019; Mukau & Nichols, 2024). Bridging this gap entails sensitisation and education within the cultural confines of the groups in question to boost open dialogue and understanding, facilitating the successful implementation of CSE (Zulu, 2019; Chavula et al., 2022).

Despite the challenges, there is growing evidence that peer-led CSE can be successfully adapted to culturally conservative settings when approached thoughtfully. For instance, a study in Nigeria by Okooboh and Martins (2024) found that peer-led CSE programmes were most effective when they incorporated local cultural values and actively involved community leaders in gaining support. By framing CSE in terms of protecting youth and promoting healthy relationships rather than focusing solely on sexual behaviours, these programmes were able to navigate cultural sensitivities while still delivering essential information. This approach is also seen in Kenya, where Jaguga et al. (2022) revealed that peer education programmes that emphasised family values and healthy relationships helped to engage young people more effectively. In a similar vein, a study in South Africa by Campbell and MacPhail (2002) showed that peer educators who understood local norms and tailored their messages to have cultural relevance were more successful in reaching adolescents, particularly in rural areas where traditional values might make open discussions about sexual health more challenging. These studies highlight the importance of adapting peer-led CSE to the cultural context, ensuring that key messages on sexual health are communicated in ways that resonate with local communities (Jaguga et al., 2022; Campbell & MacPhail, 2002).

In Zimbabwe, as in other parts of the world, the success of peer-led CSE depends on the training and support provided to peer educators. Research highlights the importance of ensuring peer educators are well-prepared to handle difficult questions, manage group dynamics, and provide accurate information (James et al., 2018). Furthermore, ongoing mentorship and support are crucial to preventing burnout and ensuring peer educators remain motivated and engaged. Inadequate training or lack of support can undermine the effectiveness of peer-led programmes, leading to misinformation or inconsistent delivery (Lloyd et al., 2019).

### III. THEORETICAL FRAMEWORK

Peer-led CSE draws from educational and psychological theories emphasising the importance of social interaction and experiential learning in shaping knowledge and behaviours. Two key perspectives were chosen to underpin this approach: Vygotsky's Sociocultural Theory and Bandura's Social Learning Theory. Together, these frameworks provide insight into how peer-led initiatives can harness the power of social relationships, peer influence, and collaborative learning to foster meaningful education and behavioural change.

Lev Vygotsky, a Russian psychologist in the early 20th century, developed the Sociocultural Theory in response to more individualistic views of learning. He argued that social interactions and the cultural

environment profoundly influence human development. Vygotsky highlighted that children learn best in collaboration, using language, tools, and cultural symbols passed down through social engagement (Vygotsky, 1978). His work laid the groundwork for modern understandings of how culture and society shape cognitive growth.

Central to Vygotsky's theory is the Zone of Proximal Development (ZPD), which refers to the difference between what a learner can achieve independently and what they can accomplish with guidance from someone more knowledgeable (Vygotsky, 1978). In peer-led CSE, peer educators play the role of the "more knowledgeable other," guiding their peers through topics such as sexual health and relationships. This collaborative learning process is not hierarchical but involves co-construction of knowledge based on shared experiences. Vygotsky also emphasised cultural mediation, adding that the cultural context shapes learning. In conservative settings like Zimbabwe, where discussing sexuality with adults can be uncomfortable because of cultural taboos, peer educators act as go-betweens. By sharing the same cultural background as their learners, they can thus approach sensitive topics in ways that feel more comfortable, relevant, and acceptable, improving understanding and retention of information (Mavuso & Mhlanga, 2019; Mukasa et al., 2016).

Albert Bandura is a Canadian American psychologist who developed the Social Learning Theory in the mid-20th century in response to behaviourism, whose focus was mainly based on direct reinforcement. Bandura maintained that people learn by observing, imitating, and modelling others' behaviours, principally within social contexts (Bandura, 1977). He showed that learning can occur vicariously through watching others without needing to experience consequences firsthand.

One of the key concepts in Social Learning Theory is self-efficacy, the belief in one's ability to successfully perform behaviours needed to achieve specific goals (Bandura, 1986). Concerning peer-led CSE, self-efficacy is fundamental for adolescent decision-making around sexual and reproductive health. While young people observe their peers successfully navigating conversations about consent, contraception, and relationships, they gain confidence in their ability to make informed choices in similar situations. Bandura's theory also accentuates the role of reinforcement in learning. Positive reinforcement, such as approval or peer support, increases the prospects of adopting and maintaining healthy behaviours. Under peer-led CSE, this peer-based reinforcement is imperative, particularly in settings where adult authority may be viewed with skepticism or mistrust (DiClemente et al., 2009).

Suppose peer-led CSE is viewed through the lenses of Vygotsky's Sociocultural Theory and Bandura's Social Learning Theory. In that case, it will foster a dynamic process of co-learning and the transmission of knowledge. Eventually, through observation, shared cultural experiences, and peer support, adolescents are empowered to take active roles in their learning. In this way, they shape both their behaviours and their understanding of the social and cultural norms surrounding sexuality.

## IV. METHODS

### Research approach

This study employed a qualitative research approach. Qualitative research is well-suited to exploring individuals' intricate, subjective experiences, particularly in complex social settings such as education and health (Yin, 2018). Focusing on the perspectives of peer educators and learners involved in CSE allowed for an in-depth understanding of the peer-led model and its impact on knowledge, behaviours, and empowerment. The qualitative approach also provided rich, descriptive data that revealed patterns, meanings, and underlying themes, which were critical for understanding how peer-led education is experienced by youth (Braun & Clarke, 2008).

### Research paradigm

The research was framed within the interpretive paradigm, emphasising understanding the social world through subjective

experiences and individual interpretations. Interpretivism discards the idea of a single objective reality, instead asserting that reality is constructed through social interactions (Creswell & Poth, 2018). This paradigm was suitable for this study focusing on peer-led CSE, as it sought to understand how participants interpret and give meaning to their experiences with peer education, sexuality, and gender roles. The research aimed not to generalise findings to the entire population but to capture the rich, context-specific insights from the participants.

#### Research design

A case study design was employed for this research. Case studies are particularly effective when the research explores phenomena within their real-life context (Yin, 2018). In this study, the case was the peer-led CSE programme in Harare Province, Zimbabwe. This design allowed for an in-depth examination of the experiences of both peer educators and their peers in a specific, context-bound setting. By focusing on a single case (peer-led CSE in a specific cultural and geographical context), the research provided detailed insights that contribute to a deeper understanding of how peer education operates in practice.

#### Participants

The sample comprised adolescents aged between 15 and 18 from Harare Urban district in Harare Province. A purposive sampling technique was used to select participants. Purposive sampling is appropriate for qualitative research because it allows the researcher to select participants based on specific characteristics relevant to the research question (Mason, 2010). In this study, participants were selected based on their involvement in a peer-led CSE programme, ensuring that those with direct experience of peer education were included. The study recruited fifteen participants, three of whom were peer educators, and 12 were peers who had participated in peer-led CSE sessions.

#### Research setting

The research was conducted in the Harare Urban district of Harare Province, Zimbabwe, specifically in schools and youth centres where peer-led CSE programmes were being implemented. Harare, as the capital city, presents a mix of urban and peri-urban settings, providing a culturally diverse backdrop for the study. Given the prevalence of HIV/AIDS and adolescent pregnancies in Zimbabwe, the province is a key area for the implementation of CSE programmes (UNFPA, 2016). The research setting allowed for an exploration of how peer-led CSE is being received in a context where cultural and social norms can heavily influence sexual behaviours and attitudes.

#### Data collection methods

##### *Semi-structured interviews.*

Semi-structured interviews were conducted with peer educators and learners to gain in-depth insights into their experiences, motivations, and challenges in the CSE sessions. The flexibility of the semi-structured format allowed the researcher to explore unexpected topics that emerged during the 20 to 30-minute interviews held in private settings to ensure confidentiality. In addition, three focus group discussions, each with five participants, provided a dynamic platform for participants to share their collective experiences and perspectives, revealing both shared and diverse viewpoints.

##### *Focus group discussions*

Focus group discussions allowed for in-depth exploration of participants' views in a group setting, fostering rich, dynamic conversations. The semi-structured question guide ensured consistency while allowing flexibility for participants to share insights freely. Audio recording and verbatim transcription helped capture accurate data for thorough analysis.

#### Data analysis

The study employed thematic analysis, a widely used method in qualitative research for identifying, analysing, and reporting patterns within data (Braun & Clarke, 2006; Maguire & Delahunt, 2017). This approach enabled the researchers to systematically discern shared meanings, experiences, and recurring themes, providing a deeper understanding of how peer-led CSE programmes impact adolescents in

Zimbabwe. Through a meticulous process aligned with Braun and Clarke's (2020) guidelines, themes were interlinked logically and meaningfully, constructing a coherent narrative that accurately represented the data and offered a comprehensive analysis of the peer-led CSE programmes in Zimbabwe. Several strategies were employed throughout the thematic analysis process to ensure the trustworthiness of the findings and minimise bias in data analysis. First, data triangulation was used by incorporating interviews and focus group discussions, allowing for a broader perspective and validation of the findings.

Additionally, member checking was applied during data collection, where participants were encouraged to clarify or expand upon their responses, ensuring an accurate representation of their views. The researcher maintained a commitment to reflexivity, constantly being aware of their potential biases and ensuring that their personal views did not influence the analysis. Finally, rigorously following Braun and Clarke's (2020) thematic analysis guidelines was conducted transparently, systematically, and reproducibly, grounded in the data rather than preconceived notions. These strategies collectively contributed to the trustworthiness of the findings while minimising bias in the study.

#### Ethical considerations

In conducting this research, adhering to ethical principles was crucial, as these principles guide behaviours in studies involving human participants (Resnik, 2020). I obtained ethical clearance from the General/Human Research Ethics Committee (GHREC), with the clearance number UFS-HSD 2023/0408/3. It was essential for participants to know from the start that ethical standards were followed throughout the research process, as each phase of the study could present potential ethical challenges (Westby et al., 2018). Ethical guidelines were strictly observed at every stage to ensure participants' dignity, rights, and safety (Polit & Beck, 2020). Full transparency about the study's aims and objectives was maintained, allowing participants to make informed decisions before data collection began. Personal identifiers were removed from interview notes and transcripts, with participants referred to by codes (Participant 1 to Participant 15). Consent forms detailed the voluntary nature of participation and the right to withdraw at any time (DeCuir-Gunby et al., 2011). To ensure data credibility and validity, I triangulated information from peer educators and peer learners (Creswell & Creswell, 2017) while consistently prioritising the well-being and rights of participants.

## V. RESULTS AND DISCUSSION

### Biographic results

Table 1: *Biographic results of participants by sex and age*

Age range	Male	Female
15-16 Years	2	3
16-17 Years	3	2
17-18 Years	1	4

#### *Enhanced knowledge of sexual health topics*

Participants appreciated the effectiveness of peer-led CSE programmes and reported that they have a significant increase in their knowledge of various sexual health topics, particularly regarding STIs, contraception, and healthy relationships. Furthermore, most of them expressed that learning from peers made the information more relatable and easier to understand.

The participants noted the following:

*Talking to my peers has made it easier to ask questions. I often felt shy with adults, but we just talk like friends here. I am learning a lot about using condoms and how they can prevent STIs" (Participant 1).*

*My peers and I usually talk about these issues at liberty playfully and funnily. We share our understanding of such matters easily without being fearful or ashamed" (Participant 7).*

*"I used to be so confused about contraception, but now I feel confident to discuss it with my friends. We learn from each other, and it felt more like a conversation ..." (Participant 10).*

*"Peer educators explain things in a way that makes much sense. They know our life experiences, and that helps us to open up ..."* (Participant 3).

*"I did not even know about STIs before this. Now we can talk about it without feeling shy..."* (Participant 2).

Participants reported substantial improvements in their comprehension of sexual health topics through peer-led education. Many expressed that the peer-led approach made the information more relatable and easier to understand. Another key finding is that the participants appreciated the freedom associated with this learning model, highlighting that they were mostly free and unashamed, unlike when dealing with adults. Also, peer-led activities created a safe space for open dialogue, which promoted better retention of information by presenting it in a friendly and informal manner. The above findings align with those by James et al. (2018), who revealed that peer-led CSE programmes in South Africa led to a note-worthy increase in adolescents' knowledge of HIV prevention, contraception, and healthy relationships. James et al. (2018) further concur with the current findings, reporting that South African youths expressed much more comfort when asking questions and discussing personal experiences with their peers than they would with teachers or other adult facilitators. Aside from the benefits mentioned above, literature has further shown that peer education assists young people in developing knowledge, attitudes, and skills necessary for positive behavioural modification by establishing accessible and inexpensive preventive and psychosocial support (Lightfoot et al., 2007). In other words, peer-led CSE can lead to more focused and meaningful discussions due to the relatability of the youths' experiences and the open nature of the discussions.

#### *Improved engagement and participation*

The literature revealed that the peer education strategy had gained prominence due to the failures in the educational system (Pomeroy et al., 2011), which is in line with the findings from this study. Participants agreed, revealing that the contemporary peer-led approach expressively increased their discussion engagement compared to traditional adult-led sessions. Participants also pointed out that the peer-led approach fostered an environment where young people felt comfortable expressing their thoughts and feelings.

Below are the extracts from the participants' views:

*"When we have adults leading, it feels like they are lecturing us. But here, we are all involved. I could share my thoughts freely"* (Participant 5).

*"Having a mentor would help us feel less isolated. It is important to share experiences ..."* (Participant 4).

*"Sometimes, I just need someone to talk to who understands what I am going through as a peer educator"* (Participant 9).

*"In our discussions, I felt like I was part of something important. Everyone had a voice, and we could ask anything"* (Participant 12).

*"I love how we can all share our opinions. It is not just about listening; it is about talking too! It makes learning fun and real"* (Participant 10)

The above findings are in tandem with those obtained from Focus Group A, where participants in that group agreed that talking to friends about sex is much easier than talking to adults who hardly understand their real feelings. They reported feeling more comfortable discussing sensitive topics in a peer-led environment compared to traditional adult-led settings. This comfort facilitated open discussions about sexuality and reproductive health. Focus groups B and C compared peer-led discussions to sharing secrets and that they trusted having these discussions with their peers rather than with adults. This enhances open discussions where conversations flow naturally, thus leaving no topic unexplored.

These findings highlight the role of peer educators and peer-led programmes in facilitating a more dynamic learning atmosphere. The sessions' inclusive, interactive, and participative nature and the non-exclusiveness of experiences allow for dynamic participation among peers and permit them to share personal experiences and learn from each other, thus reinforcing their overall engagement. Peer-led discussions foster a relaxed and comfy learner-centred environment,

inspiring participants to be active and engage in open dialogue regarding sensitive topics.

#### *Development of Leadership and Communication Skills*

This theme particularly focused on peer educators. Participating peer educators expressed themselves in various ways, all pointing to their admission that it is a worthwhile approach. According to them, the programme helped nurture leadership and communication skills, which they viewed as beneficial and vital to their personal growth. They felt empowered by their roles, mentioning increased confidence in public speaking and facilitating discussions.

They had the following to say:

*"I never thought I wanted to lead a group. As we speak now, I am organising our next session. Being a peer educator feels so amazing, and it is changing me. I am learning to lead discussions and have become more confident in myself"* (Participant 5).

*"The skills I have learned here are helping me in school, too. I can present better and work with my classmates now. Every time I facilitate a discussion, it makes me feel more empowered. I am consistently making a difference"* (Participant 10).

*"Initially, I was a bit nervous to speak in front of others. I hardly thought I could stand before a group and discuss such issues. But now, I feel like I have become a real role model. I feel like I can make a difference. Mind you, it is not just about teaching; it also entails helping others understand their bodies"* (Participant 15).

All the participating peer educators supported this approach to sexuality education, as evidenced in the above narratives. As outlined in the literature by MacPhail and Campbell (2001), participants expressed a sense of empowerment and the development of some leadership skills emanating from their roles. Their feeling of the responsibility to educate their peers would enhance their understanding and make the programme successful. An analysis of the above findings shows that peer-led programmes not only educate participants about sexual health but also contribute to personal development and community leadership skills. Peer educators expressed pride in their roles, viewing these as catalysts for change within their communities. Findings have also shown that the participants increased self-confidence and self-efficacy due to their involvement in the programme, and this resonates well with the submission by Bandura (1986) on social learning theory. Of particular interest is that these programmes were effective in dealing with sexuality-related issues and other areas of their social lives, for instance, the expression by one participant that the benefits were even overlapping with their school. A closer analysis of the above narratives also shows that these peer educators have pride in leading their counterparts, with one participant revealing:

*"I feel like I have become a real role model"* (Participant 2).

This shows their positive attitudes and intrinsic motivation towards the approach, thus heightening their chances of success.

#### *Addressing cultural barriers*

According to the literature, culture has been underlined as one of the major factors affecting sexuality education. Cultural taboos and religious objections hinder discussions about sexual matters, creating discomfort among educators and students (Ngara, 2019; De Haas & Hutter, 2019; Mukau & Nichols, 2024). However, in this study, participants highlighted that peer-led CSE has effectively helped navigate these cultural sensitivities. Findings have shown that peer-led sessions provided conducive platforms for addressing sensitive topics in a culturally appropriate and acceptable manner.

*"Discussing sex is usually a 'no-no' in our culture. But when my friend shared her story, I realised it is okay to talk about it. It helped me understand my own experiences"* (Participant 6).

*"In our culture, we do not talk about these things. This programme helps us to break that silence together, and we can share information without fear"* (Participant 14).

*"I have learned that it is okay to challenge cultural norms when it comes to my health and rights. I also learned that sharing our stories is one best way to break the silence"* (Participant 13).

*"Often, our culture shames us for discussing these topics, but it is quite*

fortunate that peer-led sessions have shown me that it is okay to have these conversations. The more I heard my peers talk about their experiences, the easier it became for me to open up about mine. It always feels like we were all in this together" (Participant 11).

The above findings show that participants were quite aware of the effects of culture on sexuality-related discussions. The general revelation is that their cultures did not allow open discussions on such issues, as some highlighted that it is considered taboo. These sentiments align with earlier findings on Zimbabwean culture's resistance to discussing sexuality, especially in vernacular languages (Mukau and Nichols, 2024). Similar challenges were reported in Malawi, where cultural norms and attitudes hindered teachers' ability to deliver CSE effectively (Banda, 2020). However, participants appreciated the advent of peer-led education, viewing it as an effective way to break the silence.

Moreover, focus group A and C findings have reflected how peer-led education frames discussions in ways that reverberate with local cultural norms and values, making it easier for participants to engage in conversations that societal norms might have otherwise stifled. Peer-led sessions are more effective in addressing cultural barriers, as peers can navigate sensitivities in ways that resonate with their shared experiences. Participants in Focus Group B discussed the importance of addressing cultural barriers that hinder discussions about sexual health. Many appreciated the programmes' ability to shape deliberations surrounding sexuality education.

#### *Challenges faced by peer educators*

While peer educators are playing a critical role in promoting healthy sexuality awareness, they often face a myriad of challenges. These challenges include but are not limited to personal biases, institutional and or community resistance, limited training and resources, and religious and cultural differences. All these and others hinder their ability to offer inclusive and comprehensive information. Regardless of their positive attitude towards this approach, peer educators lamented facing several drawbacks, and the following are extracts from the semi-structured interviews:

*"There are moments I feel like I am overwhelmed. At times, I am asked questions I do not readily have answers for, and I wish we had more training on how to deal with tough topics or at least get some help from adults"* (Participant 10).

*"I want to help my friends as much as I can, but sometimes, the cultural and religious differences among us as peers make it difficult to agree on other issues. More training workshops would capacitate us"* (Participant 5).

*"Sometimes, getting support from adults in our communities is hard. To them, any discussion related to these issues is a serious taboo. Sometimes, we feel alone in this work, especially when facing criticism from older community members. We expect them to support us where we won't be sure ...."* (Participant 15).

Whilst there is general agreement that peer-led CSE programs are good, participants highlighted areas that require further support and development. The participants' voices illustrate the transformative potential of peer-led CSE, providing valuable insights for enhancing program implementation and sustainability in similar contexts.

Participants highlighted that there is a need for ongoing training and community acceptance. This data sheds light on the experiences of peer educators in implementing CSE for the target audience. It shows that peer educators would participate in more training workshops if given the opportunity. They admitted to having some knowledge gaps and do not consider themselves competent in dealing with difficult or complex issues and questions. There seems to be a lack of focus on the type of preparation that could impact their efficiency and efficacy; this calls for more training workshops where more sensitive topics are considered.

Peer educators cite cultural diversity and religion as some of the barriers faced, which was revealed through the three focus groups. Cultural differences are a problem for peer educators, leading to peer disagreements and misunderstandings during discussions. This emphasises the importance of training in cultural awareness, conflict management, and appreciation of different forms of diversity while

pointing out the need for some sessions focusing on cultural issues related to CSE.

In addition, most participants, together with focus groups A and C, revealed that community members recurrently demonstrate an inability to endorse sexuality-related talks; they are not supportive and normally consider most discussions surrounding sexuality to be inappropriate and taboo. This denies the peer educators' support and downplays the credibility of what they or their peers are doing in society. This entails that there is a need to collaborate with and educate community adults about the momentousness of sexuality education as one way of altering the prevailing deleterious attitude towards youth educators.

In their study, Mukau and Nichols (2024) upheld collaboration, suggesting it as one of the strategies that help to address some of the challenges the CSE peer-led education programme faces. They elaborate that collaboration leads to the formulation of supportive environments and can help contest critical voices and any other social factors opposing CSE. Research has also revealed that collaboration with various stakeholders has helped improve CSE program fidelity in Zambia (Chirwa-Kambole et al., 2020) and Ghana (Tabong, 2018). In these two countries, collaboration has gone as far as to make the local context comprehensible.

These data extracts collectively emphasise the challenges peer-led CSE programmes face in settings where cultural taboos and lack of adult support persist. These issues can be addressed through enhanced training, community engagement, and mentorship, which could empower peer educators and improve the effectiveness of their role.

## VI. CONCLUSION

This study highlights the transformative potential of peer-led CSE in empowering young people in Zimbabwe. By harnessing the natural influence of peers, this approach fosters open, relatable conversations that break down barriers often associated with adult-led programmes. Peer-led CSE not only improves adolescents' knowledge about sexual and reproductive health but also builds leadership and advocacy skills, giving young people a stronger voice in their communities. However, its success depends on proper training, ongoing support for peer educators, and sensitivity to cultural norms. As Zimbabwe continues to navigate challenges like gender inequality and limited access to sexual health education, peer-led initiatives offer a promising way forward. This study calls on policymakers, educators, and stakeholders to embrace this model as a practical and culturally sensitive solution to improve the well-being of young people and, by extension, their communities.

## VII. RECOMMENDATIONS

Guided by the findings and insights of the current study, several recommendations were proposed. Firstly, peer educator training programmes should be put in place. These should include comprehensive training modules that cover a wide range of topics, including sexual health, communication skills, and how to handle difficult questions. Training should also focus on the sociocultural context of the participants to prepare peer educators for culturally sensitive discussions. In addition, support networks for peer educators should be established where experienced peer educators can support new educators by providing guidance and sharing best practices. Such a network can help soften feelings of isolation and cultivate confidence. Setting up feedback mechanisms is another strategy for implementing feedback loops, allowing participants and peer educators to share input on the programmes' effectiveness. Using surveys, focus group discussions, and suggestion boxes might also help gather insights for continuous improvement.

What is more, community awareness and involvement should be increased. Meeting with parents, community leaders, and local organisations can help nurture awareness about the importance of CSE and the role of peer educators. Thus, creating a supportive environment

for the young to discuss sexual health openly. Lastly, collaborative partnerships with local health services, NGOs, and educational institutions should be promoted, which can help by providing resources and support for peer-led CSE programmes. Collaborations can augment the programme's credibility and offer additional expertise and funding.

### VIII. CONFLICTS OF INTEREST

There are no conflicts of interest in this study.

### REFERENCES

- Abdi, F., & Simbar, M. (2013). The peer education approach in adolescents: Narrative review article. *Iran Iranian Journal of Public Health*, 42(11), 1200-1206.
- Akuiyibo, S., Anyanti, J., Idogho, O., Akuiyibo, S., Piot, S., Amoo, B., Nwankwo, N., & Anosike, N. (2021). Impact of peer education on sexual health knowledge among adolescents and young persons in two North Western states of Nigeria. *Reproductive Health*, 18(3), 204-208. <https://doi.org/10.1186/s12978-021-01251-3>.
- Banda, F. (2020). *Gender and Human Rights*. In *Routledge Handbook of Family Law and Policy*. Routledge.
- Bandura, A. (1977). *Social Learning Theory*. Englewood Cliffs, NJ: Prentice Hall.
- Bandura, A. (1986). *Social Foundations of Thought and Action: A Social Cognitive Theory*. Englewood Cliffs, NJ: Prentice Hall.
- Braun, V., & Clarke, V. (2008). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77-101. <https://doi.org/10.1191/1478088706qp063oa>
- Bulduk, S. & Erdogan S. (2012). The Effects of Peer Education on Reduction of the HIV/Sexually Transmitted Infection Risk Behaviours Among Turkish University Students. *Journal of the Association of Nurses in AIDS Care*, 23(3), 233-243. <https://doi.org/10.1016/j.jana.2011.02.003>.
- Campbell, C., & MacPhail, C. (2002). Peer education, gender and the development of critical consciousness: participatory HIV prevention by South African youth. *Social science & medicine*, 55(2), 331-345. [https://doi.org/10.1016/S0277-9536\(01\)00289-1](https://doi.org/10.1016/S0277-9536(01)00289-1)
- Chandra-Mouli, V., Lane, C., & Wong, S. (2015). What does not work in adolescent sexual and reproductive health: a review of evidence on interventions commonly accepted as best practices. *Global Health: Science and Practice*, 3(3), 333-340. <https://doi.org/10.9745/GHSP-D-15-00126>
- Chavula, K., Zulu, J. M., & Siziya, S. (2022). Factors influencing parental involvement in comprehensive sexuality education in primary schools in Zambia: A mixed methods study. *BMC Public Health*, 22(1), Article 115. <https://doi.org/10.1186/s12889-021-12302-0>
- Chikoko, G. (2019). Cultural perceptions and practices regarding sexual health education in Zimbabwe. *African Journal of Reproductive Health*, 23(2), 55-67.
- Chirwa-Kambole, E., Svanemyr, J., Sandøy, I., Hangoma, P., & Zulu, J. M. (2020). Acceptability of youth clubs focusing on comprehensive sexual and reproductive health education in rural Zambian schools: a case of Central Province. *BMC health services research*, 20, 1-9. <https://doi.org/10.1186/s12913-020-4889-0>
- Creswell, J. W., & Creswell, J. D. (2017). *Research design: Qualitative, quantitative, and mixed methods approaches (5th ed.)*. Thousand Oaks: Sage Publications.
- Creswell, J. W., & Poth, C. N. (2018). *Qualitative Inquiry and Research Design: Choosing Among Five Approaches*. Thousand Oaks: Sage Publications.
- De Haas, B., & Hutter, I. (2019). Telling Their Stories: Experiences of Young Men and Women with Early Marriage, Early Pregnancy, and Comprehensive Sexuality Education in Zambia. *Sexuality Research and Social Policy*, 16(2), 233-244.
- DeCuir-Gunby, J. T., Marshall, P. L., & McCulloch, A. W. (2011). Developing and using a codebook for the analysis of interview data: An example from a professional development research project. *Field Methods*, 23(2), 136-155. <https://doi.org/10.1177/1525822X10388468>
- DiClemente, R. J., Crosby, R. A., & Kegeles, S. M. (2009). *Emerging theories in health promotion practice and research*. San Francisco, CA: Jossey-Bass.
- Gürsoy, A. A., Yiğitbaş, Ç., Yılmaz, F., Erdöl, H., Kobya-Bulut, H., & Mumcu, H. K. (2009) The effects of peer education on university students' knowledge of breast self-examination and health beliefs. *Journal of Cancer Education*, 24(4), 331-3. <https://doi.org/10.1007/BF03182390>.
- Jaguga, F., Kiburi, S. K., Temet, E., Barasa, J., Karanja, S., Kinyua, L., & Kwobah, E. K. (2022). A systematic review of substance use and substance use disorder research in Kenya. *PLoS one*, 17(6), e0269340. <https://doi.org/10.1371/journal.pone.0269340>
- James, S., Mutebi, B., & Kabwe, N. (2018). Evaluating peer-led CSE in South Africa: Impact on HIV prevention and reproductive health. *African Journal of Sexual Health*, 12(1), 33-42.
- Karwalajtyś, T., McDonough, B., Hall, H., Guirguis-Younger, M., Chambers, L. W., & Kaczorowski, J. (2009). Development of the volunteer peer educator role in a community cardiovascular health awareness program (CHAP): a process evaluation in two communities. *J Community Health*, 34(4), 336-45. <https://doi.org/10.1007/s10900-009-9149-5>.
- Kenny, L., & Nelson, J. (2020). Engaging youth in comprehensive sexuality education: A peer-led approach. *Journal of Adolescent Health*, 66(1), 45-52.
- Kim, C., & Free, C. (2008). Recent evaluations of the peer-led approach in adolescent sexual health education: A systematic review. *Perspectives on Sexual and Reproductive Health*, 40(3), 144-151.
- Lightfoot, M., Rotheram-Borus, M. J., & Tevendale, H. (2007). An HIV-preventive intervention for youth living with HIV. *Behaviour Modification*, 31(3), 345-363. <https://doi.org/10.1177/0145445506293787>.
- Lloyd, A., Kibicho, J., & Onono, M. (2019). Peer-led sexuality education in Kenya: A pathway to improved adolescent sexual health. *International Journal of Youth Studies*, 14(3), 50-68.
- Lloyd, T., & Forrest, S. (2001). Peer education: The effects on sexual health. *Health Education Journal*, 60(1), 2-11.
- Mabuie, M. (2020). Role of peer educators in behaviour change communication interventions for HIV prevention among people who inject drugs: Systematic review article. *Technology and Society Sciences Journal*, 10(3), 189-200.
- MacPhail, C., & Campbell, C. (2001). 'I think condoms are good but, aai, I hate those things': Condom use among adolescents and young people in a Southern African township. *Social Science & Medicine*, 52(11), 1613-1627. [https://doi.org/10.1016/S0277-9536\(00\)00272-0](https://doi.org/10.1016/S0277-9536(00)00272-0).
- Maguire, M., & Delahunt, B. (2017). Doing a thematic analysis: A practical, step-by-step guide for learning and teaching scholars. *All Ireland Journal of Teaching and Learning in Higher Education*, 9(3), 3351-33514. <https://ojs.aishe.org/index.php/aishe-j/article/view/3351>
- Mason, M. (2010). Sample size and saturation in PhD studies using qualitative interviews. *Forum: Qualitative Social Research*, 11(3), 1-19.
- Mavuso, M. F., & Mhlanga, L. (2019). Cultural perspectives on comprehensive sexuality education in Zimbabwe: A focus on peer-led programs. *African Journal of Health Professions Education*, 11(1), 45-48.
- Mavuso, M., & Mhlanga, B. (2019). Cultural perspectives on sexuality education in Zimbabwe: Implications for peer-led initiatives. *Journal of Cultural Studies in Education*, 12(3), 89-102.
- McGinty, S., Knox, A., & McFadden, D. (2018). Peer-led health education: Benefits for both peer educators and adolescents. *Journal of Adolescent Health*, 62(4), 499-505. <https://doi.org/10.1016/j.jadohealth.2017.10.020>
- Mukasa, S., Mwesigwa, J., & Kalisa, R. (2016). Peer-led sexuality education: Bridging the gap between youth culture and sexual health knowledge. *Journal of Adolescent Health Education*, 21(4), 223-234.
- Mukau, K. (2023). *Ecosystemic Factors Affecting Comprehensive Sexuality Education in Junior Grades in Zimbabwe* (Unpublished PhD thesis), Bloemfontein, University of the Free State, South Africa. <http://hdl.handle.net/11660/12605>

- Mukau, K., & Kufakunesu, M. (2025). Beyond the abstinence Mantra: Attitudes of parents towards comprehensive sexuality education in Zimbabwe. *International Journal of Studies in Sexuality Education*, 1(1), 1-7. <https://doi.org/10.38140/ijss.v1i1.1347>
- Mukau, K., & Nichols, H. J. (2024). Attitudes and perceptions of school stakeholders on comprehensive sexuality education in primary schools: A study of junior grades in Zimbabwe. *Interdisciplinary Journal of Sociality Studies* 4, 1-15. <https://doi.org/10.38140/ijss-2024.vol4.11>
- Ngara, R. (2019). A Reflection on Gender and Sexuality. *International Journal of Adolescence and Youth*, 24(3), 318-329. <https://doi.org/10.1080/09720073.2019.11891455>
- Okooboh, G. O., & Martins, O. F. (2024). A systematic review of the evidence on the effectiveness of sexuality education interventions on young people's sexual and reproductive health outcomes in Nigeria. *International Journal of Community Medicine and Public Health*, 11(1), 353-358. <https://doi.org/10.18203/2394-6040.ijcmph20234150>
- Polit, D. F., & Beck, C. T. (2020). *Nursing research: Generating and assessing evidence for nursing practice*. Wolters Kluwer.
- Pomeroy, E., Parrish, D. E., Bost, J., Cowlagi, G., Cook, P., & Stepura, K. (2011). Educating students about interpersonal violence: comparing two methods. *Journal of Social Work Education*, 47(3), 525-544. <https://doi.org/10.5175/JSWE.2011.200900077>.
- Pound, P., Langford, R., & Campbell, R. (2016). What is peer education? A systematic review and meta-analysis of the effectiveness of peer-led interventions in adolescent health promotion. *BMC Public Health*, 16(1), 1004-1005. <https://doi.org/10.1186/s12889-016-3628-4>.
- Resnik, D. B. (2020). *What is ethics in research & why is it important?* National Institute of Environmental Health Sciences. Retrieved from <https://www.niehs.nih.gov/research/resources/bioethics/whatis/index.cfm>
- Sawyer, S. M., Azzopardi, P. S., Wickremarathne, D., & Patton, G. C. (2014). The age of adolescence. *The Lancet*, 379(9826), 1630-1631. [https://doi.org/10.1016/S0140-6736\(14\)60514-9](https://doi.org/10.1016/S0140-6736(14)60514-9).
- Scales, P. C., & Leffert, N. (2015). *Developmental Assets: A synthesis of the key research findings*. Minneapolis, Minnesota: Search Institute
- Tabong, P. T. N. (2018). Comprehensive Sexuality Education and Adolescent Sexual and Reproductive Health Knowledge in Ghana: Evidence from the 2017 Demographic and Health Survey. *BMC Public Health*, 18(1), 288-296.
- Timmerman, G., Hoogsteder, L., & Geijsen, D. (2020). Sex education at school: Teachers' and students' viewpoints. *Sex Education*, 20(3), 285-299.
- Tolli, M. V. (2012). Effectiveness of peer education interventions for HIV prevention, adolescent pregnancy prevention and sexual health promotion for young people: a systematic review of European studies. *Health Education Research*. 27(5), 904-913. <https://doi.org/10.1093/her/cvs055>.
- United Nations Educational, Scientific and Cultural Organisation (UNESCO). (2018). *International technical guidance on sexuality education: An evidence-informed approach*. Paris: United Nations Educational, Scientific and Cultural Organisation.
- United Nations Population Fund (UNFPA). (2016). *Comprehensive Sexuality Education in Sub-Saharan Africa: Status, Challenges and Opportunities*. New York: United Nations Population Fund.
- Vygotsky, L. S. (1978). *Mind in Society: The Development of Higher Psychological Processes*. Cambridge, MA: Harvard University Press.
- Westby, C., Donina, K., & Randazzo, K. V. (2018). Ethics in research and practice. In *Handbook of Ethics in Communication Disorders* (pp. 33-56). San Diego: Plural Publishing.
- World Health Organisation (WHO). (2014). *Adolescent pregnancy fact sheet*. Geneva: World Health Organisation.
- Yin, R. K. (2018). *Case Study Research and Applications: Design and Methods*. Thousand Oaks, California: Sage Publications.
- Zulu, M. (2019). Stakeholder Engagement in Curriculum Development in Zambia: A Case of Life Skills Education Curriculum. *International Journal of Learning, Teaching and Educational Research*, 18(10), 104-120.

**Disclaimer/Publisher's Note:** The statements, opinions and data contained in all publications are solely those of the individual author(s) and contributor(s) and not of GAERPSY and/or the editor(s). GAERPSY and/or the editor(s) disclaim responsibility for any injury to people or property resulting from any ideas, methods, instructions, or products referred to in the content.