STUDENT-TEACHER COLLABORATION AND EXPLORING STUDENT VOICE TO IMPROVE CLASSROOM INSTRUCTION AND ACTION PLANNING IN GRADE NINE HEALTH EDUCATION

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Kendra Janelle Beliveau, candidate for the degree of Master of Education in Curriculum & Instruction, has presented a thesis titled, *Student-Teacher Collaboration and Exploring Student Voice to Improve Classroom Instruction and Action Planning in Grade Nine Health Education*, in an oral examination held on December 8, 2017. The following committee members have found the thesis acceptable in form and content, and that the candidate demonstrated satisfactory knowledge of the subject material.

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ABSTRACT

The purpose of this action research study was to understand my role as a health educator by encouraging student voice in my grade nine health classrooms. My intent was to collaborate and facilitate student-centered learning with grade nine students to produce meaningful action/advocacy plans in health education. The intent was for students to experience a safe discursive space, and a supportive learning environment to self-express and engage in a wider understanding of complex social and health issues. My aim of this research project is to empower students to have a voice and enable all participants to engage in change through social action. I collected data using student exit slips, student artifacts, crucial conversations, and a reflective journal. As I progressed through the phases of action research, my investigation into how I perceived student voices and student-centered learning in my grade 9 health education classrooms highlighted four emerging themes. The first theme highlighted three types of student voice (authoritative, critical and therapeutic) that emerged from the data. I was challenged with truly listening to student voice and the impact their words had on my role as a health educator. The second theme challenges power and privilege that exist within the classroom and school environment. I also discuss the connection between student voice and engagement, while discussing the power of silence in the classroom. The third theme documents my personal struggles shifting from teacher-centered to student-centered learning in health education. Finally, the fourth theme discusses the role of student voice in assessment practices.
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DEDICATION

I would like to dedicate this thesis to Magdalene Jacob, educator and beloved grandmother.
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1.1 Introduction

I was beginning my third year as a teacher, and I was especially excited to finally teach health, my major and my passion. I spent the summer creating activities, unpacking the curricular outcomes, and finding quality resources to accompany my health unit plans. As the start of the school year progressed, the students seemed excited to explore themes such as romantic relationships, chronic illness, safety, addictions, tragic death and suicide, and sexual health. The students had many health-related questions, and I felt as though I was confident and prepared when answering their questions. However, as the year progressed, I reflected on my role as a teacher. I seemed to be the “keeper” of all of the knowledge and was the “captain of the ship”. The lessons in the classroom were teacher-centered as I disseminated information to the class, and created assignments and experiences based on what I thought was best for the class. I failed to recognize the importance of student voice in my health classroom.

The Saskatchewan health education curricula emphasizes the importance of health enhancing behaviours and provides students with the opportunity to identify a personal change that they want to make. Students are encouraged to reflect on what behaviour they wish to modify, identify challenges and obstacles that they might overcome, and set goals to achieve success. Over the past few years, I have attempted several behavioural action plans with grade nine students in health education.

Our first eight day action plan challenged students to assess a personal addiction, and attempt to quit or reduce their dependence on that addiction. The project was an
independent process that challenged students to identify and implement a behavioural change based on a personal addiction. Over the course of eight days, students were to create a specific and measurable goal to reduce or quit an addiction all together. For example, a student might drink three energy drinks per day, and through their action plan, they will reduce their intake of energy drinks to once per day. I thought it was a fantastic challenge to students, however, I failed to ask the students what they thought about the project. Their voice, opinion, and experiences were missing from the planning and decision making process. After all the projects were complete, it was apparent that many students just filled in the data charts and made up suitable answers to the reflections. Only about two or three students responded to the challenge of reducing an addiction in their lives. Focusing on behavioural changes in health education, such as harm reduction action plans, also present the potential for underlying issues to arise in the classroom. What if some of the students were dealing with life harming addictions? Behavioural action plans do not take into consideration the social determinants of health (as discussed in Chapter 2), and they lack student choice.

As the year progressed, our second action plan neared, and several students complained “do we have to do another action plan?” Another student echoed her disdain “they are so long and boring and I just faked it last time”. I wondered if students were complacent about completing action plans because their voice was lacking in the creation of the project. I realized that perhaps the reason students were not excited about independent behavioural changes in grade nine was because they wanted to work in groups with their peers and have their voice heard. Perhaps engaging youth in social justice and advocacy might be a better route to take in health education instead of
personal behavioural changes. How can I engage students in advocacy and health promotion?

As a health educator, I have observed the connection between student wellness and the impact health education has on their academic success. I have taught health education in the public school system for the past seven years. During these years, I have experienced curricular renewal at the grade nine level, I have been an executive member with the Saskatchewan Health Educators Association, and I was a health major in secondary education at the University of Regina. The combination of these experiences has co-constructed my perspective of health education in Saskatchewan.

Schools face the challenge of addressing the health literacy needs of students. The Saskatchewan health education curricula has shifted towards a holistic and comprehensive view of adolescent health. Youth are coming to school with a variety of health-related issues which can impede their ability to learn. The Saskatchewan health education curricula aims “to develop confident and competent students who understand, appreciate, and apply health knowledge, skills, and strategies throughout life” (Ministry of Education, 2009, p. 4). The health curricula describe three broad areas of learning that students should achieve by the time they graduate school: a sense of self, community and place; engaged citizens; and lifelong learners (Ministry of Education, 2009). Furthermore, the cross-curricular competencies encourage students to develop thinking, promote identity, facilitate literacies and encourage social responsibility (Ministry of Education, 2009). As an advocate for health policy and promotion, I attempt to connect Comprehensive School Health and health literacy by engaging students in my health
classes to be critically active citizens and encourage social responsibility through advocacy education and health promotion.

The Saskatchewan Health Educators Association (SHEA) was first established as a special subject council of the Saskatchewan Teacher’s Federation in 1988. While I was a third year education student, I was approached to join the association as a member at large. SHEA’s goals are to support Saskatchewan health education curricula, collaborate and establish health partnerships within the province, and provide professional development opportunities for teachers and other professionals invested in the health and well-being of youth in the province. As a member of SHEA, I was able to plan conferences and workshops across the province highlighting the renewed health curricula and provide support for teachers as they “unpacked” the outcomes and indicators. As my career progressed, I assumed the role of both the SHEA President, and currently, the Treasurer of the association. Both of these leadership roles have furthered my ability to share my passion for health education with pre-service teachers at the University level as a cooperating teacher, a faculty advisor, and a sessional instructor.

When I first began my teaching career, I was placed in an alternative program and began to pursue teaching health and life skills to students with intellectual challenges. Using the elementary and middle year’s Saskatchewan health education curricula, I was able to adapt outcomes to meet the needs of the students in the program while advocating for their personal and social health within the school and community. After a few years in the specialized program, I was placed in the mainstream grade nine program where my focused shifted from the advocator to the co-facilitator of health information and behavioural change. Not only was I teaching students about healthy lifestyle choices, but
also healthy decision making, and promoting health-enhancing behaviours through planning and carrying out plans for behavioural change.

1.2 Statement of the Problem

As a health educator and a member of the Saskatchewan Health Educators Association, I am often asked by teachers: how do I engage students in effective and meaningful action planning using the Saskatchewan health education curricula? What does a meaningful action plan look like? How do I facilitate an action plan that promotes health and advocacy education? How can student voice change my teaching practice in the health classroom? As I thought about these questions, I took some time to reflect on the action plans that I have done in the past with students in my health education classrooms. As a health educator for the past seven years, I have had the opportunity to implement and facilitate individual, group, and classroom advocacy projects on a variety of topics including leadership, addictions, relationships, tragic death and suicide, sexual health and physical fitness. Throughout the years teaching grade nine, I have observed the following:

- Many students lack confidence and self-esteem.
- Many students prefer group work with peers but lack knowledge and skills to problem solve, make decisions, and collaborate together.
- Students need adequate time to make decisions and carry out a plan of action.
- There is a need to foster positive leadership skills and allow for development of students as engaged citizens within the school and community.
Some challenges that I have experienced while carrying out action plans are time constraints, authentic engagement, and student-centered inquiry. Is it possible to have students authentically engage in advocacy education through action planning in health education? How can health educators co-facilitate the action plan process to authentically engage youth to promote health education in their school and community?

For this research, I explored the impact that student voice has on action planning, health promotion, and advocacy education with students in grade nine health education. The Saskatchewan health curricula framework for teaching and learning begins with understanding skills and confidences (Health 9 Curriculum, Ministry of Education, 2009). Health educators guide students through the collection of information using a critical lens. The students’ then progress to the second goal of the curricula, which is to make informed and comprehensive decisions that promote health (Health 9 Curriculum, Ministry of Education, 2009). Finally, in grade nine health education, students are required to evaluate and complete three eight-day action plans (Health 9 Curriculum, Ministry of Education, 2009). More specifically, the health nine curriculum highlights outcomes that are necessary for students to develop health literacy:

Design, implement, and evaluate three eight-day action plans that demonstrate responsible health promotion related to comprehensive approaches to safety, non-curable infections/diseases, romantic relationships, healthy food policies, addictions, tragic death and suicide, chronic illness, and sexual health.

- Discuss the elements of effective action planning for health promotion.
- Plan the required steps to complete the health promotion action plans.
- Distinguish and use criteria to assess the design elements of health promotion action plans.
- Develop and use criteria to evaluate the implementation of health promotion action plans.
e. Recognize and establish the supports necessary to implement the health promotion action plans.

f. Apply the steps necessary to achieve self-selected health-enhancing goals.

(Health 9 Curriculum, Ministry of Education, 2009)

1.3 Research Questions

My research will be guided by the following questions:

1. How do I facilitate student-centered learning with grade nine students to produce meaningful advocacy action plans in health education?

2. How can I collaborate with students to ensure that their voices are heard and that they are able contribute to decision making in the health classroom?

This research is important because it will allow me to reflect on my role as a health educator. Furthermore, I will be able to understand how I can facilitate student engagement and listen to student voice throughout the decision making and action planning process using the outcomes from the Saskatchewan health education grade nine curriculum. I want students to experience a safe discursive space, and a supportive learning environment to self-express and engage in a wider understanding of complex social and health issues, highlighted as outcomes in the Saskatchewan health curricula, including sexual orientation, gender variance, romantic relationships and violence and abuse. My aim of this research project is to empower students to have a voice and enable all participants to engage in change through action. I will also observe and reflect on the impact that student-centered learning has on my teaching philosophy and document the tensions that I may face along the way. Students will be encouraged to debate and discuss different options and directions that they would like to collectively explore. Action
agreed upon collaboratively would be promoted and my hope is that all participants will be represented in every stage of research.

1.4 Assumptions

This action research study was based on the assumption that grade nine students were able to identify characteristics of healthy romantic relationships in the context of the high school environment. I assumed that grade nine students had experienced a variety of media and text relating to romantic relationships. Furthermore, I assumed that students were able to construct their own knowledge about activating student voice and making sure that their opinions and values were heard. I also made the assumption that students would have had the opportunity to complete more than one health education action plan throughout the course of their elementary health programs.

1.5 Overview of Chapter One

My journey into changing how I teach health education and action planning to youth required teacher-student collaboration, interpersonal problem solving, and introspective reflection. I wanted to investigate the phenomenon of capturing student voice as a driving factor for planning and carrying out health promotion action plans. I knew that allowing teenagers a platform for change would be challenging, but I also knew that the process of letting go of control in the classroom would change my role as an effective educator. As I encourage my students to share more of their experiences and worldviews, I learned how to listen to what they were saying, and more importantly, perhaps what they were too afraid to say. I asked for both written and oral feedback from students and I adjusted lessons based on the information that I received. I also wrote in
my journal about my thoughts, experiences, and reflections throughout the three action
cycles. I wanted to understand if student-teacher collaboration and a mutual trusting
relationship could produce meaningful change for self, family, community and others.
The next chapter takes a closer look at theory supporting the importance of health
education while highlighting the powerful influence of student voice and advocacy.

1.6 Overview of Thesis

In Chapter One I describe the questions and concerns that ultimately lead to my
research questions. I included background information on my professional experiences
as both a teacher, a presenter, and executive council member.

In Chapter Two I highlight theory and literature that support my research
questions including the importance of health education and Comprehensive School
Health initiatives in shaping the lives of youth. I also discuss the concepts of health
literacy and health promotion while identifying the importance of developing student’s
capacity to access, understand, and apply information to improve and maintain a healthy
lifestyle. I also explore the student voice movement and the importance of listening to
youth as change agents for classroom and curricular reform through student-centered
learning. Furthermore, I discuss adult-youth partnerships and the shared-learning
environment in the classroom.

Action research and specific methodology that I use to collect and analyze data is
highlighted in Chapter Three. I also include a description of the research environment,
ethical approval, and the participants in my study.
Chapter Four discusses the data that was collected through three action cycles. My data is organized in chronological order from October 2, 2016 to December 2, 2016. The data highlights three action cycles that relate to the three-step process of acquiring knowledge, making informed decisions, and carrying out action plans to promote health in grade nine. I document my planning, observations, reflections, and action interventions through participant data and reflective journals. After three months of research, student voice in the health classroom ultimately helped me to understand my role as a facilitator and collaborator of health education, advocacy education, and health promotion.

In Chapter Five, I interpret the data that was collected over the course of three months and I categorize the data into four emerging themes. I conclude Chapter Five by reflecting on my pedagogical journey, and discussing the implications of my research on health education in Saskatchewan.

Finally, the appendices include written assent to the students, written consent form to parents/guardians, sample participant exit slip, and Ethics approval.
CHAPTER TWO – LITERATURE REVIEW

2.1 Introduction

As a health educator, I wanted to further explore the impact student voice had in transforming my teaching pedagogy in the classroom. How can I listen to my students while creating a fun, safe, and responsive learning environment? My literature review highlights several local, national, and international government documents that highlight the importance of comprehensive health literacy programs and curricula in our education system. I also referenced several educational specialists in the areas of student voice, student advocacy, and student engagement. I am interested in student voice as a way to better understand student engagement, however, I am also curious about the construction of, and intrinsic nature of student voice in the classroom.

2.2 Health Education and Comprehensive School Health

Schools have a vital role shaping the physical, intellectual, social, emotional, and environmental needs of students. Schools have the potential to create a healthy learning environment to enhance skills and promote positive behavioural changes. Health education curricula and health promotion practices have evolved over the past 50 years. On April 7, 1948, the World Health Organization (WHO) ratified their Constitution to establish a global health initiative and broadened its definition of health as “a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity” (World Health Organization, 2016). In the 1980’s and 90’s, the WHO proposed the concept of Health Promoting Schools and the program has since been adopted throughout Europe, Australia and Canada (Deschesnes, Martin & Hill, 2003;
Stewart-Brown, 2006). The literature highlights three essential components of HPS including health education curricula, the school environment and the partnerships between the school and community (Deschesnes et al., 2003). HPS is a multi-factorial approach focusing on improving health knowledge and skills, evaluating health policies within the school environment, and establishing ongoing collaborating with community partners.

Furthermore, using the key principals of the WHO and HPS, Comprehensive School Health (CSH) is an internationally accepted collaborative approach by school community personnel to meet the diverse physical, emotional, spiritual and mental health needs of students. In 1986, Canada played a key leadership role by publicly supporting the World Health Organization by hosting the first International Conference on Health Promotion (Canadian Joint Consortium for School Health, 2010; Hoffman-Goetz, Donelle & Ahmed, 2014). The conference outlined a “health for all” goal to be achieved by 2000 which would eventually lead to the formal document known as the Ottawa Charter (Canadian Joint Consortium for School Health, 2010; Hoffman-Goetz, Donelle & Ahmed, 2014). The Ottawa Charter emphasized shifting the narrow focus of individual health to a more comprehensive and holistic focus of school health to include physical and social environment, lifestyle combined with human biology (Hoffman-Goetz, Donelle & Ahmed, 2014). In 1995, the WHO and the European Commission and Council of Europe also set out six guidelines to improve health policies, provide a supportive physical and social environment, foster school and community relationships, develop personal health skills and incorporate health services into the schools (Canadian Joint Consortium for School Health, 2010). There was a global shift from an individual and
narrow perspective of health education, to a broad, collaborative and comprehensive view of health education in schools.

In Canada, the movement towards comprehensive health education solidified with the creation of the Pan-Canadian Joint Consortium for school health (JCSH) established in 2005 which unites nine provinces and three territories across Canada to support healthy school communities through the collaboration across all health sectors (Pan-Canadian Joint Consortium for School Health Annual Report, 2015). The JCSH unites both provincial and federal institutions to ensure horizontal collaboration and shared vision of public health in Canada. The literature highlights four holistic, planned and integrated components of CSH by addressing a healthy physical and social environment, providing authentic teaching and learning opportunities, encouraging social supports, and collaborating with health and other support services within the community (Deschesnes et al., 2003; JCSH, 2015; Ministry of Education, 2009; Veugelers & Schwartz, 2010).

Schools should provide healthy spaces for students to be active, access nutritious foods, and provide equal opportunities for all students to engage in learning. Educators need access to professional development opportunities and training on quality health education in order to effect policy change and establish partnerships with the community. There are four essential pillars of CSH including teaching and learning, healthy physical environment, social supports, and health promoting services (Ministry of Education, 2009). Teaching and learning refers to the curricular outcomes and a focus on holistically educating the whole child including the mind, body and spirit. A healthy physical environment is essential in creating a safe and positive space free from oppression, harassment and discrimination. Both the social supports and health services
pillars provide a platform to create school policy and procedures that support health and well-being of youth as well as foster collaboration with outside agencies to support health promotion. The CSH framework outlines four essential pillars that not only promote health and well-being of the school and the community, but also improve health literacy.

2.3 Health Literacy

The relationship between literacy and health is complex. According to WHO, health literacy can be defined as “the cognitive and social skills which determine the motivation and ability of individuals to gain access to, understand, and use information in ways which promote and maintain good health” (Health Literacy Canada: A Health Understanding, 2008). Ratzan and Parker (2000) define health literacy as “the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions”. Capacity in this context refers to both the individual’s potential, and skills and abilities they have acquired. Another perspective from the Canadian Expert Panel on Health Literacy refers to health literacy as “the ability to access, understand, and evaluate and communicate information as a way to promote, maintain and improve health in a variety of settings across the life-course” (Rootman & Gordon-El-Bihbety, 2008, p.11). The concept of promoting health in the context of a population of individuals is essential within health education.

Health inequalities, whether unfair or unjust, exists between the advantaged (those with power, wealth and privilege) and the disadvantaged populations within our classrooms, our schools, our communities and the world. Health literacy is a shared
responsibility among individuals and society and can be applied using three interconnected lenses: health and social justice, determinants of health; and health as a fundamental human right (Hoffman-Goetz, Donelle & Ahmed, 2014). The Commission on the Social Determinants of Health was created in 2005 by the WHO to foster a global effort towards health equity and states that “the development of a society, rich or poor, can be judged by the quality of its population’s health, how fairly health is distributed across the social spectrum, and the degree of protection provided from disadvantage as a result of ill-health” (Commission on Social Determinants of Health, 2008, p.i). The social determinants of health are overarching themes that ultimately influence the health of populations. Some examples of social determinants of health include income and social status; social support networks; education and literacy; employment/working conditions; social environments; physical environments; health services; personal health practices and coping skills; healthy child development; gender; and culture (Commission on Social Determinants of Health, 2008; Hoffman-Goetz, Donelle & Ahmed, 2014).

On a global level, political, social and economic policies and powers influence the health and well-being of populations. However, we can apply the determinants of health to our student population within our classrooms as well. What powers, privileges and health inequalities exist in our schools? How might the social determinants of health influence teaching and learning? Most health education materials that are available to the public exceed the basic high school literacy levels (Hoffman-Goetz, Donelle & Ahmed, 2014). Health promotion within the classroom and school environment can improve health literacy and overall student well-being. The process of attaining health literacy begins with Comprehensive School Health. Students not only need to learn about health
issues, they also need to identify barriers to health promotion, collaborate with other students and community resources to plan and implement social change (Tappe & Galer-Uni, 2001).

2.4 Student Voice and Student-Teacher Collaboration

The term “student voice” has multiple meanings in educational research and is more general than it is specific, and therefore both the range and impact of student voice varies within the literature. The student voice movement exploded in literature and research in the 1990s with Jean Ruddick’s work highlighting student voice in the classroom as a more human and creative approach to education (Cook-Sather, 2006; Fielding, 2001). Student voice can be described as young people sharing their opinions on topics within the classroom and the school community (Mitra, 2012). Furthermore, student voice can also refer to adults providing a platform for students to participate in decision making about issues that affect the lives of students and their peers (Fielding 2001; Mitra 2009; Mitra & Serriere, 2012). For example, student voice can manifest as pupil participation, pupil perspective, student engagement, decision-making, and adult-youth partnerships (Mitra & Serriere, 2012). Rudduck and Flutter (2004) describe student voice as a movement that,

…represents a new departure because it is based on the premise that schools should reflect the democratic structures in society at large. Under this conception the school becomes a community of participants engaged in the common endeavor of learning. Similarly, where the student voice is attended to, learning comes to be seen as a more holistic process with broad aims rather than a progression through a sequence of narrowly focused performance targets. (p. 135)
Therefore, exploring topics with youth in health education, such as relationships, addictions, and mental health, must include student voice in order to engage students in healthy decision making and health promotion.

Student voice suggests a binary separation between teacher and student, however, authentic student voice research must also take into consideration the importance of building respectful and trusting relationships and collaboration between teachers and students in the school (Fielding, 2001; Groundwater-Smith & Mockler, 2016; Kane & Chimwayange, 2014; Lind, 2007; Mitra 2009). Fielding (2001) also encourages school systems to activate student voices as a way to address problems in the school community and to assume leadership roles to initiate change. In order for teachers to fully understand how their teaching practices influence student learning, they must actively encourage students to share their voice and engage in listening to students’ accounts of learning and engagement (Kane & Chimwayange, 2014). Although many teachers are nervous to accept students as authorities on teaching, unpacking the complexities of learning is a shared responsibility between student and teacher (Kane & Chimwayange, 2014). The student-teacher relationship is essential to student voice therefore when students speak, teachers must truly listen, and provide opportunities for students to learn themes relevant to their lives (Cook-Sather, 2006). Trusting and reciprocal relationships in the classroom are essential in developing health literacy skills and building capacity to promote health.

Student voice is a key element in the construction of identity, however there are many challenges when activating student voice in the classroom including privilege, power, and complacency. Hadfield and Haw (2001) challenge the broadly used term of
student voice and suggest that voice often privileges experience over theory as the basis for metacognition. The term student voice may also favour dominant loud voices over marginalized silenced voices (Hadfield & Haw, 2001). In addition, what if we listen to voices that we don’t want to hear? Student voice may reflect status quo and often is absent of critical thought (Cook-Sather, 2006). How do we provide opportunities for voice without oppression?

Furthermore, voice and opinion is culturally, politically and economically specific in addition to the audience that is listening.

The lives of young people and their experiences are at least as diverse as those of other social groups. When we set out to listen to their ‘voice’ we need to recognize that being young is only part of what creates their perspective. They are also young men and women: they come from different ethnic and social class backgrounds, have a different range of abilities, live in different family structures and come from a range of communities. (Hadfield & Haw, 2001, p. 495)

Educators must also carefully navigate a monolithic response to student voice and be aware of the increased hierarchy of power and privilege among students (Cook-Sather, 2006). Marginalized students, including First Nations, Inuit and Metis students, English as an Alternate Language students, and gender and sexually diverse students, may not wish to have their voices heard. Marginalized students may have been silenced (Hadfield & Haw, 2001) and not wish to actively participate using their voice. Teachers must also be aware of alternate forms of communication through observing expressions, behaviours, and silence (Hadfield & Haw, 2001). In addition, Lind (2007) also suggests that having a voice also implies effort and some students may wish to remain voiceless.

As educators, we must create safe spaces for all students to have the equal opportunity to use their voice, if they want to, and identify their individual learning needs while
disrupting power imbalances in the classroom. It is important that all students have a voice because we can learn from each other’s experiences and perspectives.

2.5 Health Promotion and Advocacy Education

Advocacy is a crucial component of the health education process. Adolescents face many health risks that can affect their ability to learn and mature (Tencati, Kole, Winkleby, Feigherey & Altman, 2002). Furthermore, youth receive many health-compromising messages that are inconsistent with health promotion strategies that they receive through health education (Tencati et al., 2002). As a health educator, it is my role to advocate for the health and well-being of my students, as well as teach the necessary skills and processes so youth can advocate for themselves and others. It is also imperative that we collectively use a critical lens to analyze the health information that youth are exposed to. Students in grade nine are developmentally at a critical stage where they are forming opinions, and making decisions that will impact both their immediate and long term health (Tencati et al., 2002). My aim of this research is to use the Saskatchewan health education curricula as a guide, and challenge the assertion that personal behavioural change is the ultimate goal of action planning in health education. Instead of an individual action plan, I will challenge students to collaboratively work towards advocacy and social justice while promoting health.

The Saskatchewan health education curricula highlights inquiry-based decision-making through a health promotion lens. Health promotion can be defined as “the process of enabling people to increase control over, and to improve, their health (WHO, 1986). In the elementary grades, students are to apply health-enhancing behaviours to self, and others including peers, friends and family. As students progress through health
education, they are challenged to use a critical lens linking determinants of health to promoting health-enhancing behaviours using action within their school and community. Health promotion encompasses a wide approach to increase the self-esteem, self-efficacy, and civic engagement of youth (Flicker, Maley, Ridgley, Biscope, Lombardo, & Skinner, 2008).

Including student voice in advocacy projects allows for teens to become role models for positive community change. Tencati et al. (2002) created opportunities for at-risk teens to implement substance abuse action plans within their school and community. The study challenged youth with meaningful projects that empowered youth to make important decisions and carry out a plan of action relevant to their own lives. Not only did the action plans create positive social and environmental change, they also provided youth opportunities to build strong relationships with other students and adults within the community (Tencati et al., 2002).

Engaging youth, as active change agents, in civic or advocacy projects promoting health within their schools and communities can have a positive impact on mental health (Flicker et al., 2008). Therefore, in order for students to gain cognitive skills and processes to reach the goals of health literacy and health promotion, health educators must first recognize the significance of including students in advocacy education (Tappe & Galer-Unit, 2001). Another example of a social advocacy project included youth taking photographic images of issues important to youth, such as safety in the community, and informing policy makers and community leaders (Strack, Magill & McDonagh, 2005). Overall, social advocacy projects highlight youth empowerment and satisfaction when addressing change in the social and political landscapes of their
communities. Health education not only addresses health-enhancing behaviours in the classroom and the school, but it also has the potential to impact social inequalities.

2.6 Student Engagement and Disengagement

Although there is no universal definition for student engagement and disengagement, the Centre of Excellence for Youth Engagement’s (CEYE) description of student engagement is often used in a Canadian context (Joint Consortium for School Health [JCSH, 2015]). Student participation is merely showing up, whereas student engagement involves the head, the heart and the feet, and to some extent, the spirit as well (JCSH, 2015). In other words, true engagement of youth involves the intricate balance between the individual (personal skills, choices and identity), relational (connections with friends and support networks) and societal (effecting policy change).

Student engagement combines three domains: cognitive, affective and behavioural (Archambault, Janosz, Morizot & Pagani, 2009). Lewis (2007) describes the three dimensions of engagement as interrelated. Firstly, behavioral engagement is associated with student participation in curricular and extra-curricular activities, and is essential in creating a positive academic experience (Lewis, 2007). Secondly, emotional engagement involves the interpersonal domain including reactions to peers and teachers in the school, and finally, cognitive engagement implies the willingness to work hard to master skills and processes (Lewis, 2007). Achieving all three levels of engagement is essential in student success.

Another perspective of engagement and disengagement in schools comes from the work of Schlechty (2002). He suggests five levels of perceiving student engagement including engagement, strategic compliance, ritual compliance, retreatism, and rebellion
(Schlechty, 2002). According to Schlechty, engagement is when a student perceives the learning task as meaningful and is focused on achievement and retention of skills and processed (2002). Strategic compliance refers to external motivating factors such as high grades or approval from teachers or parents, however, academic retention and transfer may be lost (Schlechty, 2002). Ritual compliance is observed when students complete the learning task without consequence (Schlechty, 2002). Retreatism is when students avoid participation because the learning task has not been connected to real life and the relevancy of school is lost (Schlechty, 2002). Finally, rebellion is characterized by disengagement form the learning task and disruptive behaviours are observed (Schlechty, 2002). These five levels of student engagement and disengagement suggest a comprehensive and collaborative approach to learning is needed including engaging pedagogies and communities of support (including families, schools and levels of government). Lewis writes,

Engaging pedagogies that take the curriculum through an imaginative transformation that grounds learning in local circumstances, concerns and interests; integrates student voice in topic processes and assessments; and cultivates collaborative learning in a variety of configurations that cross age grade, and ability levels bringing all students together. (2007, p. 50)

A case study by Christiansen (2014) examines how students experience engagement in a Saskatchewan grade eight health classroom. Christiansen found that authentic student engagement (and not compliancy/self-regulation) required teachers to facilitate student-centered learning activities that were relevant, interesting, and important, while allowing time and space for collaboration and participation (2014). Teachers as facilitators of collaborative organizational change through a shared vision with youth participation and engagement provide excellent opportunities for reflection
and evaluation of health promotion strategies within the school community (Kirby, 2003).

2.7 Student-Centered Learning

The theoretical framework for cooperative education, peer tutoring, and reciprocal teaching have extensive roots within cognitive psychology (Vygotsky 1934, 1960, 1887) and social leaning theory (Johnson & Johnson, 1989, 2002). When students learn with and from each other, there is an increase in communication skill development, social interaction, and understanding of others in social situations (Johnson & Johnson, 1989, 2002). Cooperative learning can be defined as an “umbrella term used to refer to a family of instructional methods in which the teacher instructs and guides groups of students to work together” (Villa, Thousand & Nevin, 2010, p. 27). Students working in collaboration with others has the potential to foster a sense of belonging and generosity, engage in shared learning, and enhance interdependence and accountability.

Student-centered learning has the power to foster a generation of educated and healthy youth with the skills to contribute to real-world issues in society. Student-centered learning is a cooperative and constructivist approach to teaching and learning. Student-centered learning may be viewed as both constructivist and humanist in nature. Barraket (2005) emphasizes constructivist learning theory is based on a pedagogical awareness that learners construct knowledge for themselves. Villa, Thousand and Nevin (2010) refer to the work of Dewey (1938) to explain that students initiate or construct their own learning and understanding through experience and activating prior knowledge, rather than simply passively receiving information and knowledge from teachers. Kember (1997) highlights the hierarchal transition from teacher-centered to student-
centered pedagogy in the classroom. Teachers must first structure or tier the knowledge so that students can construct new meaning at their own level, therefore, teachers must have a greater understanding of student’s individual and collective needs.

Also, teachers must be aware of the plurality of teacher-student interaction in the classroom and that learning is reciprocal in nature. When teachers attempt to facilitate understanding using student-centered approach to learning, there is an emphasis on student learning outcomes, skills and processes, rather than defining content (Kember, 1997). The students demonstrate knowledge through application and action. However, Tangney (2014) offers a more holistic perspective to student-centered learning suggesting that empowerment and advocacy are more aligned with a humanistic approach to learning which focuses on personal growth. Humanistic interpretations of student-centered learning highlight empowerment, encourage student choice and creativity, and develop metacognition while promoting life-long learning (Tangney, 2014). Whether an educator chooses to view student learning as constructed or holistic, as long as the focus is on empowering students to inquire, make decisions and take action, then the goal has been attained.

2.8 Overview of Chapter Two

This chapter connected theory and literature to the importance of an effective health education curricula in schools. As I reflected on my journey as a health education teacher in Chapter One, I needed to further explore concepts of student voice, student-centered learning, and advocacy education in chapter two. I also researched topics such
as student-engagement while further understanding the importance of students and teachers co-creating the learning environment.

The next chapter highlights the methods and details of my action research including recruitment of participants, data collection methods, an overview of the three action cycles, and curricular outcomes explored.
CHAPTER THREE – RESEARCH METHODOLOGY

3.1 Introduction

As I prepared for my research journey in health education, I read literature to increase my understanding of theory that supports action research in the classroom as a model for teacher reflection. I thought that researching student voice and student-centered learning would improve my ability to facilitate learning and engage students in advocacy education and health promotion. However, I did not realize the power self-reflection would play in understanding my own assumptions about student voice and student-engagement in health education.

My research was focused in two same-gendered grade nine classrooms because I had a strong understanding of curricular content and I wanted to further my knowledge and experience with student-centered learning while activating student voice. I wanted to know more about romantic relationships and sexual health issues important to youth as they transitioned from elementary to high school. Teachers tend to be reflective practitioners, and therefore I knew that I wanted to use qualitative methodology, action research in particular, in order to develop a deeper understanding of my role as a health educator.

3.2 Action Research

To investigate meaningful action/advocacy education and health promotion student projects, I used the qualitative action research process to explore problems, monitor data, review my progress, create a plan, and continue to explore new problems. Noffke (1994) states that “action research…is valued less for its role in the production of
knowledge about curriculum, pedagogy, and the social contexts of schools, and more for its ability to help teachers ‘grow’ in their self-awareness or in terms of their professional skills and dispositions” (p. 15). Research with the teacher’s students, in a setting with which the teacher is familiar, helps to confer relevance and validity to a disciplined study. I examined how my influence as a facilitator of decision making and action planning in the classroom impacts the experiences of students participating in advocacy education and health promotion. The reflective process will conceptually frame my action research design with living educational theory (McNiff & Whitehead, 2006). Whitehead and McNiff emphasize action research as living research and one must completely understand the situation or problem in order to effect change or improve practice (2006). Therefore, it is my contribution to living educational theory that adds knowledge to the field of health education.

Collaborative action research has the potential to address assessment, curriculum, instruction, and policy in health education. Furthermore, it can improve professional collaboration and foster the formation of new partnerships within the school community. Kemmis (2009) states that “action research changes people’s practice, their understanding of their practice, and the conditions under which they practice” (p. 464). Action research is an interconnected and transformative practice. Knowledge is created through a process of inquiry where one question may generate numerous possibilities and the researcher’s personal theory or experience provides the framework to show that new learning has taken place (McNiff & Whitehead, 2006). More specifically, I am using the participatory action research model to frame my connection between knowledge and activism with students in the classroom. Galetta and Jones (2010) describe participatory
action research in the classroom as a challenging cycle that allows the opportunity for students and teachers to use the process of inquiry focusing on issues that are important in the lives of youth, and emphasize the pivotal role youth have in taking action towards change.

Participatory action research has been used in education to emphasize the broader inquiry of students as change agents through activism. “In participatory action research, or PAR, participants are involved in the research through an inquiry into both the current situation and an exploration of how that situation might be improved” (Hildebrandt, Lewis, Kreuger, Naytowhow, Tupper, Couros & Montgomery, 2016, p. 20). In this case, the current situation being explored is action planning in health education, and how I can improve my teaching practices. In recent studies, participatory action research has been used to spark controversial curricular renewal and sexual health education (Sanjakdar, 2009), better understand formative assessment in middle years classrooms using reflective practice (Trauth-Nare & Buck, 2011), involve youth in research and development of teenage pregnancy prevention strategies (Wood & Hendrick, 2015), and provide opportunities for youth to question power and create a platform for activism within their school community (Galetta & Jones, 2010; Krumer-Nevo, 2009). Participatory methods of research, such as participatory action research, will provide youth the opportunity of engagement during the stages of planning, action and reflection.

3.3 Action Research Plan

I used the participatory action research process to plan, implement, observe, and reflect on my role as a co-facilitator in the classroom using three action cycles. Within the Saskatchewan health curricula, sexuality education addresses several issues such
sexually transmitted infections (including HIV/AIDS), pregnancy prevention, and informed understanding of sexuality. A subset of sexual health education is romantic relationships. More specifically, the outcome that I will use to explore student-centered learning in health education is understanding skills and confidences (USC 9.4) to “analyze the norms and expectations (e.g., community, cultural) associated with romantic relationships as a means to effectively plan for related health promotion” (Health 9 Curriculum, Ministry of Education, 2009).

More specifically, I use Kemmis and Carr’s (1986) framework for implementing my three action cycles: planning, acting, observing and reflecting. Before each action cycle, I was formulating a plan based on literature, research, critical discussion, student observation, and personal reflection. I then carried out a series of action interventions or lesson plans based on student-centered learning activities while activating student voice and participation. Within each action intervention, I make observations and include student data and personal reflections and tensions that I experienced along my research journey. My aim was that by collecting data on student voice and student-centered learning, I will transform my own understanding of student learning and improve my ability to teach health education.

During the first action cycle, students were challenged to explore personal, societal and cultural narratives surrounding romantic relationships. Although the outcome or topic of study was chosen for them, the goal is to have students see the impact romantic relationships have on self, family and community. Students respond to different sources of information on romantic relationships, compare romantic
relationships from the past and the present, set personal standards on dating, analyze cultural norms and expectations related to dating, and analyze relationship violence in society. Student knowledge and interests related to romantic relationships, such as gender and sexual diversity, online dating, cycle of violence, or cultural traditions may become apparent. The aim of the first cycle is to increase awareness of issues relating to romantic relationships to help determine subsequent cycles of action to plan, implement, and evaluate health promotion strategies. Ultimately, student voice and interest will determine the second cycle of the action plan.

Through student-teacher collaboration, I try to develop an awareness of romantic relationships important to youth, and promote problem-solving and healthy decision making. During the second cycle of action research, the decision making (DM 9.10 and 9.11) outcomes will be used to guide instruction and learning. We will discuss the impact of advocacy education and the importance of youth as change agents in their communities. Students will become familiar with a variety of strategies to promote healthy romantic relationships, analyze opportunities and challenges they might encounter, and identify personal strengths and limits. Finally, students will set clear and measureable goals, and make informed decisions. They may decide to work alone, in groups, or as a class to carry out their plans.

The final cycle of the action plan uses the action plan outcomes (AP 9.12). Although the Saskatchewan health curricula uses the term “action plans” to describe the planning and implementing of health-enhancing goals, for the purposes of this study, I will be referring to the action plan as an advocacy project (Romantic Relationships Advocacy and Health Promotion Project). Students implement an eight day advocacy
project highlighting roles and responsibilities, identifying supports and resources needed, and reflecting on their experience of social advocacy. Students will have an opportunity to reflect on their advocacy projects and determine if they met their goal of promoting healthy romantic relationships in the school and community.

3.4 The Classroom Environment

Participants for this action research study were recruited from two health nine sections that I was assigned to teach in an urban public high school classroom. The students are divided into same-gender classrooms. The first section of students are students who identify as female, and the second group of students are males. The students are enrolled in health and physical education for the entire school year, and they rotate through health and physical education every other day. I share the sections of students with another teacher who facilitates physical education to the students. Therefore, the health nine curriculum is taught over ten months.

3.5 Student Recruitment

The recruitment process for the study was completed by both my school administrator as well as my thesis advisor. Together they explained the research study to the students, focusing specifically on discussing power relations and confidentiality. Students interested in becoming participants signed the Assent forms (Appendix A). Consent forms (Appendix B) were sent home to their parents via the student. The teacher researcher collected the signed parental permission consent forms and also the student assent forms. Also, the name and contact information of the researcher and the thesis
advisor was provided and parents and students were encouraged to talk to or email the researcher or advisor to clarify any questions or concerns prior to signing the consent.

Although the researcher knew the identity of the participants in the study, all students were treated in the same way, handing in the same assignments, and assessed using the same graded rubrics, however, only the students whose parents signed the consent form were part of the study. The students’ grades were determined from a graded rubric based on curricular outcomes. The data collected for the study reflects the student’s voice and opinion. At the end of each cycle, the researcher asked all of the participants in the study if they wanted to continue with the study and seek ongoing consent. If the participants said “no – they do not want to continue”, the researcher did not use their feedback in the study. Also, following each cycle, participants put their names on an exit slip, completed the four questions (see Appendix C), and were able to continue or opt out of the study by checking yes or no on the bottom of the sheet. If they checked no, they were removed from the study.

3.6 Participants

In September, my school administrator and thesis advisor invited all 55 of the health nine students to be a part of my participatory action research study. A total of seven youth ranging in age from fourteen to fifteen years, agreed to participate in the study. McNiff and Whitehead (2006) suggest that the research participants, in this case the students, are equals during the research process and propose that the teacher asks: What am I learning from you, and what are you learning from me? Although all students were involved in the classroom activities and discussions throughout the course of the action project, I will be the focus of this particular study. I want to investigate how
student voice impacts the learning environment and how student-teacher collaboration can improve action planning in health education.

3.7 Data Collection Methods

3.7.1 Reflective journal. Rogers et al. (2007) discussed the impact of using a variety of data-collection techniques, such as interviews, questionnaires, and written evaluations, to improve the communication between students and their teacher. For my action research project I use a research journal as my “companion to the whole research process” (Altrichter, Posch & Somekh, 1993, p.10). The research journal builds on simple and familiar skills, allows for the recording of notes, provides a space to make connections to new learning, and most importantly, generating data and reflections. I will use the descriptive sequences and interpretive sequences in my research diary. Descriptive sequences provided detailed accounts of a particular activity, individual, or event that occurred during the research, and interpretive sequences (theoretical, methodological, and planning notes) allow for analysis of data, reflection of my own teaching assumptions, and development of continuing theories (Altrichter et al. 1993).

3.7.2 Student exit slips and artifacts. I also used student artifacts such as assignments, advocacy projects, written reflections, and student feedback as part of my data collection. Participants completed exit slips at the end of each action cycle with four questions on them. Participants were given class time to complete the exit slips and if they needed more time, they could take the exit slips home with them and return them to the researcher.
3.7.3 **Role of critical friend.** The action research process allows me to formally reflect and improve my teaching practice as a health educator. One of the reasons I chose action research as a method for this process is because it allows me to collaborate with another health educator who assumed the role of “critical friend.” McNiff and Whitehead describe the role of the critical friend as an essential component of action research because as the researcher makes claims to knowledge, there needs to be subjective feedback during all stages of research including data collection and the synthesis of new ideas (2006). Conversations with professional colleagues “should have empathy for the teacher’s research situation and relate closely to his or her concerns, but at the same time be able to provide rich and honest feedback” (Altrichter, Posch & Somekh, 1993, p. 61). Furthermore, my critical friend is also a health educator, and therefore I collected data on our reflective discourse. My critical friend is also a member of the Saskatchewan Health Educators Association and is a health educator teaching grade nine health education in my school. Although she was assigned to teach health education, at the time of my research, she was supervising a practicum teaching student and was not actively teaching health education. Consequently, our discussions were primarily based on my experiences and challenges in my research.

3.8 **Teacher Parameters**

Although the focus of this study is student-centered learning, there are parameters that must be met in order to meet time constraints, monetary limits and curricular demands. The study began in October of 2016, and since health is every second day, alternating between boys and girls, it will take students approximately eight weeks to complete the advocacy project. As a result, the research was concluded in December of
2016. There is a limited resource budget at the school, so any additional resources had to be purchased by the teacher or the students made alterations to their plans. Additionally, there are curricular expectations as well as assessment data that must be collected and reported.

3.9 Description of Action Research Cycles

Several curricular terms and numbers will be used throughout my research. Understanding Skills and Confidences (USC) are the outcomes that each health curricula identifies as the “big ideas” or areas of focus. In grade nine health education, there are nine outcomes listed under USC and for my research I used outcome USC 9.4 in my first action cycle. The second layer of curricular outcomes falls under the category of Decision Making (DM). There are two outcomes DM 9.10 and 9.11, and I explored both of these topics in my second action cycle. The final outcome in health education is Action Planning. There is only a single comprehensive outcome that allows students to carry out eight-day action plans. The following table outlines the three cycles of the research project which align with the three curricular goals of the Romantic Relationships Advocacy and Health Promotion Project.
Table 1: Action Research Data Collection Strategy for Romantic Relationships Advocacy and Health Promotion Project

**Research Questions:** How do I facilitate student-centered learning with grade nine students to produce meaningful advocacy action plans in health education? How can I collaborate with students to ensure that their voices are heard and that they are able contribute to decision making in the health classroom?

**Action Research Cycle 1**
How do I facilitate student-centered learning when evaluating and responding to information about romantic relationships?

<table>
<thead>
<tr>
<th>Stages of Action Planning – Understanding Skills and Confidences (USC) 9.4</th>
<th>Data Collection Method</th>
</tr>
</thead>
</table>
| **Plan** – using the curriculum, the teacher will have a unit framework highlighting the aims, goals, dates and assessment pieces for the unit.  
- KWL chart, myth and fact games, identify different ways students learn (visual, kinesthetic, verbal) and review transition data on learning needs and challenges | Research journal  
Discussion with critical friend  
Student artifacts |
| **Implement** – teacher will plan student-centered lessons based on KWL chart, indicators from curriculum,  
- students will construct knowledge on romantic relationships through a variety of videos, activities, song analysis, graphics, and websites.  
- students will begin to identify key topic to explore further in their advocacy plans | Research journal  
Student artifacts |
| **Evaluate** – How did student-centered learning impact student’s understanding on romantic relationships? Did students feel that they were in charge of their own learning? Did students feel they had a voice when discussing important issues related to romantic relationships? Were students’ engaged in the topic? How did I collaborate with them? Did I think it was student-centered – collaborative – what is my evidence? Do I have to redo or revisit any part of this cycle? Do I need to do something differently? | Student exit slips (Appendix C)  
Discussion with critical friend |

**Action Research Cycle 2**
How do I engage students in decision-making and goal setting when promoting healthy romantic relationships?

<table>
<thead>
<tr>
<th>Stages of Action Planning – Decision Making (DM) 9.10 and 9.11</th>
<th>Data Collection Method</th>
</tr>
</thead>
</table>
| **Plan** – Discuss the importance of youth and social action. Generate topics and strategies to promote health. Engage students with examples of social justice and health promotion. | Research journal  
Discussions with critical friend |
Implement – Problem solve and decide on a topic and strategy for projects. Create a specific and measurable goal, identify challenges, supports and resources needed.

Evaluate – Were students engaged in student-centered decision-making? How did I collaborate with students in making decisions and creating a goal statement? Do I have to redo or revisit any part of this cycle? Do I need to do something differently before moving on?

<table>
<thead>
<tr>
<th>Action Research Cycle 3</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>How do I collaborate with students in creating and implementing an advocacy health promotion?</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Stages of Action Planning (AP) 9.12</th>
<th>Data Collection Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advocacy Planning</td>
<td></td>
</tr>
<tr>
<td><strong>Plan</strong> – students will choose start date within time parameters, teacher and students will collaborate on assessment criteria for the graded rubric</td>
<td>Research journal Discussion with critical friend</td>
</tr>
<tr>
<td><strong>Implement</strong> – students will carry out the advocacy projects over a course of eight days. Students will check in with the teacher during class time.</td>
<td>Research journal Student artifacts</td>
</tr>
<tr>
<td><strong>Evaluate</strong> – Were students authentically engaged in the advocacy project? Was there any connections between student-centered learning and advocacy education? Do I have to redo or revisit any part of this cycle? Do I need to do something differently before moving on?</td>
<td>Research journal Student advocacy final projects Student exit slips (Appendix C)</td>
</tr>
</tbody>
</table>

3.10 Data Analysis

Gathering data through three action cycles requires data analysis in order to construct meaning through critical examination, therefore, it was essential that the researcher knows who the participants are in the study. I used inductive analysis to create order and understanding of the data. Reoccurring themes or patterns that emerged were coded in both my research journal, participant exit slips, and participant artifacts. I colour-coded my research journal with four colors that represented both descriptive codes, which highlighted words or phrases that described the data collected, and in-vivo codes that highlight actual words or phrases used by participants (McAteer, 2013). For example, data that was highlighted blue focused on student voice. The colours allowed me to create categories and sub-categories of data in order to better construct new
learning. For example, “student voice” developed into “student voice and power in the classroom” and “challenging oppressive student voices” (McNiff & Whitehead, 2006). The categories were both defined and described, and representative samples from personal reflections (collaboration, student-centered, and advocacy education), student samples (conversations and artifacts), and discussions with critical friends were continually addressed and reassessed throughout the research process. The categories were grouped together and the theme of “exploring three types of student voice” emerged.

3.11 Overview of Chapter Three

I explained theory and literature highlighting action research in education. I also highlighted specific methods I used to collect data including my research journal, student artifacts, and discussions with my critical friend. I presented a research table outlining three grade nine health curricular outcomes that I would address through three action cycles, including guiding questions and data collection methods. Participants in my grade nine classroom volunteered for the study and consent forms were collected from parents. Data was analyzed by organizing information into re-occurring themes and codes.
CHAPTER FOUR: PRESENTING THE ANALYZED DATA

4.1 Introduction

The Saskatchewan Health curricula highlights three broad goals including student knowledge, skills and process including the ability to “develop the understanding, skills, and confidences necessary to take action to improve health, “make informed decisions based on health-related knowledge and apply decisions that will improve personal health and/or the health of others. (Health 9 Curriculum, Ministry of Education, 2009, p.10).

The grade nine health curriculum, in particular, focusses on students promoting health in their school and community. As a health educator, my role includes helping students make informed healthy decisions, and promoting positive healthy behaviours for self, family and community. I chose participatory action research in my grade nine classroom to allow students and teachers to use the process of inquiry to identify issues important to youth and provide a platform for behavioural and social change.

As the beginning of the school year approached, I anticipated that in order to engage students in action planning and to ensure that their voice was a vehicle for planning, building strong relationships with my students was essential to our success. During the month of September, students participated in several interactive lessons on leadership (USC 9.1) that encouraged students to share their opinions during classroom discussions. I wanted to ensure that the classroom was a safe discursive space for all learners to express their stories.

The outcome used in this thesis is analyzing societal and cultural norms and expectations of romantic relationships (USC 9.4). I am using the metaphor of a
relationship as a journey or a road trip to frame my writing of three action cycles as I experienced them as a health teacher in the classroom. My pedagogical journey is an ongoing adventure with a destination that is unknown, and I expect to face many roadblocks and challenges along the way. Due to the nature of our school programming, I had two passengers along for the ride: the first health class consisted of many individuals whom identify as female, and the second health class of individuals whom identify as male. The groups rotated through my health class every second day. For example, one week I might have the female health class on Monday, Wednesday and Friday, and the male health class on Tuesday and Thursday. The following week, the schedule would change so that I had the male students three times, and the female group twice. In the beginning, I was able to plan similar lessons for both groups of students, but as controversial topics emerged, including sexual diversity and rape culture (normalizing sexual assault in society), it was clear that different gender groups required different supports when discussing themes related to romantic relationships. Furthermore, I had a total of seven participants in my action research study including three males and four females. Participants were asked to complete three exit slips at the end of each cycle, and some of their experiences with the curricular outcomes were documented in my research journal. The participants varied in age from fourteen to fifteen years of age and selected their own pseudonyms. Students choosing their own names echoes the importance of student voice in the classroom as well as to protect their identity for confidentiality purposes.

As a health educator, I wanted to know how I can collaborate with students to (a) identify romantic relationship issues important to youth, (b) make informed decisions
about romantic relationships and (c) carry out meaningful action plans. These three processes align with curricular outcomes in health education and were carried out in three action cycles guided by the following questions:

1. How do I facilitate student-centered learning with grade nine students to produce meaningful advocacy action plans in health education?
2. How can I collaborate with students to ensure that their voice is heard and that they are able to contribute to making decisions in the health classroom?

The action cycles follow the cyclic and reflective structure of Carr and Kemmis (1986) as discussed in chapter three. Using data gathered from discourse and practice, I will use the language of planning, acting, observing and reflecting to describe the three action cycles. The “action interventions” refer to lesson plans that were created following the reflective action cycle model.

4.2 The Reflective Journal

Throughout the three month process of action research, my reflective journal became my roadmap. It was a place to record my thoughts, student comments, observations, and personal reflections on my daily interactions with students during this journey. My journal became a reflection of where I began my journey as well as the experiences that I had along the way to my final destination. As the action cycles progressed, so did my reflective journal and reoccurring themes began to develop. I incorporated both reflections in action while events were taking place, and reflections of actions after events had taken place. The dual nature of these reflections allowed for deeper level understandings of pedagogy. Not only did I document my own personal
experiences as a health teacher, I was also able to document participant questions, discussions, and behaviours. I also designated time for professional inquiry with my critical friend specifically when I experienced a major roadblock in my research, or I needed a critical lens to help me continue on this collective journey.

When referring to my personal quotes from my journal, I will use bold text and will note both the date and the page number to identify my entries. For example, 

**many students are dominating classroom discussion. How do I ensure that all students have a voice** (Reflective Journal, Oct 11, p. 5)? Also, when quoting participants in my action research, I will use quotation marks followed by participant pseudonym, and date. Some quotations are derived from their exit slips, and some quotations were recorded in the reflective journal. I may also insert additional words or spelling in brackets for clarification to the reader.

For example: “I liked it [the gallery walk] because it was fun instead of sitting down in our desks” (Bobby, Reflective Journal, Oct. 12, p. 6).

### 4.3 Changes in My Research

Initially, I had planned to collect data over three equal time periods, however to ensure student voice, I had to remain flexible in both my planning and evaluating of action cycles. The first action cycle began on October 2, 2016 and ended on November 3, 2016. The second cycle started on November 4, 2017 and ended on November 16, 2016. The next day we began our final cycle and the student-chosen deadline was December 2, 2016.
In addition to my research journal, the seven participants were asked to complete participant exit slips at the end of each action cycle. After the first cycle, I gave the exit slips to students and explained the questions. Students were able to take the exit slips home, and return them to me at their earliest convenience. However, I soon realized that I would need to provide class time for the participants because they were not returning the forms in a timely matter and I had to continue to prompt them for the papers. Therefore, at the end of cycles two and three, students were able to complete the exit slips during class time and while asking questions for clarification. Sometimes we took a few minutes from lunch hour to finish the exit slips. I was also able to ask students to clarify their responses to further my own deeper reflection and guide instruction for the next cycles. I also refer to several participant artifacts and assignments throughout this chapter that allow further insight into the study. The dual nature of the male and female health classrooms allowed two parallel action research projects to take place and I will present the data collected from both binary gender classrooms.

4.4 Action Cycle #1 – Preparing for the Journey

As discussed in chapter three, the first action cycle allowed students to explore personal, societal, and cultural narratives surrounding romantic relationships and provide teacher reflection into student-centered learning. Although the outcome or topic of study was chosen for them, the goal is to have students see the impact romantic relationships have on self, family and community by responding to different sources of information on romantic relationships. The aim of the first cycle is to increase awareness of issues relating to romantic relationships to help determine subsequent cycles of action. Ultimately, student choice and interest will determine the second cycle of the action plan.
4.4.1 Planning the journey. Prior to the start of my research, I spent time sorting through lesson plans I had created focusing on healthy relationships, and began reflecting on what lessons I could reuse, and what lessons I would need to plan in order to create a student-centered learning environment. Before I began teaching the unit, I researched examples of learning activities that would both engage students in learning while providing feedback to me, the researcher. Both my literature review and my personal reflection pointed in the direction of using technology, movement, discussion and group work to excite students. To begin my action research, I wanted to have all of the students, both the boys and girls, in the same room so that I could collect as much information as I could to plan the cycle. Therefore lesson one began with a combined group of all the boys and girls completing an interactive online quiz, Kahoot it!, which allows students to use their cell phones as a controller and answer questions based on dating in ancient societies and cultures. One participant was so emotional over the game and she said:

“I don’t like playing this game anymore….because I lost and I didn’t win the game” (Clair, Reflective Journal, Oct 10, p. 3).

Another student continued:

“How are we supposed to know [the answers]? We weren’t alive back then” (Autumn, Reflective Journal, Oct. 10, p.3)?

Although I was trying to get the students excited to learn about dating and relationships and explore how cultural norms and expectations evolve, the students were
more concerned with knowing the answers, competing with each other, and ultimately winning the Kahoot it! game. As I thought about the second lesson I asked myself, **how can I facilitate student-centered lessons on dating and relationships without influencing cultural norms and expectations** (Reflective Journal, Oct. 10, p. 3)?

Perhaps, I needed to change strategies and take direction from student voice. Following the online trivia game, I asked all students to complete a KWL (what I know, what I want to know, what I have learned) chart so that I could activate their pre-requisite knowledge relating to romantic relationships to create the next lesson. My plan was to establish genuine interest into what each student had to say about relationships. I decided to remove the game or competition out of the equation and focus on learning and sharing knowledge together as a class. Using the KWL chart, I was able to gather resources that aligned with their pre-requisite knowledge on relationships, and produce relevant age appropriate materials for them to view and discuss.

**4.4.2 Action intervention one: the gallery walk.** The second lesson had the participants split back up into male and female groups. I had the girls first, and then I was planning on teaching the same lesson tomorrow to the boys. The students experience a gallery walk, which is a student-centered activity that gets the students out of their desks and interacting with a variety of material related to relationships. For example, there were statistics on sexual assault and teenage pregnancy. There were images of social media applications, relationship violence, gender expression and health promotion campaigns. Furthermore, there were statements about hickeys, dating trends over time, and a “just say no” poster. The students were then invited to circulate around the room, viewing all of the material posted on the walls. They were given sticky notes for three
purposes. First, students were to identify which visual was the most important issue facing teenage relationships and mark the sheet with an (!). Second, students were to use a sticky note to write a question that they had (?) and finally, students were asked to write down a belief statement (*) in regards to one of the visuals. I made sure to give students adequate time to circulate around the room to read, view and think about the images related to romantic relationships. As they rotated through the stations, Sarah said:

“These topics came from our want to know list last class. That’s cool” (Reflective Journal, Oct. 11, p. 5)!

Sarah had made the connection from the last lesson and their KWL charts. Based on student feedback, I was able to create a learning environment that balanced curricular outcomes and student interest. After students had completed the activity, they returned to their seats so we could have a class discussion. Before I could begin the discussion, Suzie asked:

“Can we get up and read what the other people wrote on their sticky notes? I want to see what the other girls are thinking” (Reflective Journal, Oct. 11, p. 5).

_In that moment, I realized that trust was beginning to form between student and teacher, and the students themselves in the female classroom. I wanted to encourage the students to talk about romantic relationships and discuss the student-centered activity because I wanted them to have a voice_ (Reflective Journal, Oct. 10, p.6). The feedback continued:
“I felt my voice was heard…our teacher let us say what we wanted to learn about and I believe it kept everyone interested” (Sarah, Participant Exit Slip 1, Nov. 4).

They felt comfortable making a suggestion to alter and improve the lesson. I took the suggestion of viewing other students’ sticky notes and applied it the next day with the boys. They also enjoyed viewing other students’ opinions and responses. Many students liked talking about dating and they especially enjoyed viewing their classmates’ responses. Some students also found some topics challenging, such as teen pregnancy or sexually transmitted diseases, because they hadn’t faced these issues themselves yet, or they had never discussed issues of sexuality at home or in school. Students also expressed difficulty with conflicting opinions and reaching a consensus as a class on their top three most important relationship issues facing teenagers. Although several students felt comfortable sharing their opinions during classroom discussion, others did not openly share, however, all students were able to express their ideas using sticky notes, and therefore the use of sticky notes was an excellent way to ensure all students had a voice in the lesson. Both the boys and the girls eventually agreed that teen pregnancy, gender and sexual diversity and relationship abuse/sexual assault were the top three issues of importance. Through student-teacher collaboration, I was able to identify important topics that the students wanted to further explore, and therefore these topics would be added to our roadmap in the first action cycle, and some of these controversial topics would also present some major road blocks and challenges along the way.

4.4.3 Action intervention two: steps to physical intimacy. The focus of the next lesson was to have students reflect on personal values and goals while identifying
what was important to them in a romantic relationship. I drew a large heart on the whiteboard with the title “Important Qualities in a Relationship”. The girls seemed very excited to share their thoughts with the class. They were given white board markers and wrote down qualities such as communication, respect, hobbies, and family inside the organizer. Suzie asked:

“Are you the only one who is going to read our answers” (Suzie, Reflective Journal, Oct. 13, p. 7)?

I assured them that their answers would be safe with me and I would not share what they said with anyone. Discussing romantic relationships is a vulnerable topic for young women and they needed to feel safe sharing their thoughts, expressing their feelings, and asking questions. I encouraged other girls in the classroom to share and use their voice as well. I believe that mutual trust between student and teacher is essential to a successful health education program.

After the girls had reflected on important personal values and qualities that they were looking for in a partner, they were able to choose their own groups for the next activity. I initially had created groups, however I wanted the students to feel comfortable and safe discussing issues relating to dating and sexual health. In groups, students were given an envelope that contained slips of paper with different romantic relationships and sexual health terms such as holding hands, kissing on the lips, making relationships Facebook official, and discussing contraception. The groups were asked to put the slips of paper in order from least intimate to most intimate. Once they had completed the first task, they were given a second envelope that had relationship milestones printed on slips
of paper in a contrasting colour, as illustrated in Box 1. The groups were asked to place these milestones beside their intimacy lists such as first date, fifth date, and marriage. The focus of the activity was for students to understand the importance of knowing their own values, family norms, and cultural expectations (including heteronormativity) as they relate to romantic relationships.

*Box 1: Steps to Physical Intimacy Sample List* (adapted from Nottingham and Craven, 2015).

<table>
<thead>
<tr>
<th>Envelope #1 – Physical Intimacy Steps</th>
<th>Envelope #2 – Relationship Milestones</th>
</tr>
</thead>
<tbody>
<tr>
<td>Holding hands</td>
<td></td>
</tr>
<tr>
<td>Exchanging phone numbers</td>
<td></td>
</tr>
<tr>
<td>kissing</td>
<td></td>
</tr>
<tr>
<td>Meeting parents</td>
<td>←First date</td>
</tr>
</tbody>
</table>

When the activity was complete, I began to have a discussion with the students because I was eager to hear their feedback from this activity. **What did you like about this activity? What was challenging for you as a group** (Reflective Journal, Oct. 13, p.7)? Autumn’s response was encouraging:

“We didn’t know what some of the words meant. But I think this group of girls are great! I like the group discussions because we learn so much from each other. Usually girls are so catty and spread rumors but I feel comfortable in this room” (Autumn, Reflective Journal, Oct 12, p. 7).

As the class ended, I felt confident that students had a voice. **The fact that the girls feel comfortable discussing issues such as dating and sexual health [highlights] the**
importance of creating trusting relationships with students. Also, while students share their opinions and stories, it is my responsibility to create a safe discursive space and moderate discussions (Reflective Journal, Oct. 13, p.8).

The next day, after I had observed and reflected on the Steps to Physical Intimacy (Nottingham & Craven, 2015) activity, I decided that I would replicate the lesson plan with the boys because I had a lot of success with the girls. I drew the large heart on the board, but they had no interest in sharing their ideas of what qualities were important to them in a relationship. I asked the group of boys, do you like talking about this stuff [romantic relationships] (Reflective Journal, Oct. 14, p. 8)? The group was unanimous in stating that this is “girl stuff”, however they began to complacently add suggestions such as “big booty” and “hot”. I asked myself, [are these] students comfortable with me as a teacher to be stating such comments? [Are they] looking for a reaction? I remained calm and discussed with the group that I have been teaching health for many years, and while I encourage all students to participate, we have to be mindful that there is a line that can be crossed (Reflective Journal, Oct. 13., pp 8-9).

We moved on to the Steps to Physical Intimacy activity (Nottingham & Craven, 2015). I have used this same activity for the past few years, and I soon realized that it was outdated and did not reflect the social conditions of the classroom. For example, there was card with “update Facebook relationship status” and the students started laughing. Jack commented:

“When you are in a new relationship, you update your Snapchat ghost to your girlfriend’s picture and then try to hack their story. Or on Instagram, you change
your bio and add a photo of the two of you with the hashtag #couple goals” (Jack, Reflective Journal, Oct. 14, p. 9).

Clearly, I was not keeping up with technology norms in the classroom, and I had to keep this in mind as we moved on with cycle one. The students became the experts on social media and relationships in grade nine, therefore I was now hypersensitive in using appropriate slang and jargon with students. I also realized that the lesson itself reinforced heteronormativity in dating and relationships, as did Jack’s comments using the word “girlfriend”. The roadblocks were beginning to emerge as we progressed through our journey together.

Through the planning and acting phases of my research journey, I knew that I would face many challenges along the way due to my experience teaching controversial subjects in health. There were two major roadblocks that I faced as a teacher and a researcher. The first roadblock that challenged my pedagogy and derailed our journey was teaching the male group about gender and sexual diversity (GSD). This roadblock required me to spiral through a mini-action cycle, and through student observation, self-reflection, and critical discourse, I was able to adapt and change as a health educator. The second roadblock emerged during action intervention five when we discuss relationship violence and consent.

4.4.4 Action intervention three: gender and sexual diversity and the first roadblock. As I began planning the next lesson, I used my research journal to reflect and document my thoughts. I wondered how I could continue to facilitate student-centered learning while maintaining a safe environment for all students. I struggled
with how to make the controversial topic of gender and sexual diversity student-centered. I realized that I would be more comfortable ensuring a safe classroom environment for all students and therefore I would have to deviate from my original plan on encouraging student voice, and take the lead on promoting inclusion and diversity in the classroom (Reflective Journal, Oct. 17, p. 10). Before I began my lessons on GSD, I asked both the boys and the girls if they remembered a teacher discussing GSD and only a third of all the students combined had some experience with gender and sexuality in school.

I began the lesson with the girls first, and we went through terms and definitions such as gender identity (cisgender, transgender), sexual attraction (gay, lesbian, bisexual), and gender expression (masculinity, femininity). I knew that the terms and definitions might be confusing so we watched some videos that highlighted the difference between sexual attraction, gender identity, and gender expression. At one point, I was surprised by how little the group of girls were interacting with the material. The usual chatty group was quiet and they did not have any comments or suggestions about GSD. Autumn and Clair both replied:

“It’s Monday and we are tired, and we are trying to take down the notes”

“There are a lot of new terms to learn, we are listening to you explain the terms and we are trying to make sense of [it] all” (Clair, Reflective Journal, Oct. 17, p. 10).
The girls did not question any of the terms related to gender and sexual diversity. I interpreted their quiet introspection as an indication that they were processing the information that was given. This was the first lesson that was not student-centered, however I made the conscious choice to present information first in an interactive way with guided notes and videos to support the new learnings. Therefore, I was not getting the participation and student voice that I observed in previous lessons. However, I really felt that providing students with accurate information on GSD was essential in order for us to have a deeper conversation on cultural norms and expectations relating to gender and relationships in the next lesson. Student engagement can be silent reflection as learning continues beyond the classroom as we reflect on new information and experiences as they shape our emerging worldviews.

The following day, I planned on presenting the same material to the boys on GSD. Before the lesson began, I had the acronym “LGBTQ+” written on the board. I could visibly see that several students were uncomfortable with the lesson I had planned. Several students were laughing and pointing at the board, and a few students began to roll their eyes at me. One student in particular challenged me on the content and told me that he did not have to learn about this stuff because it was against his religion. I proceeded to explain to the students that we live in a world where some people do not identify with the label of being male or female, nor do some people find the opposite sex attractive. As an educator, it is my job to have conversations about understanding one another and promote diversity within the school and the classroom. I also told them that it is not my job to change spiritual beliefs but to challenge how we see the world. I began explaining the terms and definitions to the group of boys when I was interrupted. One student
inquired about who came up with all these terms related to “this stuff”. As he expressed his frustrations he questioned the validity of my lesson. He asked “what is one person sitting in their basement bored? The Bible tells me that this is not right! Are we going to learn about bestiality next? When will this stop” (Reflective Journal, Oct. 18, p. 11)?

I addressed the group of students and reiterated that it is important to keep an open mind and be conscious about hurting others in the classroom who may identify as GSD or have family members who identify as GSD. If they had any further negative comments, I said that we could discuss them further after class.

Engaging student voice in GSD discussion was challenging and therefore I turned to my journal for reflection and thought, and to my critical friend for conversation and insight. My journal highlights many unanswered questions. **If students oppose or challenge what you are teaching, are they engaged in the material? How do I ensure that it is a safe environment for all gender and sexual minorities? How do I educate without putting my values and beliefs onto students? What are some consequences that I can face as an educator when I challenge cultural norms in the classrooms? It is important to ensure student voice, however, is it okay to allow their voices because they are louder and more forceful** (Reflective Journal, Oct. 18, p. 11)? When I reflect on the word “their” I realize it is the dominant heterosexual narrative that I was hearing. I want to encourage student voice, but what do I do when their voice violates human rights? How do I respond to students when their voice is harmful and oppressive? My confidence in my ability to engage students in social justice and advocacy was wavering.
I felt as though I had somehow failed as a teacher. I also felt that I was unprepared for the hate that I witnessed in my classroom. During a time of American electoral debauchery glorifying male privilege and denying basic human rights, I felt defeated as a health educator and a moral citizen.

I realized that I needed some help and guidance from another health educator and friend in order for me to begin to comprehend what had happened and decide which direction my journey would continue. I engaged in an enlightening and uplifting conversation with my critical friend. I walked into her classroom with a deflated look on my face. I explained to her the negative opinions that I had just experienced in my classroom. She too was outraged at the behaviours I had witnessed. She wondered why some students get to decide what or who other people are or love. She agreed that everyone is entitled to an opinion and a belief system, but at what cost? I asked her how we can help others understand that there is not one recipe for all identity and love. My critical friend thought perhaps we could ask students to identify anyone in their life who identified as a sexual minority and ask, are they still loved? She also thought that I could model a change in thinking over time. For example, she suggested I use the concept of homelessness. Many people have many negative stereotypes of people who are homeless including that they might be lazy or drug addicts. However, as we look closer at the determinants of health including literacy, access to health care, and physical environment, we can see that the might have nowhere to call home, no resume, and no job. We can see the shift in thinking, and as we take the time to learn more about people, our opinions change and we can begin to understand others (Reflective Journal, Oct. 18, p. 12).
Our discussion prompted several affirming questions that echoed the purpose of this study: How can I disrupt the discourse of heteronormativity in my classroom? How can I collaborate with students to promote inclusion of gender and sexually diverse people in the school and community?

After I had a few days to reflect, I decided to approach the theme of GSD through a thought provoking dramatic video aimed at youth in high school. The video highlights bullying and marginalization of sexual minorities by completely turning the concept of homosexuality into the dominant societal norm. The main character identifies as heterosexual and therefore suffers from mental and physical abuse at school, at home, and through social media, until she finally breaks. Following the video, the girls fell silent again and as the stillness subsided, a few girls finally began to discuss the video. They shared personal experiences of sexual minorities getting teased or assaulted and realized that although this video depicted an alternate reality, unfortunately sexual minorities are targeted in real life. The visceral reaction that the students were describing would be a great starting point for social justice. Perhaps GSD could be a topic for their final action plans (Reflective Journal, Oct. 17, p 10).

The boys also reacted to the video. I was starting to see the shifting of thinking that my critical friend had suggested. Jim said:

“I think that we are able to identify or relate to the main character because she is heterosexual, it felt real” (Jim, Reflective Journal, Oct. 21, p. 13).
I felt as though I had made a small breakthrough with this group of boys by asking difficult questions and challenging their thoughts and opinions about GSD.

In order to gain more insight into student understanding of GSD, I created a question and answer sheet that students completed following both lessons on GSD. One of the questions asked, do you think it is important to learn about gender and sexual diversity? The data from both gender classrooms shows that there were three categories of student understanding and acceptance of GSD. The first group of students had a solid understanding of GSD and felt that inclusion of all people was an essential human right. These students often had a personal connection to someone who identified as GSD. Sarah stated:

“I think it is important because you might run into things that question your sexuality and you might need guidance” (Sarah, Cultural Norms and Expectations Question Sheet, Oct 19).

Autumn agreed:

“Yes I do because we need to know what’s out there in life to show that there’s more than just us [straight and cisgender people] out there” (Cultural Norms and Expectations Question Sheet, Oct 19).

However, not all students agreed. Some of the students acknowledged GSD, however, they did not have a personal connection and, therefore, were complacent on the issue. Jim said:
“It is and it isn’t. It is [important] so that you know how different people are and it isn’t because life can be fine if you don’t care” (Jim, Cultural Norms and Expectations Question Sheet, Oct 19).

The final group, mostly in the male classroom, opposed all discussion and material of GSD and openly refused to believe any information that they received. Bobby voiced his strong opinions and wrote:

“I think it is important but I will not support it because I don’t believe that [it] is right” (Bobby, Cultural Norms and Expectations Question Sheet, Oct 19).

Bobby acknowledged that GSD is important to some people, however he made his judgment and belief system very clear. In that moment, I felt that I had somehow failed, until I read some of the participant responses from the first round of exit slips a few weeks later: Bobby and Sarah wrote:

“I had my voice heard when we where [were] talking about how not everybody gets treated the same in the world. My teacher helped me understand why gay people are sometimes gay. It helped me learn that gay people don’t always get to chose [choose] to be gay or not” (Bobby, Participant Exit Slip, Nov. 8).

“I had never bothered to take charge of my own learning at the time. I was excited when we were learning about sexual diversity and just how many types of people are in our world” (Suzie, Participant Exit Slip, Nov. 9).
Teaching for inclusion and challenging cultural norms presented several pedagogical and moral obstacles, however, these student comments helped me navigate the first roadblock in this study and hopefully continue to create a journey for all students complete with new learnings, and more importantly, un-learnings.

The teacher-student relationship is a continuous journey that requires careful navigation and communication skills. I wanted students to get “back on track” after our first roadblock and resume student-teacher collaboration in the classroom. After observing and reflecting on the first roadblock, I felt that it was necessary to plan a lesson on effective communication in relationships. In the health nine curriculum, effective leaderships and assertiveness skills are to be explored in order to promote and sustain healthy relationship. I decided to survey both the male and female groups to discover what communication skills they wanted to learn in regards to dating and relationships. I also wanted students to provide feedback on how they would like to learn. When I asked the boys for feedback on what and how they wanted to learn about effective communication skills, they collectively fell silent again. Do they feel uncomfortable sharing their ideas? Do they have enough background information and experience with communication and romantic relationships (Reflective Journal, Oct. 24, p. 16)? I was not sure if they were uninterested in learning more about how to effectively communicate in a relationship, or if they did not care. With the little information that I was able to collect from both groups, I began planning the remaining lessons in cycle one on effective communication in a relationships using performance-based skits, identifying unhealthy relationships using Kahoot it!, and understanding consent through videos.
4.4.5 Action intervention four: pathways to communication. Communication is important in any relationship. I began the lesson with both the boys and girls by providing examples and visuals of the four different types of communication including passive, aggressive, assertive and manipulative. Students were able to identify characteristics of each type and why assertiveness skills are important in a relationship. Following the brief mini lesson, students were invited to form groups and act out a dating and relationship skit using assertiveness skills. When I created the skits, I combined all of the themes that we discussed thus far including GSD, accurate social media terms, and qualities they valued in a romantic relationship. Not only were students able to choose their own groups, but they were also able to choose the skit that they performed and the resolution of the problem in the scenario provided. I also had students complete a Dating Scenario Skits Exit Slip to gain more insight into the student-centered activity that the majority chose.

Box 2: Pathways to Communication Graphic Organizer

<table>
<thead>
<tr>
<th>What is the communication challenge?</th>
<th>What would passive body language look like?</th>
<th>What would aggressive body language look like?</th>
<th>What would assertive body language look like?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who are the characters involved?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>What communication style are you going to portray?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>What is your resolution?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
As I walked around the room, I noticed there seemed to be two different moods in both classes. Some of the student-selected groups were excited to have a departure from challenging discussions about GSD, and that they were eager to have some fun performing the skits, however, they did not take the task seriously. Clair commented:

“I felt that they [skits] were not realistic…the scenarios could have been improved by not laughing so much and with more practice” (Clair, Dating Scenario Skits Exit Slip, Oct. 26).

Suzie, on the other hand, wanted the students to take the skits more seriously and said:

“Some scenarios were better than others. I feel that if we were given a little bit more time to create a proper script as well as more time to practice I feel that the quality would improve immensely” (Dating Scenario Skits Exit Slip, Nov. 3).

**Trying to create dating scenarios for grade nine students was harder than I thought.**

As I reflected in the moment, I wondered if the students could have written and performed their own skits. Should I have allocated more time to the skits and allowed them time to work on their performances outside of the classroom to explore more authentic understanding of communication (Reflective Journal, Oct. 24, p. 16)?

Other groups were fearful of getting up in front of their classmates to perform the skits. Some of the males were also visibly uncomfortable playing a role of the opposite gender. When I inquired as to why they were hesitant to perform, after all the majority of the class voted for skits, they simply replied they personally had not voted for it. **When I**
reflect on the student vote and who wanted to perform skits, the loud confident students, voted for this performance learning activity. The shy and introverted students (including some EAL learners) did not want to partake (Reflective Journal, Oct. 27, p. 18). I realized that the idea of student voice was manifesting as dominant and confident, which I explore further in chapter five. Although some students did not find the skits to be realistic, and others wanted more time to perfect their performance, the skits provided a momentary pause from the gravity of what was ahead in the process.

4.4.6 Action intervention five: relationship violence and consent and the second roadblock. As the first cycle of my journey was nearing an end, I was faced with a second roadblock that derailed my plans and challenged my own voice as a female and an educator. The last few lessons in cycle one focused on identifying characteristics of unhealthy relationships, including violence and abuse, as well as addressing student questions about consent. Again, I surveyed the male and female students, and I asked them to identify activities that they found exciting and engaging in the classroom. They decided they wanted another attempt at a class Kahoot it!, more classroom discussions, and watching videos on relationships. Therefore, I incorporated these three student-chosen activities into the remaining lessons. Firstly, I created another multiple choice Kahoot it! game with two objectives in mind. The first objective was to create a safe classroom environment for all students to equally participate and activate their prior knowledge. The second objective was to discuss the greater themes of consent, sexting, and abusive romantic relationships in Canada. Secondly, I selected music videos that highlighted violence and abuse in relationships, and through a carousel activity, students evaluated the lyrics and the music videos. They were able to identify different types of
abuse, recognize the cycle of abuse, and discuss how the media portrays violence against women. Finally, I had created an inquiry-based lesson on consent and planned on discussing the concept of “rape culture” with both groups of students. After my initial planning was done, I soon realized that both passengers on this journey would hit roadblocks that would bring one group closer to their destination, and the other group derailing their journey completely.

The all-female group of students were excited and engaged before the lessons could begin. They saw that we were going to attempt another Kahoot it! and they all moved closer to the front of the room. They requested that I read the questions out loud to equal the playing field. The mood was still competitive, however I could see that the questions were activating prior knowledge and experiences relating to consent and sexual assault. Suzie said:

“When we had done Kahoot I found that it was easier for me to remember all the information that we were given for this unit” (Suzie, Participant Exit Slip 1, Nov. 9).

The grade nine students enjoyed being able to use their phones in the classroom. Clair commented:

“Can we do another one [Kahoot it!] just for fun please” (Claire, Reflective Journal, Oct. 28, p. 19)?

As the lesson progressed, the discussion turned towards relationship violence and the cycle of abuse. I showed them an example of a community outreach program
designated to helping women and children escape violence and abuse. I asked the group of students two critical questions: Why would the community need to provide a safe place for women and children who have experienced domestic violence and abuse? Why might it be difficult to leave an abusive relationship?

Several young women began to share their power voices and personal experiences with violence and abuse. Autumn shared her voice and wrote:

“I feel my voice always had a chance to be heard. The girls are open to listening to other people’s stories” (Autumn, Participant Exit Slip, Nov. 7).

The classroom had become a safe discursive space to share, to learn, and to heal with one another. In that moment, I couldn’t help but wonder if this group of girls would have been brave enough to share their experiences of violence and abuse with a male teacher or male peers (Reflective Journal, Oct. 18, p. 17)?

The second group of all male passengers were excited for the Kahoot it! as well, and they too were activating prior experiences and opinions of violence and abuse. However, my original plans for this lesson came to a complete stop when our classroom became an oppressive and hostile environment. During the Kahoot it! game, several students raised their voices and question the validity of rape victims. They echoed their beliefs that false accusations have ruined the lives of many good men and that was not fair. We discussed the dangerous game of vilifying assault victims and the harmful impact it can have on our society.
One student continued to ask me “if a student came to you and said that they were raped, would you believe them?” Again, I explained that as a teacher, and a compassionate human being, I would care for them while following appropriate protocol to ensure their safety. If someone was in pain, I would hope that we would all have the compassion to believe their story and support them in any way we could. Not believing a victim of sexual assault perpetuates rape culture (Reflective Journal, Oct. 31, p. 21). I proceeded to show them the community resource for women and children trying to escape domestic violence and abuse, and again, I faced oppressive voices. Some students wondered why there was not an outreach program for men experiencing domestic violence and continued to persuade others of their oppressive beliefs. I realized that this was the second time I was facing a pedagogical, moral and societal challenge of masculinity and power, a discourse I will discuss further in chapter five.

After I had observed the group of boys perpetuate misogyny, I was angry and in shock. I realized that I was no longer seeking student-teacher collaboration, and I took action by silencing the classroom. I was no longer asking for their voice. There is a proverbial line that can be crossed when engaging in a discourse of rape culture, including challenging sexual assault statistics, inflating false accusations, and taking the side of the abuser. I shut the conversation down. I want them to feel open to discuss controversial topics and share opinions, but at what cost? As an educator, as a woman, as a human, I will not allow rape culture to be perpetuated in the classroom. I have to revisit dating violence and rape culture with the group of boys (Reflective Journal, Oct. 31, p. 21).
After witnessing this second major roadblock on our journey, I needed to share my frustrations and disappointment with my critical friend, and formulate a plan to revisit unhealthy romantic relationships and our collective responsibilities for social justice. As I began to have a conversation with my critical friend, I felt as though she could sense my frustration. As I continued to discuss the challenges I faced, I wondered, how can I engage some of the boys in understanding sexual assault and rape culture? My critical friend suggested I bring in the resource officer, however, she was female and I was not sure another strong female voice was what the group of young men needed. Perhaps I could bring in a male role model or figure to not only bring a male voice, but help support me as a female and as a colleague (Reflective Journal, Nov. 1, p. 23). After the conversation with my critical friend, I also began to research health promotion campaigns redefining masculinity as well as relevant statistics relating to dating violence and women. I asked a male colleague to be present for the next few lessons not only to attempt connecting with the boys, but also as a support system for me. I began to formulate an entirely new lesson on dating violence for the boys that would hopefully enlighten some of their oppressive worldviews.

The next lesson began by introducing a male co-worker, who would be joining us for this class period. I explained to the male students that my friend was going to share some of his personal experiences with rape culture as well as answer any questions that they had. I also set the tone for the lesson and explained to the boys that although I want them to engage in the discourse of violence against women, and I wanted to understand their voices as young men, I will disrupt any negative comments that take place during the lesson. My friend tried to exemplify male privilege in society to the group of teens.
He asked them “do you feel comfortable walking alone at night?” Almost all of the male students agreed that they felt safe walking alone at night, however, I informed them that I did not. We were attempting to illustrate how and where male privilege exists, and that there is a power imbalance in the systems and structure of society.

We began the lesson with a student-centered engaging activity of Kahoot it!, and I presented five statistical questions relating to sexual assault and violence against women in Canada. The statistics presented a powerful narrative of male dominance in society. One student began to interrupt the lesson and asked: I don’t believe these stats! Where did you get them from? Are you a feminist? I realized that particular male student viewed me as a powerful female yet he was comfortable enough to call me a feminist. I believe that all women should be feminist and stand up for women’s rights. I felt that no matter what statistics or data that I showed him, he was going to find a way to doubt the facts. I felt as though I had failed as an educator to help students understand rape culture and inspire social justice in the health classroom (Reflective Journal, Nov. 1, p. 23).

This second roadblock weighed heavily on my mind throughout the school day and I wanted to further investigate the comments made about women and rape culture. At the end of the school day, one of the male participants in my research study stopped by my classroom. I shared with him my frustrations and I asked him about his thoughts on the health class today. He proceeded to tell me that some of the grade nine students are a culture of students who follow “You Tubers.” These prolific “You Tubers” produce exciting and creative media campaigns debunking rape culture and feminism. The
internet is a platform for hate and discrimination that entices young viewers to challenge progressive social justice movements. Jim helped me understand when he wrote:

“A time I felt my voice was heard, was after class when I was able to have a discussion with Ms. Beleveau [Beliveau]. The teacher helped me after school in the discussion we had and this helped me learn what the teacher wants to teach and what differences in thought that we had” (Jim, Participant Exit Slip 1, Nov. 4).

I interpreted Jim’s response as an acknowledgement of differing opinions. He was able to identify that I was attempting to highlight the prevalence and dangers of violence against women, but he was also able to articulate that he has an opinion based on a YouTube hero. How am I going to compete with an internet sensation?

4.4.7 Summary of action cycle #1: journey preparation. Both passengers in two separate same gender grade nine health classes completed the first action cycle of understanding skills, confidences, and processes of unpacking romantic relationships and the impact of cultural norms on self, family and community. I used a variety of student-centered lesson plans including a gallery walk, Kahoot it! quiz, video carousel, performance skits, and classroom discussion. During the lessons in the first action cycle, I faced two roadblocks on my journey of unpacking the outcome of romantic relationships. My goal was to listen to student voice and establish trusting relationships with both passengers. I was able to connect with students and listen to voices and opinions on romantic relationships and engaging in the health classroom. However, as the cycle progressed, I realized that sometimes student voice can become a classroom
management challenge and a voice of privilege highlighting dominant narratives of oppressive power. I had to change my teaching strategies based on student observation and voice, and through reflection and critical discussion, I was able to adapt to the roadblocks along the way. The first action cycle forced me to swerve between two lanes: curriculum and instruction as pedagogy and curriculum and instruction as a lived experience.

4.5 Action Cycle #2 – Where will the Journey Take Us?

The goal of the second action cycle was to help facilitate students through the decision-making process and collaborate on setting goals that promote healthy romantic relationships. My plan was to discuss strategies to promote health in the school and the community while engaging youth in social justice and advocacy. After completing action cycle one, several topics are highlighted as areas of interest for grade nine students when exploring romantic relationships including consent, relationship violence and abuse, and gender and sexual diversity. Student interest and choice will ultimately determine the outcome of action cycle two. For example, some students might want to explore social justice and GSD in their school, while others might want to bring awareness to violence against women in music videos. Together, we collaborated on choosing a topic and setting goals in order to complete their Romantic Relationships Advocacy and Health Promotion Projects. My plan is for students to identify challenges, supports, and resources needed in order to complete their projects.
4.5.1 Planning the journey. I began planning the second action cycle by researching and reflecting on potential student-centered decision-making activities that might engage students. In the previous cycle, I found that students enjoyed the lessons that incorporated movement, videos, popular culture, and technology. I wanted to replicate the positive learning experiences and student-centered activities from cycle one, and apply these teaching and learning strategies to cycle two. I also spent some time with my critical friend co-planning examples of social justice/advocacy projects that highlighted youth leadership and empowerment. Finally, I wanted to co-create a graphic organizer to help students identify areas of interest, make decisions based on limitations, and set a goal for their Romantic Relationships Advocacy and Health Promotion Projects.

4.5.2 Action intervention six: the four corners of decision making. I began the first action cycle with a gallery walk, which allowed students to reflect and ask questions about romantic relationships as they moved around the classroom. It also allowed me to understand what topics were most important to youth when discussing romantic relationships, and I allowed the students to have conversations with each other and get a sense of the classroom environment. I decided to start the second action cycle by facilitating a game of four corners. In each corner of the room, there was letters A, B, C and D fastened on the wall. I proceeded to ask students a variety of “what would you do” multiple choice questions, and they would respond by walking to the letter in the corner of the room.
Box 3: Sample Question Four Corners of Decision Making

For example:

Agree or Disagree: What would you do if your best friend told you that their partner hit them?

A. Keep the secret. They are your best friend and you wouldn’t want them upset at you.

B. Tell a teacher or the guidance counselor. They will know what to do.

C. Confront their partner in the hallway at school.

D. Advise your friend to break-up with their partner and tell their parents.

Students would proceed to walk to the corner of the room that corresponded with the answer that they believed to be the best decision for each scenario. I was interested in hearing their voices on the topic and why they made that particular decision. I also wanted to observe student behaviour to see if movement around the classroom was engaging for all students. The activity moved quickly, and after the lesson I had some time to reflect. I would follow up each of the five scenarios with open-ended questions to stimulate further conversation with the students. Why did you choose this answer? What do you think might be some of the consequences of your decision? Is there another possible answer to this scenario? The students were engaged in this activity although classroom management was a challenge. For example, all students were participating and walking around the room. Some students were eager to share their opinions and voice on every question, therefore I had to take the lead at times and directly ask others who did not openly participate. When I asked the shy students for their voice, I had to quiet the classroom down so
we could all hear and show respect to others. Ultimately everyone had a voice due to the collaborating efforts of teacher and student creating a strong foundation of knowledge from cycle one. The students were able to apply their new learnings to making healthy decisions about romantic relationships (Reflective Journal, Nov. 4, p. 31). I completed the Four Corners of Decision Making Activity with both groups of boys and girls, which generated great conversation and insight into teenage decision making skills. Although movement and discussion activities require teacher direction and management, student interest and conversation ultimately guided the lesson. Suzie shared her opinion and wrote:

“I had never bothered as of late [to] voice my input in anything health related nor have I really bothered to put myself in charge of my own learning. However, I have seen others voice their input on certain matters and the teacher has actually bothered to acknowledge all students” (Suzie, Participant Exit Slip 2, Nov. 22).

It was clear that as my research progressed, students were becoming aware of taking charge of their own learning and having a voice in their own education. I observed authentic engagement from many students. Following the Four Corners of Decision Making Activity, I showed students a popular television show that depicts the perils of online dating. I observed the students engaged in the video, and at one point, they were even carrying on conversations in small groups. At the end of the class, I was able to reflect on the progress that we had made that day. Not only were students able to identify both good and bad decisions that the main character was making in regards to online dating and personal safety, they were also able to provide quality advice
about healthy relationships. Although the video did not require a lot of student interaction, by listening to the feedback from students, it was clear they wanted to watch a video, and it seemed as though they welcomed the break from all of the interactive activities (Reflective Journal, Nov. 7, p. 32). After the students had completed activities and shared in discussions about decision making in relationships, it was time to move on to exploring a variety of social justice and health promotion campaigns.

4.5.3 Action intervention seven: exploring health promotion and social justice. The next step in the journey towards youth action and change was to engage students in promoting healthy relationships in their school and community. I began the lesson by asking students if they knew any examples of health promotion campaigns that they might have seen on television, billboards, or other forms of social media. At first, the students did not seem to understand what the term health promotion meant. I observed students taking out their phones as they began to google some ideas (Reflective Journal, Nov 9, p. 33). I wrote the definitions of social justice and health promotion on the board. I shared with students some popular health promotion campaigns such as Kid President’s #socktober that brings awareness to homelessness, and GLSEN’s (Gay, Lesbian and Straight Education Network) “Day of Silence” that highlights the oppression of GSD populations. Students were then able to identify other examples of health promotion campaigns they have viewed. To further their inquiry into youth social action, I created a self-guided webquest (internet scavenger hunt) that allowed students to explore various health promotion campaigns related to romantic relationships. My hope was that the webquest would generate excitement for the project and stimulate ideas for
action. I thought that the webquest was student-centered because students are always asking for more ways to use technology in the classroom. Students were also free to explore health promotion campaigns that were of interest to them, instead of hearing campaigns that I thought were interesting. Classroom management was effortless, and many students began collaborating together on the webquest. Some students appeared frustrated because they were having difficulties following the self-guided instructions (Reflective Journal, Nov. 9, p. 33). At the end of the lesson, I gave both groups of students a Student Exit Slips on Designing Action Plans (Box 4) to complete. The exit slip allowed me to gather student voice and input on designing who, what, and how they would complete their Romantic Relationships Advocacy and Health Promotion Projects.

**Box 4: Student Exit Slips on Designing Action Plans**

<table>
<thead>
<tr>
<th>Please select your first and second choice by placing a 1 and a 2 in the box for each question below. If choose “other” please specify.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. WHO (Do you want to work alone or with others?)</strong></td>
</tr>
<tr>
<td>Alone</td>
</tr>
<tr>
<td><strong>2. WHAT (What romantic relationship topic do you want to promote?)</strong></td>
</tr>
<tr>
<td>GSD</td>
</tr>
<tr>
<td>Dating Violence</td>
</tr>
<tr>
<td><strong>3. HOW (What medium do you want to use?)</strong></td>
</tr>
<tr>
<td>Social Media</td>
</tr>
<tr>
<td>Photography</td>
</tr>
</tbody>
</table>
As students were completing the exit slips, I asked them if they were excited about designing and implementing their action plans. Some of the boys thought that it was neat to be a part of the study because they knew these projects were something bigger than themselves. Jim was excited to do a multimedia presentation and reflected:

“I wasn’t too excited because I feel like just talking about something isn’t enough, but when I found out that we were doing research [it] made me excited” (Jim, Participant Exit Slip 2, Nov. 22).

However, a few of the boys shared a familiar frustration. They felt that health class has become tiresome and predictable because we are still discussing romantic relationships and they wanted to move on to a new topic. I was worried that students would become complacent and disengage from the projects. In past experiences, I feel like many students lose interest in the topic once decision making and action planning outcomes are addressed. They feel like we have learned about romantic relationships already and they want to move onto something new. How can I engage students in advocacy and education and social justice if they are already bored (Reflective Journal, Nov. 10, p. 34)?

The girls, on the other hand, were very excited to design and implement an action/advocacy plan on healthy romantic relationships. Many of the girls felt empowered because they were able to stand up for women’s rights. Some of the girls were indifferent but they did not know why. They thought maybe that some of the topics were sad and they did not want to get too close to the subject of dating violence and abuse (Reflective Journal, Nov. 9, p. 33). Clair responded:
“I like it [having a voice] because most if not all the other classes the teachers give you an assignment and you do it the way they want to get good marks but you let us take action in our own way” (Claire, Participant Exit Slip 2, Nov. 21).

Claire’s response highlights an intrinsic shift from ritual and strategic compliance to authentic student engagement. Collaboration with students can completely transform the health classroom, however, it is a delicate balance of pedagogical and experiential tensions. As an educator, I am responsible for building engaged citizens and life-long learners while covering curricular outcomes in health education. In addition, I am also trying to establish trusting relationships with students and have them excited and involved in their own learning. Giving up some power and control in the classroom has been a difficult process for me, however, I am beginning to see the benefits of collaboration with students, and the challenging tensions that accompany the shifting of power. As I allow power and control to transfer from the teacher to the student, I am also shifting accountability of engagement to the students.

4.5.4 Action intervention eight: setting goals and making decisions. I learned that in cycle one, it was clear that students enjoy using technology in the classroom, and I decided that I would post a graphic organizer on our classroom website to keep students organized and to collaborate with students online. I would be able to post comments and ask questions directly on their document. However, I was also facing a tough decision in regards to student-teacher collaboration and time management. In that moment, as I reflected, I realized that students were becoming increasingly disengaged from the project, and I wanted to keep the momentum moving forward. Do I allow students
to help me design a decision making graphic organizer or should I design the
graphic organizer alone to save time and keep them on track (Reflective Journal,
Nov. 13, p. 25)? I decided I would take action and create the graphic organizer based on
student feedback from previous lessons and activities, curricular outcomes and
requirements, and teacher experience and discretion. Although the goal of my research
was to listen to student feedback and allow students to design their own advocacy
projects, I felt that students were losing interest and I needed to take back some of the
power to keep students focused on the final goal while being cognizant of time
constraints. If I had allowed students to co-create a graphic organizer focused on decision
making, I felt as though I would lose student engagement completely. I observed that
students enjoyed having the next step of their advocacy projects organized and on
google classroom so that they could collaborate as a group and keep their
information safe. I asked for student feedback on the document. One student
thought the organizer was ‘awesome’ because it was already posted online and it
saves time (Reflective Journal, Nov. 14, p. 36).

I began the next decision making lessons by showing students the results from
their Student Exit Slips on Designing Action Plans (Box 4). The first finding was that all
students, both males and females, wanted to work in partners or groups. It was clear that
they did not want to work alone designing and implementing their projects. Jack
responded:
“I was excited because we got to decide to work with friends in groups. I like picking our own groups because it gives us a chance to belong” (Jack, Participant Exit Slip 2, Nov. 23).

Second, the results from the student selected topics varied by gender. The girls wanted to address dating and relationship violence and abuse against women, as well as promoting healthy qualities in a relationship. The boys were interested in exploring topics of consent and online dating. Finally, it was evident that both groups of students wanted to use technology to promote their projects including photography, social media (Instagram, Twitter and Snapchat), multimedia presentations, and videos. For example, one group of students wanted to collaborate with our existing Gay Straight Alliance (GSA) at our school and help to create a website and promote inclusion of gender and sexual diversity in the school. Another group wanted to promote the dangers of violence against women through an existing social media hashtag and posters campaign in the school. The group took their idea further as Claire reflected:

“I love working in groups because others can bring knew [new] things you wouldn’t have thought of. For example, one group member decide[d] we should try a geotag on Snapchat for our project” (Claire, Participant Exit Slip 2, Nov. 21).

The groups began working on the graphic organizer over the course of a few days by talking about the importance of setting goals and sharing both past and future goals with each other. Next, students were to brainstorm a list of possible advocacy projects including resources needed and possible challenges or obstacles they might encounter.
For example, if students wanted to create a website, they might need permission from administration first before they began the project. Teacher-student collaboration was evident as I checked in with each group and offered words of encouragement and suggestions for improvement. Sarah expressed her excitement:

“I was pretty excited about this unit. I thought I had some pretty great ideas and thoughts on the subject. Ms. B[eliveau] helped us in so many ways we didn’t even realize it was happening” (Sarah, Participant Exit Slip 2, Nov. 21).

Finally, students were to create a specific, measurable, attainable, reasonable, and time sensitive goal for their projects. Students self-selected a start date for the projects and they were also able to decide on an end date which they added to their smart goals. After I circulated the room, the students seemed engaged and excited to begin their projects. They were sharing ideas and beginning to formulate a plan of action. Autumn wrote:

“It’s amazing it feels so good to help other people in and outside our school. Our group is so excited about our project because it gives us a chance to help. If we don’t succeed at least we can say we tried. I think it will make a difference in someone’s life and we are kinda excited about that” (Autumn, Participant Exit Slip 2, Nov. 23).

The literature review emphasizes engaging students in advocacy education to empower youth to use their voice and effect change in their school and community. The health nine curriculum in Saskatchewan focuses on individual behavioural change, however, I
have not observed student engagement in traditional action plans. By allowing students to choose who they are working with, what issue they want to address, and how they plan on promoting health, students become the centre of learning and the voice of leadership.

Action cycle two focused on students making healthy and informed decisions about romantic relationships, exploring themes of social justice and advocacy, and working collaboratively with students and teachers to promote healthy relationships in the school and the community. Each group had chosen a topic to explore and a medium to present their projects. They submitted their *Decision Making Graphic Organizers* online so that I was able to collaborate and facilitate their projects moving forward towards action cycle three.

**4.5.5 Summary of action cycle #2: full steam ahead.** Both passengers on the journey were able to identify positive and negative consequences of decision making, specifically as it relates to healthy romantic relationships. The students were able to choose their own groups and they wanted to focus on social justice and advocacy rather than personal behavioural changes. It was clear that students in grade nine enjoy working in groups and can self-select topics that they feel need to be promoted or highlighted in the school community. I experienced tension and personal reflection again when it came to understanding student-teacher collaboration. I was constantly reflecting on when to let students have a voice and when I needed to take a leadership role in regards to curricula, time, and safety constraints. I wanted my research to focus on student-centered learning and co-constructing the learning environment, however, I think that there still needs to be some guidance and direction from the teacher to ensure balance in the health classroom.
It is easy to allow students to choose their own groups and to choose a topic of interest, however, it was more difficult to allow students to organize their reflections and actions in class.

Action cycle two also highlighted declining student engagement. Many participants felt that we had discussed the outcome of romantic relationships for over a month, and it was time to move on to a new topic. I also wanted to keep student momentum going, and if I had allowed students to design a graphic organizer for making decisions, it would have taken us an additional week of classroom time which would have depleted time remaining to complete advocacy projects. I felt as though I couldn’t risk losing student interest and therefore I made the decision to create an organizer alone. I was interested to see if student apathy continued throughout cycle three, or if students were genuinely excited to complete their advocacy projects.

4.6 Action Cycle #3 – Reaching our Destination

Action cycle three symbolized the beginning of students implementing their advocacy projects over the course of eight days and presenting their experiences to the class following the commencement of their projects. The first step of implementing action cycle three was to collaborate with me on the overall design of the advocacy project and for me to facilitate student voice on the final evaluation and assessment criteria. Students also needed to divide up the tasks among the group members in order to complete the advocacy project on time while identifying possible challenges they might encounter along their path to health promotion. I collaborated with the students by providing access to technology, collecting arts and craft supplies, and offering helpful
suggestions to overcome challenges. The students worked in their groups to attain their goals over the course of eight days. I observed student motivation and engagement in action cycle three, along with evidence of student-teacher collaboration and the power of students as health advocates.

4.6.1 Planning the journey. As I began to plan the final stages of my research journey, I wanted to replicate the student-centered activities from both cycles one and two. The participants enjoyed movement and discussion, technology and videos, so I thought I could incorporate these three strategies throughout action cycle three. Most of the class time would be dedicated to students working in their groups and carrying out their goals to promote healthy romantic relationships in the school and community, however, I wanted to plan a few activities to focus and excite the students as well as activate student voice and collaboration. There were three elements that I wanted to explore. The first was to have students involved in the assessment details of the final project. The second was co-creating a graphic organizer or checklist to keep the students organized as they progressed through their advocacy projects. Finally, I wanted to check-in with each group and determine if students were actually excited to effect change, or complacent to achieve a good grade, or perhaps a combination of both.

4.6.2 Action intervention nine: walking together and co-constructing assessment. One particular area that I had yet to explore in this study was the impact of student voice on assessment. As the advocacy projects were beginning to take form, I had a good idea of how I was going to assess the final projects based on an evaluation strategy from previous advocacy plans that assess the overall design and implementation
of the advocacy plan (Who, What, Where, When, Why and How) according to curricular guidelines. However, I wanted to give the students a copy of the evaluation strategy, and allow them some input into the language and descriptors of the graded rubric. For example, I wanted to know what adjectives students would use to describe a passing grade. I also wanted to know what descriptors or tasks that students thought would go under the “who” category. I have to admit that allowing students input on their assessment was like navigating an entirely new city I had yet to explore. I have always thought that summative assessment fell under the teacher category and it was going to be hard to let go of some the control. I needed to realize that the assessment might not be perfect, but it would have their input and that was all that mattered (Reflective Journal, Nov. 16, p. 38).

I used a four point system, where four was the highest score and one was the lowest score. I asked the students if they were okay with this system, and both the boys and girls agreed that there should be four levels of descriptors. They collectively decided that level four was considered “excellent” or exceeding expectations, level three was described as “good” or meeting expectations, and level two was “fair” or beginning to meet expectations and/or required help meeting the expectations. Finally, level one was a “fail” or “bad” and did not meet the required expectations of the outcomes. The language that both groups chose to describe each level was consistent with language used in other subject areas and grade levels. Many students were familiar with the language or descriptors of grading systems as a common assessment practice.
After the students had shared their voice on the levels of assessment on the grading system, I was curious to have their opinions on the specific details. I attempted to discuss the breakdown of the grading system. For example, what did an excellent or level four look like when discussing who was involved in the completion of the action plan. They had little to no interest in helping with the wording or detail. Was their lack of interest due to their inexperience of student voice in assessment or was it because the graded rubric was already completed for them? I wondered if the grade nine students had completed an action plan in their previous health classes in elementary school. If designing an action plan was a new concept for them, then their prior knowledge and experience about assessment might be deficient (Reflective Journal, Nov. 16, pp. 38-40). I was curious as to why students did not want any input in the breakdown of the graded rubric. Suzie’s quote seemed to summarize student sentiment:

“We trust you Ms. Beliveau. You are the teacher” (Suzie, Reflective Journal, Nov. 17, p. 39).

Through the process of student-teacher collaboration, a trusting relationship had formed. Although I was elated that students felt as though they could trust my experience and fair judgment assessing their projects, I was disappointed that I was unable to navigate the journey of collaboration on a graded rubric together. I turned to my journal for reflection. Should I have left the grading system blank and worked through the detailed criteria with the students? How can I attempt student voice in assessment
again (Reflective Journal, Nov. 17, p. 39)? I felt as though an important learning opportunity for me as a teacher was somehow missed.

The female health classroom did not want any part in self-assessment or group assessment. They would prefer that I alone graded their projects. I told the girls that I had a chance to reflect on the assessment of the advocacy project. The girls wanted me to give out all 100 marks. After reflecting on this comment, I truly felt that they should have some say in their own grade. After all, it was their chance to have a say in their own assessment (Reflective Journal, Nov. 25, p. 50). Therefore, in order for students to have an authentic voice in co-creating the assessment for the final advocacy project, I decided that I would have students self-assess their role in designing and implementing their goals. Students had prior knowledge of working in groups before, and thus they knew what qualities were important in team work and leadership skills. The male participants were eager to have a self-assessment component part of their final grade, whereas the female participants were unsure. Jack, Bobby, and Sarah shared their thoughts:

“She also let us have a say in how we were marked. We had a say in our own grade” (Jack, Participant Exit Slip 3, Dec. 6).

“We got to decide [decide] what part of or [our] marks should be” (Bobby, Participant Exit Slip 3, Dec. 12).

“Well it’s hard to evaluate yourself. What if what I think doesn’t match up with what you [the teacher] think” (Sarah, Reflective Journal, Nov. 18., p. 41)?

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I began by asking the students how many levels should be on the self-assessment checklist. Both groups felt that four levels would be appropriate and consistent for the final project. The participants described the four levels of achievement in their own words:

*Box 4: Student Self-Assessment Levels*

<table>
<thead>
<tr>
<th>Level One</th>
<th>Level Two</th>
<th>Level Three</th>
<th>Level Four</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not succeeding, did not do anything, did not meet goals</td>
<td>Completed work but it was not to my full potential</td>
<td>I tried my best, I did what was expected of me</td>
<td>I went above and beyond, completed my task, helped others</td>
</tr>
</tbody>
</table>

I thought it was interesting that students chose level four as going “above and beyond” the expectations of the action plan. Next, I wanted student input on the descriptors of quality group work. **I asked the two groups of students what makes a good team member?** I observed students’ opinion and discussion as they collaborated on the self-assessment as a class (Reflective Journal, Nov. 24, p. 49). They collectively made decisions about the descriptors on their own. I typed up their answers on the projector so they could see their answers as a class. At the end of the exercise, I was able to lead a discussion and combine a few ideas that were the same. The students collectively created the details of the self-assessment describing six categories that they felt were essential to being a good team member, listed below in *Box 6: Participant Self-Assessment Descriptors of Group Work*. The self-assessment would contribute 24 points to their overall 100 point total.
Box 6: Participant Self-Assessment Descriptors of Group Work

| I participated in group discussions and shared my ideas.   |
| I had a positive attitude.                                   |
| I did my share of the work for the project.                 |
| I listened to others ideas.                                  |
| I stayed on task and used our time wisely.                  |
| Overall, I think I did…                                    |

The students were able to easily collaborate on the self-assessment document. They knew that group work was a combination of listening, sharing, working, and helping others in order to meet their goal.

**4.6.3 Action intervention ten: co-creating a roadmap to the finish line.** In my experience as a middle year’s teacher, I have observed that many students need help with organizing their thoughts, their time, and their materials. By setting small achievable goals, students are more likely to stay on task. In cycle two, I created a graphic organizer to help students walk through the steps of healthy decision making. In cycle three, I wanted to create another organizer to keep students focused on completing their projects. I also wanted to encourage students to reflect on the journey of working together as a group to promote health. By creating the organizers for the students, I was facilitating student-centered learning by providing students capacity to lead and think about health promotion. I wanted students to see the relevance of social justice and change, rather than how to design a graphic organizer according to curricular guidelines. I am
attempting to redefine teachers as designers of learning and I wanted students to stay engaged in their projects.

Each group completed their *Decision Making Graphic Organizers* and shared them with me before we began cycle three. After viewing all of the goals that each group had submitted, I wanted to begin cycle three by revising their goals and creating a roadmap or checklist to help students reach the final step of completing their advocacy projects. I wrote the acronym SMART on the board, and not one student knew what it meant. I did not take enough time in cycle two to explain the importance of smart, measurable, attainable, realistic, and time sensitive goals. I put some examples and non-examples on the board and we discussed the elements of a SMART goal. We were able to highlight each component from the example provided, and apply new learnings to the non-example. Each group was then able to improve their goal and direction for the final project.

After the goals had been revised, I was curious if students would want to help me design the outline for their projects, or if they would like me to create an online graphic organizer they could complete and submit again. I showed the students a sample checklist and graphic organizer that I had from a previous action plan, and they seemed uninterested in helping create a new one. Some students were confused and wondered why they had to complete another step in the project. “Can’t we just do the project?” I was hoping that students would want to take more of an active role in planning an organizer, but in their minds, they had already created a goal and they were eager to begin working. The organizer was a way to keep track of
their progress and the document was directly linked to the project graded rubric. If we did not do the final graphic organizer, how would students know if they had met their goals and how would they be able to reflect on the overall outcome of their advocacy projects (Reflective Journal, Nov. 22, p. 47)?

Although I observed student dissent about another organizer, I decided that it was a necessary component to the final project. I was able to stay consistent and I created an online checklist with dates, tasks and questions for reflection (Box 6: Relationship Advocacy Project Graphic Organizer). Students were able to download and share the organizer while collectively working on the document together. Students did appreciate the ease of the graphic organizer and that it was already loaded onto their google accounts.

Box 6: Relationship Advocacy Project Graphic Organizer

<table>
<thead>
<tr>
<th>WHEN:</th>
</tr>
</thead>
<tbody>
<tr>
<td>WHAT:</td>
</tr>
<tr>
<td>WHERE:</td>
</tr>
<tr>
<td>Additional Comments and Reflections (challenges, new learnings, questions):</td>
</tr>
</tbody>
</table>
As the girls began working on their projects there was some exciting ideas emerging. All five of the female participants in the study answered the call of social justice and wanted to bring awareness of violence against women. Sarah’s group wanted to return to their elementary school and interview students about signs of an unhealthy relationships, and highlight community resources and supports to help women and children experiencing domestic abuse. Sarah wrote:

“Being able to decide what our action plans would be about was nice and kind of kept my interest a little more. It feels nice to have the power to change people’s minds about this subject [dating violence] and bring attention to the subject. Adults need to listen to young people because we have important things to say about the terrible things going on today” (Sarah, Participant Exit Slip 3, Dec. 12).

Suzie’s group decided to use a series of photographs to tell a powerful narrative of violence against women. Furthermore, Claire and Autumn’s group wanted to use an existing hashtag campaign on Instagram to bring awareness to violence against women. They also wanted to counterbalance the themes of dating violence and abuse with positive affirmations of kind words and phrases written on sticky notes placed around the school. Autumn and Claire were positive about promoting health and wrote:

“It feels good to be apart [a part] of something that could potentially change someone’s lives[life] and make a difference in the world hopefully. It’s important to listen to us because we aren’t in their [adults] world anymore we are learning on how to live this life not theirs” (Autumn, Participant Exit Slip 3, Dec. 12).
“You gave us the option to be in charge of our own learning by letting us choose our own way of doing this assignment and the people apart of it. I love how you gave us the freedom to choose the way we like to bring awareness to the topic” (Claire, Participant Exit Slip 3, Dec. 12).

Through the process of collaboration and listening to student voice, I was beginning to observe the power of student-centered learning. Students were not only seeing the relevance of the health promotion project in their lives, they were also developing the capacity to lead and create action on their own. I was becoming a spectator of learning in my health classroom.

The two male participants, Bobby and Jim, were also beginning to work on their advocacy projects. I circulated around the room observing group dynamics. Bobby’s group wanted to create a video based on their own inquiry question: are the staff and students in our school community aware of the laws around consent? Bobby shared his opinion on their project:

“I was excited because we got to go around our school videoing people. It feels good because we learned that most of the kids in our school know what consent is. It is important that adults see us trying to change or [our] future so they can help” (Bobby, Participant Exit Slip, Dec. 12).

Inquiry-based leaning in health education empowers students to question, research and report on topics that are relevant and interesting to youth. In this case, Bobby’s group was interested in learning about the school climate, including students and teachers, and
their knowledge around the rules of consent and sexual activities. Allowing students to co-construct the learning environment allows youth a platform to take charge of their own learning.

Just as the female participants were excited to advocate for women, one group of males seemed equally driven to advocate for men in abusive relationships. Jim’s group wanted to create a multi-media presentation highlighting domestic violence against men and the need for supports in our community. By allowing students to choose topics of interest along with their group members, some of the male students that had openly challenged rape culture and violence against women, joined together to research male domestic violence. They wanted to prove to the classroom that their opinions were valid.

When I imagined activating student voice, I did not expect to learn from voices that I did not want to hear. Do students have the right to present on any topic that they want or does the teacher have the capacity to quiet student voice? How can I balance the power of student voice and teacher discretion in the classroom (Reflective Journal, Nov. 28, p. 53)? After reflection and discussion with my critical friend, I decided that I needed to sit down with the group of students and have a discussion about their topic. I told them that although they were able to find statistics on male domestic violence, they were not allowed to downplay the seriousness of domestic violence and sexual assault against women. The group of boys were not happy with my decision and evidence of retreatism and rebellion were evident. Jim wrote:

“I wasn’t excited because I don’t like talking about romantic [relationships] but I was excited that I could create another PowerPoint because they are easiest to
create because pictures get your point across more. But I don’t feel like I’m helping anyone by doing this project” (Jim, Participant Exit Slip 3, Dec. 12).

One of the challenges of activating student voice and engaging in student-teacher collaboration is to challenge students to think critically about social issues and to refrain from oppressing marginalized groups of people. I feel as though with this group of male students, I have failed to inspire social justice (Reflective Journal, Nov. 30, p. 57). Following my conversation with the group of boys wanting to explore male domestic violence, I allowed them to research and report on statistics of domestic violence against men using agreed upon websites, however, they were not allowed to perpetuate rape culture or downplay the seriousness of rape, sexual assault, or violence against women. They agreed that they would be able to work within the parameters given.

Student voice was the driving factor behind all three action cycles. The final action intervention was allowing student’s time to work in their groups and complete their advocacy projects. My role as the teacher was shifting from a facilitator to a spectator of learning. Our journey each day would begin with a “pit stop” or student-teacher check in with each group to discuss small goals or tasks they wanted to complete for the day. I was also available to help students work through any obstacles that they might experience. Ultimately, I will be listening to student voice within their groups, observing and reflecting on student-teacher collaboration, and co-facilitating health promotion and social action.
4.6.4 Action Intervention eleven: pit stops and student-teacher collaboration.

The final step of student-teacher collaboration was allowing the students time to work on their projects and present to their peers in the classroom. By providing students with adequate time to make decisions, create their projects, and collaborate with other students, they are building the capacity to be leaders in the school. My hope was that the Relationship Advocacy Graphic Organizer would keep the students on track while they worked together in groups, however, I was concerned that students were starting to lose interest in the project. At the beginning of each work period, I would check-in with each group and ask them what their plan was for the day using the Relationship Advocacy Graphic Organizer to guide our conversation. I also asked how I could help facilitate and collaborate on their projects with them. Student-teacher collaboration came in three forms: helping with time management and goal setting; assisting with navigating interpersonal challenges and unforeseen obstacles; and providing resources and materials.

Student-centered learning allows youth to take control of their own learning, however, independent group work comes with challenges. I would often have to get students back on task. Some groups would wander around and see what others were working on, or their conversations would deviate from their advocacy projects. Some groups experienced interpersonal challenges. For example, Suzie’s group could not decide on what pictures to take and what narrative they wanted to tell. Suzie was in tears because she feared they were running out of time and they were not going to complete their project. I sat down with all three members and together we came up with a simple yet powerful narrative and they regained their focus. Providing resources and materials for their projects was also time consuming. Students needed laptops, cameras, paper,
pens, markers, sticky notes, and other materials, while requiring access to different spaces within the school and community. Navigating with other staff and students outside of the classroom became a challenge, however, through the student-teacher check-in each day, we were able to formulate a plan together. **It is a lot of time and effort on the teacher’s part to keep students motivated.** There are many moving parts to the action plans. Students are working in the hallway, borrowing materials from other teachers, filming videos, taking pictures and working on laptops. It is challenging to keep all of the projects straight in my mind while managing the individual and collective needs of all of the groups. There is a level of trust that I have to give the students but it is difficult letting go of control (Reflective Journal, Nov. 28, p. 53).

As the advocacy projects neared the half-way point, students had four more class periods to complete their projects. I realized that although several groups were making some excellent progress, it was clear that after observation, some groups were not going to meet their goals and complete their advocacy projects. **I wonder if I have somehow failed to collaborate with certain groups of students, or if their voices were not heard throughout the process.** Why were some groups of students disengaged from social justice and advocacy education? My hope was that all students would find some success working together to promote positive healthy relationships. I decided that I would spend more of my teacher-check in time with groups that were struggling and hear their concerns. Together we would hopefully find ways to **collaborate together** (Reflective Journal, Nov. 30, p. 56).
The remaining four class periods, I collaborated with the groups by providing materials to complete their projects including access to cameras, arts and crafts supplies, and access to technology. More importantly, I played the role of cheerleader. I could see that some students were losing focus and lacking energy to complete the large project. I would often help groups set small goals that they could easily achieve in class, and keep focused on the larger goal of promoting healthy relationships in the school. Furthermore, other staff members were commenting on the great work that the students were doing, and the positive reinforcement helped many groups demonstrate an understanding of the skills and processes needed to promote health.

After both the male and female health classrooms presented their advocacy projects, I asked all of the students for their reflections and feedback at the completion of the research during a class discussion. There was both positive and negative feedback. Many students thought that the advocacy projects were interesting and they liked how they were able to inquire about subtopics that were important to them. They also enjoyed that they had a say in how their group was able to promote healthy relationships in the classroom and the school. Although the focus of the projects were on relationships, many students commented on the variety of health promotion projects that were presented. Working collaboratively with both students and teachers was also a highlight of the projects. Many students could identify several times throughout the study when their voice and opinion was not only heard, but was listened to and brought to life in the classroom through activities, topics of interest, classroom discussions and group work. Furthermore, many students were surprised when other teachers and students in the school noticed and commented on their advocacy projects. They felt a sense of pride in
accomplishing their goals. Although most of the feedback from the students was positive, there were a few challenges highlighted.

Students were also able to identify tension between independent and student-centered activities, and teacher-centered instruction when tasks were assigned to them by the teacher. For example, they liked working together collaboratively in groups, but they did not enjoy completing the *Relationship Advocacy Project Graphic Organizer (Box 4).* One student described that they felt “left on our own”. They perceived that sometimes student-centered learning meant working alone without the help of the teacher. A few groups struggled with the varying learning styles, strengths and challenges within their groups and sometimes it was difficult to come to a consensus as a group. Finally, the most common challenge for students was time. Some groups felt that the projects were rushed and they did not have enough time to work collaboratively, however, some groups felt that the three-step curricular process of acquiring knowledge, making decisions, and carrying out social action plan was too long. They enjoyed learning about romantic relationships and they enjoyed creating their advocacy projects, however, they did not like going through the goal setting and decision making.

**4.6.5 Summary of action cycle #3: reaching our destination.** Co-creating assessment in the classroom with students was more challenging than I had thought. It appears as though students had little interest engaging in holistic rubrics that dealt with outcomes, indicators and pedagogical language. However, when it came to peer and self-assessment, the students were confident in their prior knowledge and experience to activate their voice and collaborate on a self-assessment document. Students enjoy
working in groups and they know what it means to be a good leader and team member.

Students thrive on choice. When a teacher listens to their students, together they are able to activate powerful voices of change. However, sometimes student voices can present as dominant narratives of oppression. The purpose of the third action cycle was engaging learners in advocacy and activating their voices for social justice and health promotion, while challenging belief systems of gender construction and societal norms.

4.7 Overview of Chapter Four

Chapter Four detailed three action cycles, including ten action interventions that occurred over three months teaching health education to grade nine students. I explored student voice and student engagement in designing and implementing advocacy plans. I faced two major roadblocks in my research. The first road block challenged gender and sexual diversity in society highlighting dominant heterosexual power and privilege in the classroom. The second roadblock challenged the validity of sexual assault and violence against women highlighting the radicalization of youth and rape culture. However, thorough the reflective process, I was able to understand how student voice impacts my understanding and implementation of student-centered learning in the health classroom.
CHAPTER FIVE: INTERPRETING THE DATA

5.1 Introduction

In Chapter Four, I discussed three action cycles and presented data from my three month journey collaborating with student voices in creating advocacy projects to promote health in my two same-gendered grade nine classrooms. The data was collected from seven participants in two sections of grade nine health, however, my experiences extend beyond the participants as I reflect on a deeper understanding of the challenges that I experienced. As I progressed through the phases of action research (planning, acting, observing and reflecting), my investigation and research questions was two-fold. First, I explored how I facilitated student-centered learning to produce meaningful advocacy projects in health education. Secondly, I reflected on how I can collaborate with students to ensure that their voice is heard in the classroom. I will begin Chapter Five by discussing the four themes that emerged from my data in Chapter Four. I will analyze the data in light of the two research questions, and finally, I will look beyond the data on teaching and learning and the implications of student voice and student-centered learning on action planning in the Saskatchewan health curricula.

5.2 Exploring Three Types of Student Voice in the Classroom

Over the course of three action cycles, I made an effort to invite student voice and opinion on curricular content, student-centered learning activities, decision making, assessment, and advocacy projects. I wanted students to be excited when discussing topics important to youth. My hope was that through student discussion, health class would become a safe, fun, and engaging place to be. However, creating invitations for
student voice was easy in theory, but proved to be more challenging in practice. Hadfield and Haw (2001) describe three broad types of student voice: authoritative, critical and therapeutic. I interpreted these three types of student voice in my research data as the action cycles progressed. Furthermore, as I invited student voice, I also had to self-reflect on my ability to authentically listen to my students. Lind (2007) suggest that “it is how voices are listened to, acted upon, and influence others when they do talk, that may be most important” (p. 378).

5.2.1 The authoritative voice. The authoritative voice was perhaps the easiest voice to hear because this type of student voice was loud, both literally and figuratively. These clear voices were confident students able to communicate their learning needs while conforming to traditional institutional rules demonstrating engagement and strategic compliance. They wanted good grades, they were invested in their education, and they had school figured out. I often listened to the authoritative students’ voice because not only did they represent the majority of students in the classroom, they voiced what I wanted to hear as an educator. I wanted to hear that they were having fun in the classroom, and that they enjoyed the lessons that I had worked hard creating for them. I felt validated by the authoritative voice. The author of these voices were students that were motivated and engaged in the health classroom. As I reflect further, I realized that I was also the student with the authoritative voice in the classroom. As a high school student, I fell into the category of a strategic compliant student and I was motivated by grades and external approval, therefore, it was natural for me to want to hear and recognizes these voices.
As my research progressed, I saw evidence of the authoritative voice in my data. I wanted student input on issues that were important to them when discussing romantic relationships. It was easy to listen to issues that were important to youth such as the laws of consent, physical intimacy, and dating violence and abuse. Students were also able to determine what activities they wanted to do. Through surveys, classroom discussion, and written exercise, I was able to understand prior knowledge of the students and design student-centered activities addressing topics of interest to them. For example, students identified that they wanted to explore violence and abuse in relationships in pop culture, therefore, I created a carousel activity where students rotated through groups reading lyrics and analyzing song videos. Students were also vocal in choosing their own working groups. However, students choosing their own working groups presented challenges. The dominant voices would create their desired groups, leaving the quiet and marginalized students grasping for company. I believe that students that learn with each other, can learn from each other. Next time, I would create some student groupings for a few of the assignments so that students can learn from the other voices in the room and develop the capacity to work with others. The authoritative voice manifested as loud confident students who knew what they wanted to learn about, how they wanted to learn it, and who they wanted to work with.

The authoritative voice may also justify teacher made decisions and allows the students to demonstrate both strategic and ritual compliance. For example, in cycle two when I asked for student opinion on designing graphic organizers when making decisions about their advocacy projects, they were complacent. I had already done the work for them and I was going to make them complete the graphic organizer, so they might as well
just go along with the plan. The complacency continued in cycle three when I asked for student opinion on assessment. They trusted me as the authoritative voice on assigning them a grade. After all, their experience with assessment and evaluation almost always comes from an adult, as I will discuss later in Chapter Five.

As the cycles progressed, I began to reflect on the loudest voices in the classroom. I had allowed the authoritative voice to become monolithic in nature. Who were the authors of the authoritative voice? During the cycles, I wondered: Does a small group of loud students represent all student voice? Was I inviting all students to share their opinions? Does a teacher have the capacity to quiet student voice in a student-centered learning inquiry? The authoritative voice created a hierarchy of power within the classroom. As a teacher, I have to reflect on what I think an appropriate voice in the classroom sounds like. I have the power to dictate the discourse in the classroom when the authors of the voices are oppressive and hateful. Therefore I also have the obligation to find ways to hear the silent voices.

5.2.2 The critical voice. The second type of student voice is the critical voice. According to Hadfield and Haw (2001) students attempt to challenge the status quo often developed through dialogue and interaction. For example, a critical voice might wonder questions such as, who has the power or who benefits? As educators, we encourage critical thinking skills in our classrooms and invite students to challenge the status quo, however, the critical voice not only challenged my teaching practices, but it also challenged my personal beliefs. The voice became the discriminatory and oppressive voice I did not want to hear. I invited students to challenge cultural norms and expectations relating to romantic relationships including gender stereotypes, rules of
dating, and heteronormativity, however, the critical voice can create a hierarchy of power, privilege and oppression. Many students were able to identify that cultural norms and expectations are shifting as gender and sexual diversity (GSD) can be seen in the media (television, movies, social media), and in schools and institutions (Gay-Straight-Alliances, Safe Spaces, Anti-Bullying Campaigns). I expected the critical voice to have a powerful discourse on heteronormativity and inspire social justice, however, in reality, the voice was oppressive and discriminatory. A few students vocalized their perceived religious right to not learn about GSD in a public school. A few students also shared their moral opinions and bias concerning same-sex marriage. I struggled with how to address the human rights violations that I was witnessing, only in the male classroom. I invited critical voice to the discussion, but what I heard was an oppressive voice. I did not want to hear their voices anymore. I realized that I became the critical voice that challenged their oppressive views and continued to educate on equality and understanding.

As I reflect on this experience, I realized that I could have created a lesson that enabled me to connect with the boys on a deeper level and allow them time and space to discuss personal experiences. I would have perhaps precluded the Steps for Physical Intimacy lesson by discussing gender norms and male stereotypes in society. I could have created an engaging lesson where I had the male students identify gender norms in society, and provide examples of a time when they did not meet those gender norms. For example, perhaps they have cared for younger siblings at home, or maybe they have openly expressed emotion over a painful event in their lives. Then perhaps we could have a conversation around gender stereotypes and where and how gender norms are
created. Establishing a trusting relationship with the boys was challenging. I feel if I had taken the time to listen to what they were saying, and perhaps what they were not saying, future lessons on both gender and sexual diversity (GSD), and sexual assault may have had a different result.

5.2.3 The therapeutic voice. The third and final type of voice is the therapeutic voice which is heard when students share their experiences. When students are able to share their personal struggles with others in the classroom, they can inspire resiliency and hope. The therapeutic voice was the hardest to hear because it was the most vulnerable, therefore, it had the greatest impact on my heart and soul. The therapeutic voice was challenging to invite into classroom discussions because it requires a trusting and respectful relationship. The stories of pain and suffering were often shared after class or at lunch when students felt safe. Stories of violence, sexual abuse, bullying, and homelessness painted a picture of who the venerable learners were in my classroom.

I, too made the same assumption as Hadfield and Haw (2001) in that students are in the best position to talk about being young. Society typically views youth as immature, however, as educators, we can attempt to navigate the tension between lack of experience and unique insights. When actively seeking student voice, I have to truly listen to what students say, and take action. Sometimes the action is to silence the authoritative voice and invite others to the conversation. Sometimes the action is to invite students to share their critical voice and challenge the status quo. Other times, critical oppressive voices need to be silenced and educated, while therapeutic voices need an opportunity to be heard. Student voices are not monolithic and one person does not speak for all. Fielding (2004) writes:
One of the key contemporary issues in student voice research, which suggests a new and more sophisticated phase of its development, concerns the plurality of voices that inevitably and properly wish to be heard. So long as an undifferentiated notion of student voice is assumed or valorized, there is a significant danger that issues of race, gender and class are sidelined and in that process of presumed homogeneity the middle-class, white view of the world conveniently emerges as the norm. (Fielding, 2004, p. 302)

As a white, female, middle-class teacher, I have to be conscious of my own privilege and how that might influence student voice in the classroom which I will discuss in the next section. I have learned the power of student voice and the struggle to find the delicate balance in silencing voices I want to hear, educating voices I don’t want to hear, and inviting authentic voices in my health classroom. Student voice was not necessarily what I expected, and it challenged me to think about how I encourage students to authentically engage in their own learning.

5.3 Students Engaging in Advocacy Education and Social Justice

The term student voice signifies the action of communicating and speaking in the classroom whether students are suggesting ideas, sharing stories, or participating in dialogue. Therefore, student voice can be equated to student engagement, although the type and quality of engagement can be hard to disseminate. The comparative review by Fredrick, Blumenfeld, and Paris (2004) on the benefits and challenges of student engagement define three types of engagement: behavioural engagement which is related to participation and staying on task; emotional engagement which reflects student attitude; and cognitive engagement which demonstrates motivation and self-regulation. Student engagement can vary in intensity and duration, and therefore engagement can be viewed as fluid and dynamic (Fredrick, Blumenfeld & Paris, 2004). Furthermore, as discussed in Chapter Two, Lewis (2007) identified five levels of student engagement and
disengagement: engagement, strategic compliance, ritual compliance, retreatism and rebellion. When I initially planned on encouraging youth to have a voice for social change, I thought that students would be excited to promote health in the school, and many students appeared to engage in the projects. They were excited to work in groups, use technology, and advocate for social justice. Many groups felt that the topic of romantic relationships was interesting and relevant to youth. However, as my research progressed, I observed several groups of students demonstrate retreatism and rebellion when attempting advocacy education and social justice, and in the next section I explore two possible explanations.

5.3.1 Power and privilege. Social justice is a critical element of promoting wellness and addressing oppressive conditions and systems that exist in schools and society (Torres-Harding and Meyers, 2013). By addressing inequalities and challenging norms and expectations of healthy relationships in grade nine, I was hoping to inspire students to create advocacy projects and take action in the school. Friere’s work in 1970 (as cited in Torres-Harding & Meyers, 2013) suggests the importance of developing “critical consciousness” or an awareness of oppressive social conditions. I experienced two major roadblocks stemming from power and privilege including promoting gender and sexual diversity, and challenging perceptions of rape culture.

Goodman (2001) proposes a cognitive perspective on why some students might disengage or challenge social justice issues in the classroom. Enhancing critical consciousness in students may be challenging because students might not be comfortable discussing controversial topics, students might experience feelings of anxiety or feel threatened, and students may have difficulty identifying self as a privileged group (2001).
Feelings of anxiety can threaten self-image and therefore people may exercise their power through victim-blaming, provocative statements, challenging credentials of teacher, and disengaging from the project (Goodman, 2001). Therefore, resistance to advocate for others manifests as unwillingness to participate in social justice and appeared as retreatism or rebellion.

Furthermore, becoming self-aware means knowing your own personal attitudes, beliefs and values and how power and privilege affects your worldview. There is also a systemic and sociological perspective on students disengaging and challenging gender and sexuality norms in health education. Steck and Perry (2017) suggest that heteronormativity within school systems is sustained and normalized through a culture of silence and inaction. Beliefs run deep and wide in male heterosexual norms of masculinity. White privilege and perceived notions of inequity, specifically in the case of gender violence and heteronormativity, are fueled by systems and structures that do not support women and children. Confronting heteronormativity and misogyny in the classroom challenges belief systems. For example, when I reflect on the male students calling me a feminist, I realize it was in a pejorative and misogynistic way. Their understanding of male privilege and power in the world was evident in their relationship with me, a female teacher. I also initially perceived some of the male students to be bored with the project, however what was originally observed as ritual compliance, may perhaps be the presence of heteronormativity and misogynistic tendencies. Butler (1999) proposed the theory of gender performativity, where gender and sexuality are performed and observed based on social norms. The male groups chose topics such as consent and online dating, whereas the girls chose topics of violence against women.
Furthermore, Harrison and Ollis (2015) studied gender and power relations through a feminist lens and also observed student resistance. For example, they described a micro teaching lesson on gender violence where males presented on gender violence against men and positioned women as the perpetrators (Harrison & Ollis, 2015). I also experienced an undercurrent of misogyny within the group of boys that chose to present on violence against men that exemplified social systems and structures that do not support women and children.

5.3.2 Silence and disengaged. The opposite of having a voice is silence and many students may have faced a variety of personal struggles and challenges engaging in advocacy education. Perhaps students that were not engaged in the projects may have felt overwhelmed or powerless, and lacked education and knowledge. However, I wondered what if students don’t want to have a voice? Having a voice and participating in classroom discussion takes effort and motivation. Several students lack both behavioural and emotional engagement and I observed both retreatism and rebellion in my classroom. When I reflect on students who did not complete the advocacy projects or struggled to find meaning in health promotion, their attendance was poor, and they lacked a sense of belonging at the school. They also belonged to marginalized groups such as English as an Alternate Language (EAL) learners or First Nations, Inuit and Métis (FNIM) learners. Socioeconomic, cultural, and health inequalities exist within our classrooms, and some of the marginalized groups of students lacked both confidence and skill to speak up and be heard.

As an educator, I also need to continue to self-reflect and develop my own critical consciousness and social identity. I must understand my triggers as an educator and
reflect on my own experiences of privilege and continue to understand others from dominant groups (Goodman, 2001). For example, when white males in my classroom challenge rape culture in society or heterosexual students question GSD, I must reflect on my own experiences of privilege to understand their worldview from a cognitive perspective. However, when a students’ worldview is decidedly racist, homophobic, or misogynistic, I have to speak up and challenge oppressive belief systems. As my journey as an educator progresses, the next health classes I teach I will consider how my passion about GSD and women’s rights will intersect with both students with power and privilege, and students who are silenced and marginalized.

5.4 Personal Struggle with Student-Centered Learning

Traditional epistemologies of teaching and learning places the teacher as having the most influential and decisive voice in the classroom. I thought that as an experienced teacher I understood student-centered learning. I thought that student-centered learning places the student at the forefront of learning and allows students the power of choice, decision-making, and action. I understood the process of collecting data on varying student learning styles and evaluating the learning supports and needs in my classroom. I knew that I had students reading, comprehending, and responding to literature at varying literacy levels scored from grades four through ten. I had classroom experience with differentiated instruction and making adaptations for gifted and struggling students. I have observed students struggling with a concept, but through determination, they are able to make sense of something and develop skills and competencies that they can apply to new situations. Furthermore, in my experience, students in grade nine enjoy working with partners or groups, discussing controversial topics, watching videos, playing quizzes
and games, and moving around the room. They enjoyed friendly competitions and were always impressed with new technology. I thought I had a good understanding of issues that were important to youth and I invited their voices throughout the research process. However, when I reflected on my role in student-centered learning, I realized that I had more influence and power than I thought.

When teaching health education, there are many controversial issues that are discussed including, but not limited to, sexual assault, teenage pregnancy, GSD, and suicide. I have carefully navigated through many uncomfortable conversations with students and I have always relied on my subject knowledge and experience. My goal of the first action cycle was for students to identify, evaluate, and respond to a variety of issues that grade nine students felt were important regarding romantic relationships and I would create activities that were student-centered and learner focused. However, when it came to the topic of gender and sexuality, I wondered why I struggled with a student-centered approach to GSD. Why did I not want to let go of control? Why did I deviate from student-centered learning and use my power to control the discourse of GSD? What was I afraid was going to happen if students took the lead on exploring gender and sexuality?

The fear for me as an educator was to ensure a safe learning environment for all students, including students who identify as a gender and/or sexual minority. It was easy for students to choose the activities and identify topics and issues of concern to them, but I realized that GSD was a topic important to me. As a health advocate and member of our schools’ gay-straight alliance, I wanted control over the dissemination of information and dialogue that students experienced in my classroom relating to GSD. Understanding
the complexities of gender and sexuality is challenging for many adults, therefore I assumed that it would be challenging for my students as well.

Comprehensive School Health (CSH), as discussed in Chapter Two, has four pillars to improve health and well-being of youth in schools. The first pillar is high quality teaching and learning. In order for students to understand GSD, I truly believe that it begins with the teacher. As a health teacher and ally, I have educated myself on GSD and I want to share my knowledge and passion with students so they too can advocate for inclusion of diversity in the school and the community. The second and third pillars are effective policy and a healthy social and physical environment. By establishing a safe space for all learners, I was able to control what voices I heard in the classroom as they relate to heterosexual and cisgender privilege. I did not want anyone to feel that they did not belong in my classroom. The fourth and final pillar of CSH is engaging family and community. The next time I teach about GSD, I want to invite in some community members and speakers to share their personal stories to further engage youth in social justice and advocacy education. Heteronormativity in schools is disrupted through safe spaces, including GSA’s, having a zero tolerance policy against bullying, and increase student awareness and understanding of GSD issues (Harrison & Ollis, 2015; Steck & Perry, 2017). Overall, as a health education specialist, I wanted to take this important opportunity to educate youth on gender and sexual diversity and challenge their perceptions of heteronormativity and create a space to ask questions and increase their knowledge and understanding.

After my research had concluded, I saw the influence my lessons on GSD had on my students. They became confident speaking out against homophobia in the classroom.
They questioned where other students were acquiring their information. It was evident that not all grade nine students in the school had the opportunity to learn and discuss GSD in their health education classes. Did my teacher-centered approach to GSD inspire student action? If I could help students identify and define terms relating to GSD, watch videos discussing gender expression and identity, evaluate heteronormativity in society, and inspire social action, then I felt as though I was making a difference. I could justify my decision of taking the lead role educating about GSD as health teacher. Although cultural norms and expectations relating to gender and sexual diversity has progressed, there is a lot more work that needs to be done in the school systems to challenge heteronormativity, power and privilege.

5.5 The Role of Student Voice in Assessment

As educators attempt to make the shift from teacher-centered to student centered, there are tensions that challenge pedagogy. My goal was to ask for student voice in every step of the advocacy project, including student input on assessment. However, as I continued to create an autonomous learning culture for students, I was still tasked with the responsibility of providing an assessment culture for parents, administration and the school system. How can I activate student voice in assessment and evaluation practices that are viewed by both the students and myself as the teacher’s role? In Chapter Four, I discuss two action interventions with student voice and assessment. The first attempt was asking for student feedback and input on final project grading system, and the second attempt was student input on self-assessing group work.

Graded rubrics allow teachers to communicate curricular expectations with students, parents, and other stakeholders. I was experiencing tensions navigating an
entirely new experience of attempting to co-create a grading system with students in my health classroom. I had traditionally viewed formative assessment as the responsibility of the teacher. Grading systems should be used in the classroom, co-created with students, handed out before project begins, and facilitate student and teacher feedback (Andrade, 2005). When I create major projects in my classroom, I tend do use a backwards design strategy, as described by Andrade (2005). I take curricular outcomes and indicators (themes, skills and processes) that I want to assess, create grading systems, and finally design the project.

Aligning curricula with assessment and evaluation is good teaching practice. I had a variety of grading systems already created that I had previously collaborated on with other health educators. I felt as though the graded rubric was reliable and valid in assessing curricular expectations in health. I decided to start with a graded rubric that I had already created, and then invite student voice to the conversation. Bain (2010) highlights the importance of integrating student voice into assessment because it not only supports the students developing capacity to think critically and take responsibility for their own learning. I began by asking students to describe the four levels of achievement described in the graded rubric and they easily described four levels of success. However, when I asked for input on the curricular skills and processes, I was not surprised that students had no interest in providing any feedback. Although I made the assumption that students would want to have a say in their grade, they lacked the skills and experience to provide suggestions for improvement. I viewed formative and summative assessment as the responsibility of the teacher, and so did the students. Co-construction of student
assessment tests my assumptions about assessment. How much of graded rubric is truly student driven?

Perhaps, student voice has been invited along the entire research journey and therefore the design of the graded rubric had taken into consideration student voice from previous action cycles. Egan and Wongell (2017) suggest that each step of the inquiry process serves as a formative assessment and provide students and teachers opportunities for dialogue and reflection on the learning process. For example, after students had competed their SMART goals in action cycle two, I had an opportunity to read their goals, and I knew that I had to address goal setting in the next lesson. Students were able to redefine their goals as we shared the journey towards completing their final projects. Criteria for the SMART goals was reflected in the instructional rubric and students had the opportunity for self and peer assessment as well as teacher feedback.

Charteris and Thomas (2017) suggest that students can achieve learning outcomes, however, unless self and peer assessment strategies have been introduced and reinforced, opportunities for metacognition and understanding of learning may be missed. The accomplishments of a group are typically represented in the final project rather than by the pieces that make up the whole. It was evident that students in my health classrooms had been introduced to peer and self-assessment strategies in elementary school, and they felt comfortable assessing their role in a group project. When I asked students what they felt were important skills and processes, they identified themes such as sharing ideas, having a positive attitude, working together, listening to others, and using class time wisely. These answers reflect a school system reinforcing strategic and ritual compliance. Authentic self-assessment allows students to reflect on their personal,
social, and academic growth and provides multiple opportunities for feedback (Andrade, 2005).

Assessment is dominated by the need to measure and quantify learning (Bain, 2010; Egan & Wongell, 2017). Unless there is transformational change in the school systems, teachers that facilitate student-centered learning will continue to balance the tensions of students taking responsibility and ownership for their own learning, and educators understanding how student voice can impact assessment practices while remaining accountable to produce numerical grades. I will continue to use graded rubrics to guide assessment in my classroom, and I will encourage students to ask questions and play a critical role in their own assessment.

5.6 Implications and Recommendations for Health Education

Through the process of reflecting and analyzing my research data, I have three recommendations to improve health education in Saskatchewan based on my experiences with student voice (authoritative, critical and therapeutic), heteronormativity and misogyny (gender and sexuality, and rape culture), and engaging youth in social and health justice projects.

First, I have experienced the vital role health educators’ play in promoting the health and well-being of students in our schools. Health educators are able to identify health inequalities that exist within the school community, and use the four pillars of CSH to address the importance of improving health literacy. More specifically, when teaching about controversial health issues, a health educator has the knowledge and experience to take on the challenge of delicately balancing tensions in the classroom.
Allowing for student choice along the entire duration of the unit plan may be overwhelming for pre-service or new teachers and therefore the amount of student choice may be varied based on student need and the learning environment.

I would also recommend that all educators view the Saskatchewan Ministry of Education document: *Deepening the Discussion: Gender and Sexual Diversity* (2015). This document is a comprehensive guide to improving teaching practices, school policies, and implementing awareness of GSD in schools and communities. I believe that when teaching about GSD, teachers must take a leadership role in promoting anti-oppressive education and social justice. Once students have the knowledge and confidence to discuss GSD, then the shift of power from teacher to student leader is possible. As attitudes and cultural norms regarding GSD continue to progress, so too can a teacher-centered approach to instruction, as students become agents of change.

My second recommendation is that we have the conversation about eliminating same-gendered classrooms in health education. Same-gendered classrooms reinforce the false binaries of gender and biological sex and perpetuate gender stereotypes and heteronormativity in the classroom (Fabes, Martin, Hanish, Galligan & Pahlke, 2015). Both roadblocks that I faced in my research related to gender, power, and privilege. Furthermore, as I reflect on teaching same-gendered classrooms in health education, I too found myself generalizing and classifying student behaviours as they related to their gender. Blending male and female students in the health classroom will promote tolerance and acceptance of others. Fabes et al. (2015) suggests that, “Rather than encouraging gender segregation, which leads to limited skills and behaviors, educators can enlist peer group socialization processes to promote healthy and positive mixed-gender interactions. As girls and boys spend more
time together, they learn the skills and behaviors necessary for working and living together.” (p. 441)

As I prepare for future health classes, I will having a discussion with my administration about creating mixed-gendered classrooms in health education so that all students have the opportunity to learn with and from each other’s unique voices.

My third and final recommendation is that focus of the Saskatchewan health education curricular shift from individual behaviour change to collaborative social justice and health promotion approach, specifically in middle year’s health. As I began my journey into researching the role I play in facilitating student-centered learning in health education, I wanted to focus on improving my teaching practices, and engaging students in action planning. As evident in my research, students were excited to engage in health promotion when they were allowed to work in groups toward advocacy education, rather than focusing on behaviour change. It is my recommendation that if we want to engage youth in health education, we must make it relevant to the lives of youth, and therefore students in middle years health should collectively work towards critical social justice and advocacy education, rather than individual behaviour change.

5.7 Conclusion

When I began my action research journey, I asked two essential questions: How do I facilitate student-centered learning with grade nine students to produce meaningful advocacy action plans in health education? How can I collaborate with students to ensure that their voice is heard and that they are able contribute to making decisions in the health classroom? As my research journey comes to an end, I realized that the answers to my questions were found within the four walls of my own classroom. The key to
understanding student engagement and authentic action planning in health education was asking students to continue to share their voice throughout the entire research process. By activating student voice, they were able to teach me about the importance of truly listening to youth. I was also able to reflect on the complex multiplicity of student voice while attempting to process the cognitive and systemic barriers of health, social, and power inequalities that exist within my classroom. Not only was I was able to develop an awareness of health and social issues important to youth, I was able to evaluate new learning strategies while navigating the tensions of letting go of control in the classroom.

The answers to my questions were also found through deep reflection of my evolving pedagogy. I could not find the answers to my questions in a textbook, at a conference, or in a journal article. I had to challenge myself to open up my mind to new possibilities and reflect on my journey of lived experiences. I realized the importance of establishing trusting relationships with my students in order to discuss difficult topics in health education. My research has showed the value of integrating student voice in learning activities, decision making, assessment, and social justice. However, this experience has also shown that inequalities in power and privilege manifest in daily conversations, and teachers have to continue to challenge oppressive voices, create safe spaces for discourse, promote inclusion, and challenge systemic and institutionalized voices of power and privilege.

Finally, my research has highlighted my evolving pedagogical shift from teacher-centered to student-centered learning and the tensions that I must continue to navigate as I allow students to co-construct the learning environment with me. I wanted to challenge
myself to be a better teacher of health education, a better listener of student voice, a better advocate of health promotion, and a better agent of change.
REFERENCES


Commission on the Social Determinants of Health (2008). *Closing the gap in a
generation health equity through action on the social determinants of health.*
World Health Organization. Retrieved from

health promotion: how to achieve broader implementation? *Health Promotion
International*, 18(4), 387-396.

Collaborative action research for middle grades improvement. *Educational Action


Change*, 2(2), 123-141.

295–311.


Government of Saskatchewan, *Comprehensive Community School Health*  
http://www.education.gov.sk.ca/comprehensive-school-community-health


Pan-Canadian joint consortium for school health Governments working across the health
and education sectors annual report September 30, 2015. Retrieved from

Pancer, S., Rose-Krasnor, L., & Loiselle, L. (2002). Youth conferences as a context for
engagement. New Directions for Youth Development, 2002(96), 47-64.

https://www.edonline.sk.ca/webapps/moe-
curriculumBBLEARN/index.jsp?view=goals&lang=en&subj=health_education&l
evel=9

Rogers, D., Mason Bolick, C., Anderson, A., Gordon, E., McGlinn, T., Manfra, M., &
Yow, J., (2007). "It's about the kids": Transforming teacher-student relationships
through action research. The Clearing House, 80(5), 217-221.

Report of the expert panel on health literacy. Ottawa: Canadian Public Health
Association.

London, Continuum.

Sanjakdar, F. (2009). Participatory action research: creating spaces for beginning
conversations in sexual health education for young Australian Muslims.
Educational Action Research, 17(2), 259-275.

Schlechty, P. (2002). Working on the work: An action plan for teachers, principals, and


Written Assent Form to Students

Date: September 2016

Research Title: Exploring Student Advocacy Projects using Voice and Collaborative Planning with Grade 9 Students in Health Education: Participatory Action Research Study

Researcher Information:
Ms. Kendra Beliveau, MA Candidate, Curriculum and Instruction, University of Regina
E-mail: beliveak@uregina.ca
Phone: 306-541-3206

Purpose(s) and Objective(s) of Study:
I am a graduate student at the University of Regina, working towards my Masters of Education. From October to December of 2016, I will be completing research on how I can help students in health education plan, evaluate and execute action/advocacy plans to promote health in your own lives and the lives of students in our school.

Procedures:
I am going to be using Participatory Action Research for my study. Participatory action research will focus on the students and the teacher researcher working together to create change and action in the school. As the student, you will be working with the teacher researcher and other students in grade 9 health to create action/advocacy projects around the theme of healthy romantic relationships. Creating action/advocacy plans is part of the Health Curricula in Saskatchewan. Your action plan may be completed alone, in a group or as a class. We will work together to choose issues related to relationships and dating that are important to students in our class and we will create an 8-day action plan to promote health and social change. As the teacher and researcher, I want to know what it is like for you to make decisions and design action/advocacy plans as grade 9 students. You will be the participant and I want to use your knowledge, experiences and responses to help me learn about effective ways to teach action planning in health education. Your voice will highlight issues that are important in the lives of youth, and emphasize the important role youth have in taking action towards change. I am asking for volunteers to
allow me to use their responses in my study. Your responses might include quotations from daily activities, journal responses, class discussions, exit slip questionnaires, or completed action plans. Some sample questions on your questionnaire might include:

- Provide an example of a time when you felt that you had a voice and that you were in charge of your own learning.
- Could you describe how you were engaged in and/or if you were excited about discussing issues related to romantic relationships/decision making/action planning.
- Could you provide an example of a time when the teacher collaborated (helped or worked) with you during this unit of study. How did this help you learn?
- How does it feel to be involved in creating an action/advocacy project to promote health in your school? Why is it important for adults and society to listen to young people and their ideas about change?

These questions and responses are not a part of your overall grade. Your participation and voice are essential for me to learn how to be a better teacher.

Potential Risks:
There are no known or anticipated risks to you by participating in this research.

Confidentiality:
When teachers are doing research, we cannot use real names of our participants, and in this case, my students. I will change everyone’s name and I will not mention our school in my study. If you do not want to participate, you do not have to.

Right to Withdraw:
Participation in action/advocacy planning in health is part of your class requirements, however participation in this study is voluntary. You may withdraw from the study at the end of each cycle (there will be three cycles in total) or you may directly speak to me, the teacher researcher, or Ms. Kondratiuk (the other health teacher), or the school principal and withdraw from the study at any time. When the study is completed at the end of December, you may no longer withdraw.

Follow up:
I will check all data that I have collected relating to you before I make it public in my thesis. A hard copy of my research report will be made available on request from the researcher.

Questions or Concerns:
Contact the researcher Ms. Kendra Beliveau (206 541-3206 beliveak@uregina.ca) or her U of R thesis advisor Dr. Twyla Salm (306 585-4604 twyla.salm@uregina.ca).
project has been approved on ethical grounds by the U of R Research Ethics Board. Any questions regarding your rights as a participant may be addressed to the committee at [585-4775 or research.ethics@uregina.ca]. Out of town participants may call collect.

**Consent:**

Your signature below indicates that you have read and understand the description provided. You have had an opportunity to ask questions and your questions have been answered. You hereby consent to participate in the research project. A copy of this Assent Form has been given to you for your records.

Sincerely,

Ms. Beliveau

Teacher Researcher, Health Educator

___________________ (complete name), is interested in participating in the research study described above.

___________________  __________________   __________________

Student Name          Student Signature      Date
APPENDIX B

Written Consent Form to Parents/Guardians

Date: September 2016

Research Title: Exploring Student Advocacy Projects using Voice and Collaborative Planning with Grade 9 Students in Health Education: Participatory Action Research Study

Researchers Information:

Ms. Kendra Beliveau, MA Candidate, Curriculum and Instruction, University of Regina
E-mail: beliveak@uregina.ca
Phone: 306-541-3206

Purpose(s) and Objective(s) of Study:

For this research project, I would like to explore action planning, student-centered learning, health promotion and advocacy education with students in grade 9 health education. I want to research myself, as the teacher, and how I can empower students to have a voice and enable all participants to engage in change through action. Using the outcome of romantic relationships in the health 9 curriculum, students will develop their knowledge and understandings, make informed decisions, identify an issue that is important to youth, and create and implement social advocacy plans to bring awareness to health promotion in the school and community.

Procedures:

I will be using three participatory action research cycles to reflect, react and respond to student needs and voice in promoting health in the school community. Participatory action research emphasizes the collaboration between students and the teacher researcher to collectively explore avenues for social change and action. Your child will be working with the teacher researcher and other students in grade 9 health to create action/advocacy projects around the theme of healthy romantic relationships. Your child’s participation and voice in this research is an essential component in the data collection process. I may use sample artifacts produced in class (assignments and projects), writing down experiences in a research journal, and I will be asking for feedback from your child at three different cycles in the research. Some sample questions may include:
- Provide an example of a time when you felt that you had a voice and that you were in charge of your own learning.
- Could you describe how you were engaged in and/or if you were excited about discussing issues related to romantic relationships/decision making/action planning.
- Could you provide an example of a time when the teacher collaborated (helped or worked) with you during this unit of study. How did this help you learn?
- How does it feel to be involved in creating an action/advocacy project to promote health in your school? Why is it important for adults and society to listen to young people and their ideas about change?

**Potential Risks:**

There are no known or anticipated risks to your child by participating in this research.

**Confidentiality:**

The data from this research project will be used in completion of a master’s thesis, and may also be presented at conferences; however, your child’s identity will be kept confidential. Although I will report direct quotations from the research, your child will be given a pseudonym, and all identifying information (including the name of the school and the city) will be removed from my final report.

**Store of Data:**

Consent forms will be collected by the teacher researcher in September, and will be stored in a locked cabinet in the teacher’s classroom. The data will be stored in a locked filing cabinet and computer files are protected by a password. After the required five years, the student artifacts and exit slips will be destroyed, and the researcher journal, including computer files, will be deleted or shredded and discarded.

**Right to Withdraw:**

Participation is voluntary and your child is free to withdraw from the research project at the end of each action cycle without explanation or penalty of any sort. Your child’s participation in this study will have no impact on final grades. Although participation in classroom activities, assignments and the action/advocacy project is required for all students in health 9, participation in the study is completely voluntary. Your child will be asked on the student exit slip if they would like to continue in the study at the end of each action cycle (approximately every two to three weeks). Your child may also withdraw from the study by speaking to myself, the teacher researcher, another health teacher in the building, their homeroom teacher or the principal. The trusted person will then pass along the student withdrawal to the teacher researcher. If your child withdraws from the study, all data will be destroyed. After December 31, 2016, the data will begin to be analyzed and your child may not withdrawal from the study.
Follow up:
Prior to the research being published, your child will be asked to review any statements in order to add, alter or delete information. A summary of the final report will be available by request from the researcher.

Questions or Concerns:
Contact the researcher Ms. Kendra Beliveau (206 541-3206 beliveak@uregina.ca) or her U of R thesis advisor Dr. Twyla Salm (306 585-4604 twyla.salm@uregina.ca). This project has been approved on ethical grounds by the U of R Research Ethics Board. Any questions regarding your rights as a participant may be addressed to the committee at [585-4775 or research.ethics@uregina.ca]. Out of town participants may call collect.

Consent:
Your signature below indicates that you have read and understand the description provided. You have had an opportunity to ask questions and your questions have been answered. You consent to participate in the research project. A copy of this Consent Form has been given to you, the parent/guardian, for your records.

You have discussed and explained this consent form to your child and they understand the voluntary nature of this study.

____________________  ______________________  ______________________
Name of CHILD participant   Signature   Date

Name of Parent/Guardian   Signature   Date

A copy of this consent will be left with the parent/guardian, and a copy will be taken by the researcher.
APPENDIX C
Participant Exit Slip

Name: ________________________________ Date: ______________________

Please provide feedback on none, some, or all of the following questions below:

1. Provide an example of a time when you felt that you had a voice and that you were in charge of your own learning. Or describe a time when you felt your voice was not being heard.

2. Describe how you were engaged in and/or if you were excited about discussing issues related to romantic relationships/decision making/action planning.

3. Provide an example of a time when the teacher collaborated (helped or worked) with you during this unit of study. How did this help you learn?

4. How does it feel to be involved in creating an action/advocacy project to promote health in your school? Why is it important for adults and society to listen to young people and their ideas about change?

Do you wish to remain a part of this research study?

- Yes, I wish to remain a participant in this study
- No, I would like to withdraw from the study
APPENDIX D

Research Ethics Board Certificate of Approval

PRINCIPAL INVESTIGATOR       DEPARTMENT                    REB# 2016-140

SUPERVISOR:
Dr. Twyla Salm

TITLE
Exploring Student Advocacy Projects using Voice and Collaborative Planning with Grade 9 Students in Health Education: Participatory Action Research Study

APPROVED ON:       RENEWAL DATE:
September 8, 2016  September 8, 2017

APPROVAL OF:
Application for Behavioural Research Ethics Review Assent Form to Student Parental Consent Form Participant Exit Slip

Full board Meeting ☐ Delegated Review ☒

The University of Regina Research Ethics Board has reviewed the above-named research project. The proposal was found to be acceptable on ethical grounds. The principal investigator has the responsibility for any other administrative or regulatory approvals that may pertain to this research project, and for ensuring that the authorized research is carried out according to the conditions outlined in the original protocol submitted for ethics review. This Certificate of Approval is valid for the above time period provided there is no change in experimental protocol, consent process or documents.

Any significant changes to your proposed method, or your consent and recruitment procedures should be reported to the Chair for Research Ethics Board consideration in advance of its implementation.
ONGOING REVIEW REQUIREMENTS

In order to receive annual renewal, a status report must be submitted to the REB Chair for Board consideration within one month of the current expiry date each year the study remains open, and upon study completion. Please refer to the following website for further instructions: http://www.uregina.ca/research/faculty-staff/ethics-compliance/human/forms/ethics-forms.html.

Dr. Katherine Robinson Chair, Research Ethics Board

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Research and Innovation Centre 109 Regina, SK S4S 0A2
Telephone: (306) 585-4775 Fax: (306) 585-4893
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