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# Language of Sex: Moral Socialization and Reproductive Education in Public Schools

Melyn Heckelman  
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# **The Language of Sex:**

**Moral Socialization and Reproductive Education in Public Schools**

**Melyn Heckelman**

**Senior Honors Thesis  
Department of Anthropology  
Colby College  
May, 2008**

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## **Prologue**

In the summer of 2007, I taught comprehensive sex education to Chinese high school and college students in the interior provinces of Sichuan and Hubei with the help of my Chinese speaking teaching partner and a generous grant from the Davis Foundation. This was not my first experience with sexuality education; I went through a public sex education class myself and prior to this study I had completed a semester-long project related to the discursive construction of sexuality and sexual bodies. Though I volunteered with Planned Parenthood throughout most of high school, I was not a sex educator and I was not entirely sure how to teach material which, in my own high school experience, had been highly sensitive and politically charged. As a result, I expected to be limited in what I could say in the Chinese classrooms and I braced for meetings with silent students. This, however, was not my experience. In every class I was granted complete freedom to discuss whatever I wanted, in whichever ways I found most affective. Furthermore, I was endlessly surprised at the openness with which students spoke about sexuality, even issues of gender, pleasure and sexual preference.

I had developed expectations for the Chinese classrooms based on my own experiences in public school. To the best of my knowledge, few of the students in my high school sex education class spoke about issues of gender or sexuality. In fact, I am not entirely sure they spoke very often, if at all. Of course, my role as a teacher within these classrooms was different from my position as a student in a U.S. public high school. The fact that these two classrooms seemed so different, however, caused me to become interested in the role sex education plays in American schools and students' reactions to it. Three months after returning from China, I went back to the sex education classroom, this

time as a researcher in my college community of Waterville, Maine where I conducted five-weeks of ethnographic research in two different area schools. I found that though most Americans would consider themselves substantially more progressive than the Chinese, the three Maine classrooms I observed were highly restrictive, addressing human sexuality almost solely within the framework of public health. The classes never discussed issues of homosexuality or sexual pleasure and educators rarely spoke about gender dynamics or inter-personal communications. For a school system in the Kennebec valley of central Maine, which values its dedication to comprehensive sex education, the curricula I studied were not particularly comprehensive. True, they addressed in great detail the danger of sexuality, disease and the reproductive functions of the body, but rarely did an educator mention love, lust or life after sex.

This thesis is the product of my five weeks of ethnography in three classrooms in Waterville, Maine and the surrounding area, in addition to individual and group interviews with both students and the educators themselves. It seeks to understand why, in a culture so saturated with images of sexuality and naked bodies, the teachers I observed were largely unwilling or unable to discuss human sexuality in public schools as anything more than a public health issue.

Since the 1960s sex educators have been fighting to teach about contraceptives. Recent longitudinal studies have confirmed what proponents of comprehensive education have been arguing for years—abstinence-only sex education does not work. The overwhelming majority of American parents support comprehensive sex education and funding for abstinence-only education programs, though still significant, is waning (Irvine, 2002). However, this victory does not mean that sex education curricula should

remain static. It is time to reconsider sex education in our public schools, and ask what it is exactly that we are trying to accomplish and if it is truly a comprehensive sexuality education that we are providing.

I hope to provide my reader with an understanding of the pedagogical approach I observed in Waterville, Maine and what it means for the way teenagers in these public school systems understand their sexual bodies and what they can do with them. Having only studied three classrooms in depth, I cannot say with any certainty that my findings are fully generalizable. What I believe, however, is that if the construction of sexuality I witnessed in these central Maine classrooms has anything in common with the bulk of classrooms in the United States, then comprehensive sexuality education has a long way to go before it becomes truly comprehensive, or even, educational.

## **Chapter One:**

### **Language, Morality, and Sexuality Education: An Introduction**

Very rarely do we pause to think about the way we speak, and yet we all know how to use language in ways that make us appear more persuasive, powerful, ingratiating, polite, or thought-provoking without having ever been instructed how to do so.

Furthermore, most of us are able to discern hidden meanings, subtle hints and emotions in the language of others. Though we receive no formal instruction, even as children we are able to understand the implications of language for both the speaker and for the listener.

Language may also be consciously manipulated to produce a particular message. Take for example the debate on abortion. Although the terms “pro-life” and “anti-choice” are labels for the same political movement, they denote very different things. These terms are often used to frame a politicized debate in order to elicit a particular response. The term “pro-life” would suggest its opposite to be “pro-death” or “anti-life” where as “anti-choice” implies that “pro-choice” is the alternative view point. The rhetoric surrounding the abortion debate is manipulated in an attempt to convey implicit meanings. Both labels attempt to evoke two different moral arguments. One, “anti-choice”, harkens to a well established American belief in “freedom of choice”. The other, “pro-life” hopes to evoke the often inspirational phraseology of the Declaration of Independence and the right to, “life, liberty...” etc., etc. Though “anti-choice” and “pro-life” are blatant in their deliberate manipulation of language, they illustrate the persuasive and formative power that language plays in our understanding of social and even moral issues.

Language is so powerful that even without being consciously manipulated it can play a normative, prescriptive function. Even in its omissions and silences, language shapes and colors our worlds. Take for example a course in anatomy in which the instructor never mentions that the curious hinge in our arms is called, “elbow”. In fact, in this hypothetical classroom, all text books are also devoid of this physiological term. One brief reading, which the students have been assigned, mentions the term “elbow”, but says nothing about its function, structure, or relation to the rest of the arm. It would not be difficult to imagine that students in this classroom may leave having very little, if any, understanding of the arm’s anatomy. Lacking any specific terminology for the hinge in their arms, students might simply extend the vocabulary available to them, perhaps “arm”, when forced to speak about it.

Although this example seems unrealistic, something rather similar happens in classrooms across the United States. However, instead of the innocuous “elbow” it is “genitalia”, usually female, that goes unlabelled. As Virginia Braun notes,

While vulva is seldom spoken, vagina comes to stand for it...[students] are rarely taught the anatomical terms which differentiate parts of female genitalia (e.g., the clitoris, the inner and outer labia)—the word vagina covers the whole area... Despite having been given a labeled anatomical drawing, our respondents might have been uncertain about what vagina and vulva actually were, and how they differed from each other... This raises the question of “what do you call the vagina, if vagina means ‘the female genitalia’?” Similarly, what is wrong with the term vulva? Why does it continue to be so unspeakable? (Braun 2001:15).

Certain ways of speaking are associated with different groups of people and a good deal of information about a person is often extrapolated based on the words they use and the topics they discuss. We learn that the manner in which others speak about a particular subject can and often does relate a good deal of information. In regards to genitalia, *not speaking* about a part of the human anatomy or using euphemistic or broad



terms such as “down there” and “private area” connotes that genitalia, as a subject, is inappropriate, shameful, or secret. Most importantly, we know what to think of anyone that does speak about genitalia openly.

Certainly, “genitalia” falls into a very different semantic category than “elbow”—but why? Our genitalia are part of the human body and are not innately imbued with moral or immoral characteristics, yet their explicit mention is often considered “profanity.” Though we wouldn’t bat an eye at seeing naked elbows on billboards and flaunted freely by both soccer dads and teenage girls in short-sleeved tees, many of us cringe in horror, discomfort and embarrassment at even penciled diagrams of genitals. These reactions have not been evoked by the nature of these anatomical features; they have been taught to us through a complex process of socialization of which we were mostly unaware.

Not speaking about genitalia has important implications; not only do we learn *not* to speak about these aspects our bodies with others, we never ascertain the language needed to conceptualize them for our own purposes. What does it mean for those individuals who understand parts of their bodies to be secret, shameful and taboo, and who determines what is acceptable and what is vulgar? Without learning about bodies accurately, are we ever really able to reconcile the stigmatized images of human anatomy our own? If many of us lack an accurate understanding of our sexual bodies how can we have a full and clear comprehension of human sexuality? These are the questions that inspired my research.

In schools the very language educators use and the way they frame the subject of sex, has important implications for the way students understand their bodies and their

sexuality. As Deborah Cameron points out, “Language is inextricably connected with identity, both individual and social— it is something that contributes to people’s sense of who they are, and conveys messages about who they are to others...”(Cameron 1958: 203). Not only does the language made available to us affect our ability to conceptualize an idea (e.s. the “arm-hinge”), language also provides a frame though which we understand issues (e.s. “pro-life” vs. “anti-choice”) and their moral implications. Regarding sexuality education, the way educators speak about parts of the body and sex practices has important implications for students as they construct their own understanding of their bodies and what they can or *should* do with them. These lessons do not need to be explicit; the most influential may be those that remain unspoken.

According to Emile Durkheim, often understood to be the father of sociology, public schools are an important site at which particular words, language and behaviors are legitimized (Durkheim, 2002). The language used by sex educators, the topics they frame, and the behaviors they discuss in the classroom, all play an important role in the ways adolescents conceptualize their sexuality and their sexual bodies. Given the ways in which sexual language and education regarding the body and sexuality coalesce in sex education classrooms, in this thesis I have attempted to understand the pressures and politics that shape the development and implementation of public sex education curriculum. Additionally, I explore what effects, if any, the language, structure and content of the curriculum have on students’ understandings of their bodies and their sexuality. For this study, I spent five weeks in three local sex education classrooms in Waterville, Maine, observing the language used by educators and the content of their curricula. As each of the three classes prepared for their final exam, I held group and

individual interviews with the majority of the students in order to ask them about the class and its applicability to their lives and experiences. I was also able to meet with the educators throughout my fieldwork in order to ask them about the language they used and the subjects they discussed in class, as well as their reasons for rendering particular issues silent.

Though sexual behaviors and desires in American society have been imbued with moral implications, sex education, in public schools especially, is not allowed to be overtly moralistic; the moral upbringing of children is rigorously upheld as the jurisdiction of parents (Tyler, 2004). The only time schools may openly intervene in the moral upbringing of children is when actions or behaviors of individual students affect the functioning of the institution or society as a whole. Public schools are thus unwilling, and perhaps incapable of discussing human sexuality, within the context of the classroom, in any ways which are not pertaining to public health. This renders the frame through which all human sexuality is to be understood, one in which sexuality is potentially reproductive, experienced physically, and potentially resulting in disease, regardless of the individual language and approach of particular teachers.

Sexuality and even talking about sexuality, implicates a person's morality in our society (Irvine, 2002). Therefore, regardless of how overtly scientific and objective the educators in my study attempted to be, their curriculum and language inevitably delivered moral message. Though all three of the educators I observed distanced themselves from advocating any particular set of moral values, when forced to address "moral" subjects such as homosexuality, orgasm (male and female) and premarital sex, the educators I observed most often chose to reiterate the status quo. As a result, Waterville's public sex

education, through its implicit messages and also its silences, teaches that human sexuality should be experienced through heterosexuality. Additionally, the focus of the class is male-centered; it rarely addresses female erotic agency. Furthermore, the overwhelming message, which I observed in each of the three classes I observed, was that the human sexual experience is negative.

My interviews with students revealed that both the explicit and implicit messages of these classes resonated powerfully with students, however, the lessons they learned were not always the ones intended. The majority of students felt alienated from the lesson content, questioned the reliability of the information they received, and argued that they still did not know very much about the sexual experiences that were important to them. In particular, students identified interpersonal communication, emotional preparedness and decision making as areas in the curriculum that they would have liked to have had expanded.

These ethnographic findings may not be universally relevant, but they are certainly informative. In order to apply the findings of my study to school systems beyond the greater Waterville area, I will present the theoretical framework through which I understand my fieldwork experience, which draws upon other studies similar to mine.

## **Chapter Two:**

### **Literature Review**

The goal of sex education in public schools, though contested, is widely understood as a public health service. Many would argue that, to be considered successful, a sex education program must imbue students with an inner dedication to abstinence, delayed sexual onset or, in the event that sexual activity does occur, safer sex practices. Public sex education, aims to reduce teen pregnancy rates along with sexually transmissible infections. However, over the course of three months of participant observation in several local, public schools, I found that not only were these messages lost on the majority of students, but also that the implicit messages and silences within the curriculum were in fact counter productive to these goals.

A variety of anthropologists, sociologists and education experts have studied schools and the efficacy of sex education; some focus on the socializing function of the school institution, building on the work of key theorists such as sociologist Emile Durkheim and sociologist/philosopher Michel Foucault. Both were concerned with the ways public school institutions define, police, and produce social norms and mores. The work of Durkheim and Foucault is critical to academic studies of moral socialization: the process of indoctrinating members of society into a cohesive, self-policing, normative morality. A variety of anthropologists, educators and sociologists, have applied these theoretical insights to their ethnographic and academic studies of schools in general and sex education in particular.

Here I have drawn on the work of Sociologist William Tyler (1985) to deconstruct the power hierarchy of school institutions. Tyler draws on the works of

Durheim and Foucault to analyze how power shapes the interactions of teachers, students and administrators and parent/community groups. Dornbusch (1996), a Stanford sociologist studies the social structure of schools including the methods used to facilitated relationships between students, educators and administrators; his deconstruction of the ideology of mass education illuminates several of the moral conflicts inherent in public sex education.

Feminist Rachel Thomson (1994) argues that in developing a solution to the conflicts surrounding sex education in public schools (like those proposed by Dornbusch (1996)) sex education has become an issue of public health. Janice Irvine (2002), a notable sex education researcher outlines the ways in which sex education has been affected by public pressures and cultural shifts, and identifies the effects these social and political movements have had on the development and implementation of progressive, comprehensive, sex education curricula. This has important implications for the development of personal identity within the context of American culture. Joseph Diorio (2001), a sociologist defines the relation between self identity and sexuality; he claims the normalizing function of sex education implicates the ethical soundness of instituting any construction of sexuality through sex education curricula. In a related vein, education researcher Bay-Cheng (2001) discusses this construction of adolescent sexuality and points to its flaws and shortcomings.

The next cluster of literature deals specifically with the particular construction of sexuality which is produced by public school-based sex education programs. Debbie Epstein (1998), a gender and education researcher, studies the “silenced sexualities” within schools and universities. She argues that female desire, homosexuality, and a male,

emotional intimacy, are subjects which are rendered completely silent by educational institutions both through discourse and behavioral regulation. Michelle Fine (1988), a notable sex education researcher, addresses the male-centricity of sex education and argues that such an approach alienates women from their bodies, their sexuality, and their erotic agency. Tollman (2004), a gender and sexuality researcher, provides ample evidence for Fine's theory in her ethnographic account of teenage girls, which demonstrates that young women feel alienated from their bodies and their sexualities and that this does in fact affect their willingness to protect their health, both emotional and physical. At the other end of the spectrum, Mike Donaldson (1993), who studies masculinity, argues that hegemonic masculinity, or the version of what it means to be a man which is accepted, dominant and glorified, is produced within society (and thus reflected in sex education curriculum) and is unrepresentative of real men.

Having identified the shortcomings of a sex education which focuses on the physical and reproductive aspects of sexuality and which silences desire and plurality, Deborah Britzman (1997) proposes a new approach to sexuality education, one which acknowledges different experiences with sexuality. Louisa Allen (2004), another gender and education researcher, goes as far as to suggest a new discourse of erotics, one which acknowledges the positive, pleasurable and healthy aspects of human sexuality.

Building on the findings of these scholars, I will argue that the current approach to sex education portrays the human sexual experience as purely physical, heterosexual, (potentially) reproductive, male-centered and dangerous. Furthermore, this is the predominant discourse through which most Americans understand human sexuality, even when it is not the experience they live themselves. In other words, the public face of

human sexuality does not necessarily reflect the majority of American's actual fantasies, desires and bedroom behaviors. Rather, this 'hegemonic-sexuality', the dominant, limited, reproduced, and socially policed conceptualization of human sexuality, is perpetuated because it benefits and sustains those in power, regardless of how accurately the model fits their lives (Donaldson, 1993).

Hegemonic-sexuality is produced and reproduced by society in a variety of ways for diverse reasons. Public sex education is one of the ways that many American adolescents are indoctrinated into this belief system and learn to police their own actions and monitor the behaviors of others. Many Americans consider sexual behavior and preference to be an indication of a person's moral character (Irvine, 2002). As a result, sex education provokes many of the same concerns about appropriate moral behavior. In many communities, parent organizations, religious activists, and others debate the influence schools ought to have on students' ethical development. Some advocate the total removal of all moral instruction from the school curriculum while others support full interventionism, which is the right of school teachers and administrators to teach "morality". The position, most often agreed upon, is one which strikes a balance; teachers may provide students with moral guidance in the event that the behaviors and outcomes involved directly affect society at large. Thus, public sex education cannot be about morality, pleasure or the development of a fulfilling sexuality; instead, in order to maintain a legitimate position in public school curricula sex education must maintain the appearance of serving public health. As a result, human sexuality is often taught with a focus on reproduction, disease and physical anatomy; emotional, psychological and social issues are often entirely absent from classroom instruction.



Human sexuality is considerably more complex than the mechanics of reproduction and the physical act of penetration. Public sex education thus validates a limited experience of sexuality, and as a result, only those students who experience their sexuality in this way. The discourse utilized by educators, who act as discursive gatekeepers within the context of the classroom continues to victimize women and homosexuals by ignoring their experiences of sexuality, obscures men's needs by forcing them to adhere to a version of hegemonic masculinity which denies them feelings of intimacy, and does little to produce the behavioral changes that it seeks to foster. Most importantly, it is not capable of providing students with any sort of guidance in relation to the development of a holistically healthy, fulfilling sexuality.

### **School institutions educate adolescents both academically and socially**

Public schools are funded by state and federal governments; in the United States, education is mandatory until age 16, and each member of society, by law, must attend an institution, whether public or private, until that age.<sup>1</sup> It is commonly believed that public schooling exists in order to produce an educated, skilled workforce, and to provide equal opportunity for advancement to all members of society, regardless of social class and relative wealth.

The average public educator is charged with the reproduction of knowledge; students are expected to leave the institution able to read, write, and solve problems,

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<sup>1</sup> Federal law allows for the exemption of children from the school system so long as they are given alternative education. It is worth noting, however, that most states require even home schooled students to submit test scores and lesson plans to a local public institution. (Home School Legal Defense Association; <http://www.hsllda.org/laws/default.asp>)

among other academic skills. Though it may appear, on the surface, that the public school institution exists merely for the production of well-educated citizens, the reality is that it also reflects and then reproduces the social norms and values. In fact, public schools in general, legitimize forms of knowledge, socialize children, and familiarize students with the various ways in which power can be enacted upon their minds and bodies.

Anyone who is familiar with or has themselves attended a public school knows that, in general, students who memorize facts are rewarded before students who draw or paint well or facilitate social relationships. Additionally, all students are expected to collaborate with others both socially and in work groups, resolve conflicts, develop appropriate communication skills and be able to identify authority figures and respond to their unquestioned, determinative power. Furthermore, students are taught how to line up, wait their turn, sit in desks, avoid interrupting, eat at appropriate meal times and even limit the frequency with which they relieve themselves.

### **Durkheim's theory of the role of schools in socialization**

Though it seems commonsensical that schools, around the world, play an essential role in the reproduction of culture, very little has been written about the potential implications of such a system, not to mention the kinds of goals these institutions aim to achieve. In the early 20<sup>th</sup> century, Emile Durkheim argued that schools are virtually miniature replications of society, serving to produce social solidarity, allegiance, social roles and division of labor (Durkheim, 2002). However, direct and intentional socialization of children by schools is somewhat controversial; the commonly held belief

in the United States is that a child's 'upbringing' is the responsibility of his or her parents. Many Americans object if they believe that schools are challenging their role as a parent. However, I would argue that overt socialization can be considered an acceptable practice so long as it is accompanied by the proper qualifications. The school, as an institution, may justify what is referred to by political conservatives as "character education" by claiming that they must teach students to work together, behave, follow the rules, etc., for the sake of the institution. Any behaviors that will affect the entire classroom of students or the school more generally may be regulated with little opposition from most parents. In this way, educators are able to instill students with the necessary tools by which they will go out into a wider social world.

The institution seeks to create intelligent, educated students who are able to understand systems of authority, respect them, and work with their peers. Moral socialization, more specifically, is the process through which those in a position to do so, privilege specific understandings of morality and instill those moral codes in children. In order to be a functioning, accepted member of society, one must be proficient in the moral codes and social laws that structure it. In a study of early nineteenth century English classrooms Tyler argued, "Schooling exists as means of securing public morality and of preventing crime" (Tyler 1985: 68). Moral socialization occurs in all aspects of the public education system, from encouraging sharing with others to prohibiting theft, yet this is not the official role of schools. For this reason, moral socialization happens innocuously, almost silently. According to the Foucauldian model of educational power, the power behind this moral socialization is, "both diffuse and invisible" (Tyler 1985: 68). The school does not enact its power visibly through physical force; instead, Bentham's

construction of the panopticon, as it was appropriated by Foucault in his work, “Discipline and Punish,” seems even more applicable in today’s schools: power is reproduced and norms and social mores are reinforced by everyone, often in subconscious, diffuse and invisible ways. As one architect said of the infamous prison design, the effect is to leave one with a “sentiment of invisible omniscience”, of always being watching by everyone and by no one simultaneously (Lang 2004: 53). Given the moral implications of sexuality within American culture, it is no surprise that, even when presented as a scientific, public health issue, devoid of explicit moral intervention, sexuality education walks a dangerously fine line between acceptable socialization and interference.

### **Foucault— moral education and the citizen**

In order for direct socialization to be acceptable in the public school, educators must argue that the behaviors being regulated ultimately affect the greater population. The inclusion of sexuality education in the curriculum is thus contingent on the argument that sexual behaviors may result in teen pregnancy, sexually transmitted infections and deviant behaviors, which if left unchecked, may destabilize society. The human sexual experience is complex and polymorphous; sexuality is not purely physical and most people engage in sexual behaviors for reasons that are not solely or primarily reproductive. However, given the degree to which all aspects of sexuality are given moral significance, it is exceedingly difficult for educators to advocate any kind of sex, ‘physically safe’, mutually monogamous or otherwise, without risking the appearance of

direct moral intervention. As Thomson argues, “School sex education, along with law on abortion and censorship, mark the political front line between the personal and the public. For libertarians this line falls between the individual and the state, for moralists, between the state and the family and for paternalists between the individual and the public good” (Thomson 1994: 41).

Consequently, the American pedagogical approach has great difficulty moving away from the clinical discourse of public health which is perceived as morally neutral. In school classrooms, the many emotional, psychological, and counter hegemonic experiences of sexuality are more often repressed and silenced than they are subject to substantive discussion and debate.

Michel Foucault’s book, “The History of Sexuality,” is one of the most significant theoretical analyses of sexual socialization in western societies: how do certain acts, desires or ways of speaking and thinking about sexuality become normalized and incorporated into widely understood and accepted social mores? As Foucault argues in the third chapter of the book, it is not the natural predilection of humanity to repress sexuality or discourse surrounding sexuality. In most western traditions, society has fixated on the medicalization and scientific dissection of human sexuality; Foucault calls this the ‘scientia sexualis’, or science of sexuality. By subjecting sexuality education to an institutional environment, bodies, sexualities and desires can all be policed, (ab)normalized and controlled.

Because the most powerful execution of control is one which is imperceptible, the successful management of bodies and sexualities can never be publicly acknowledged. However, the belief that “learning results” can and should be measured necessitates that

public schools be able to prove their educational goals are being accomplished, “On the international stage the effectiveness of sex education is currently measured in terms of low levels of teenage pregnancy and abortion,” argues Thomson (Thomson 1994: 41). I would add that success is also measured by low or decreasing rates of infectious sexual disease. Furthermore, in education, scientific knowledge is more highly regarded than emotional or interpersonal knowledge. The combined effect produces a sex education curriculum that attempts to distance itself from overt moral socialization, requires measurable results, and takes on a scientific, medicalized tone. The message this produces for adolescents regarding their bodies and their sexuality is itself problematic but it is not the only troubling result of this pedagogical approach. Because schools rarely acknowledge the moral lessons they provide, educational institutions are effectively free from any accountability they ought to have over content of this social/moral education.

Sex education has very obvious social and moral implications; however, these are rarely addressed openly. As a result, the implicit messages of the class can never be contested, and educators are never forced to take responsibility for the moralistic messages they are producing. So long as students are not pregnant or infected, it makes little difference if they are experiencing an emotionally fulfilling or psychologically satisfying sexuality.

According to Foucault (1978), four “strategic unities” regulate sexuality and by extension, society. The first mechanism is the psychiatrization of perverse pleasure: this refers to which desires and behaviors are considered normal, which are abnormal, and therefore, which should be expelled. The second, the hysterization of women’s bodies, or

casting women's bodies as inferior to men's, has resulted in a discourse which shapes women's bodies as weak, subject to danger and particularly vulnerable to disease. The third regards the socialization of procreative behavior, otherwise considered the emerging discourse regarding population control, wide spread support for family planning and the gradual acceptance of birth control use. The final strategic unity pertains to the sexual development of children, namely, that they ought to develop with comprehensive understandings and acceptance of the preceding three strategic unities. Foucault calls this the pedagogization of children's sex, by which children's sexuality becomes both a moral and medical issue as opposed to a natural aspect of human maturation (Foucault 1978: 77).

These mechanisms operate almost invisibly. Because they are never addressed explicitly, there is no room or space for dissenting opinions. The lack of substantive conversation and debate regarding the construction of human sexuality contributes to its incompleteness. Students are never asked to engage with the moral and social constructions of sexuality, and are thus never provided with guidance and space in developing their own moral and ultimately, decision making intelligence. Given few opportunities to discuss the construction of human sexuality to which they are subjected, the only contestation of this hegemonic-sexuality is performative; to dissent one must *act* in a subversive way. In regards to sexuality education, this has obvious implications for the efficacy of the message.

## **The role of school administrators, teachers and parents in determining norms and values in sex education curricula**

The mechanisms by which behaviors and personal characteristics become hegemonic are diffuse and difficult to identify. It would be nearly impossible to find a single person who truly embodies hegemonic-sexuality, and the majority of school staff and administrators do not perfectly represent this category themselves. This is precisely what makes hegemonic-sexuality so powerful: there is no singular site of production, and it is nebulous, impossible to define and thus exceedingly difficult to contest. Hegemonic-sexuality maintains its position, precisely because so few people know how to challenge it and its diffuse nature makes it seem huge and omnipresent. As in the panopticon, each actor seeks to achieve hegemonic-sexuality because they fear they are being watched, whether or not they actually are. Most importantly, this self-policing occurs without many of us even realizing exactly what it is we fear. In public schools, this phenomenon is especially apparent given the many conflicting and overlapping power hierarchies which come into play (Tyler, 1985).

In at least one instance, that I am aware of, an administrator quashed an educator's requests for changes to sex education curricula, arguing that parents will not approve of any additional information being provided. However, very little evidence suggests that parents are actually opposed to more comprehensive sexuality education. "Resistance to sex education, while loud at the level of public rhetoric and conservative organizing is both less vocal and less active within schools and parent groups" (Fine 1988: 43). As one Waterville sex educator informed me, "I've never had a parent pull a kid out



of one of my classes if I'd talked with them about what I was actually teaching" (Andrea Pascoe, author's interview).

It is this diffuse, tangled power hierarchy that causes the status quo within bureaucratic institutions to become exceedingly difficult to penetrate. It is often unclear which channels one must go through, and often, even at the highest levels actors are unsure which of them is responsible for making these kinds of decisions. The norms and social mores which are thus produced in schools are part of a feedback-loop; each actor thinks they will be punished for contesting the commonly held beliefs of the others, they thus reinforce these beliefs and reproduce them, which makes no single actor responsible for the production of the prevailing norms and values. Educators are particularly sensitive to this diffusion of power; it is often unclear for whom they are teaching.

### **The moral dilemma of teaching sexuality to children**

Regardless of an educator's intentions, sexuality education is not ever completely devoid of all moralizing and normalizing effects. Sex educators are in a particularly challenging position; they teach human sexuality to a segment of the population which is understood to be innocent and pure. The premature sexualization of children is often seen, symbolically, as sexual assault in many discourses and appropriate age and content of these classes is continuously contested. "Numerous historical analyses indicate that children's sexual development has caused great debate for over 100 years" (Hayter, 2007). The premature sexualization of children is likened to a crime; it is seen as the unnecessary theft of innocence. Sex educators must thus, in a symbolic sense, lead

students from innocent-childhood to sexual-adulthood while explicitly avoiding giving any moral instruction or stewardship throughout this tension wrought process. Teachers therefore occupy a tenuous position and may feel that their behavior is closely monitored by multiple audiences. My observations led me to believe that in an attempt to avoid any appearance of impropriety, educators often teach as conservatively as possible, therein reflecting and thus reproducing hegemonic-sexuality.

Teachers, parents and school administrators all play important roles in producing social rules, the bounds of allowable moral intervention and legitimizing forms of knowledge. Teachers, perhaps, can be seen as occupying the least powerful position in the power hierarchy, given the bureaucratic structure of schools and the influence most parents hold over institutions. However, their relative autonomy in the classroom, through somewhat audited by other actors and bounded by the institution's rules, is the greatest source of diversification within the school (Tyler, 1985). However, teachers do not appear to be aware of their autonomy, and often feel as though they must work to appease both the parents of children and the administrators responsible for the institution (Dornbusch, 1996).

In American society, sexuality is wrought with moral implications, more so than any other biological phenomenon. Sex educators are thus responsible for producing a moral message about sexuality for children, which if successful, serves to create functioning, reproductive members of society. The stakes are high as inadequate or improper sex education may be blamed for social instability via teen pregnancy and endemic disease, and perhaps more destructive to the carefully constructed moral/social order—perversion and sexual deviance. As a result, sexuality education becomes less about holistic sexuality and its lived experience, and more about the management of

bodies and populations in an attempt to align with science and public health.

Correspondingly, sexuality education takes on important characteristics: it focuses on the physical experience, reproduction, and the prevention of disease and it does so in a way which is heteronormative and male-centered and which portrays the human sexual experience as dangerous.

**Teachers act as linguistic gate keepers by determining what subjects will be addressed, and how**

The concept of the gatekeeper is most often employed in conjunction with social groups and the mechanisms members use to accept or reject outsiders. However, the concept of the gatekeeper is also applicable to the production of knowledge and the construction of reality. In the sex education classroom, only teachers have the authority to introduce content and concepts. Within the class, teachers are solely responsible for the way in which issues and ideas are framed. Educators either allow or disallow meaningful, productive discussion of sexuality. Because teachers are aware that they are beholden to multiple audiences and that moral socialization must not be overt, they must straddle a kind of liminal space. Their subject *is* morally charged and thus, whether they want to provide a moral education or not, or even if they see this sort of “interference” as wrong, they are unable to avoid the fact that their approach to sexuality will have a prescriptive or normalizing affect. My observations have led me to believe that when facing this dilemma, many teachers take the most conservative approach possible in order not to offend or question parental authority. In doing so, they most often simply

reproduce current cultural and social understandings, which are often with both homophobia and sexism.

As legitimate sites of knowledge reproduction and socialization, schools and, by extension, school teachers, thus have significant control over the ways American youth understand their bodies, and what they can do with them. What teachers leave out, students rarely are able to fill in. The unspoken sends a powerful message that what has been silenced is abnormal, deviant, shameful and wrong. Furthermore, because moral messages in the class are delivered implicitly, it is exceedingly difficult for children, who are not gatekeepers, to put forth ideas that will be recognized as valid if they contest the conservative, hegemonic-sexuality on which the classroom operates. Teachers ultimately decide what students should know, and the overwhelming answer is often very little, “Unlike Owl, ‘who knows something about something’, children are supposed to know nothing, especially about sexuality, if they are to maintain their status as innocents” (Epstein 1998: 15).

The question thus becomes, is this effective, or even applicable to the lived reality of human sexuality? I would argue that Waterville’s sex education curricula often does little to advance students’ perceptions of sexuality or gender relations, and does even less to provide a space in which students may begin to question hegemonic-sexuality and its ability to produce a fulfilling sexual experience in diverse human lives. Furthermore, the body of literature suggests that my findings are applicable to many sex education programs across the country, and that the most common construction of sexuality in sex education classrooms is one which portrays the human sexual experience as being reproductive, experienced physically, dangerous, male-centered, heterosexual and

negative, (Fine, 1988; Irvine, 2002; Tollman, 2002; Diorio, 2001; Thomson, 1994; Allen, 2004).

Furthermore, because expressions of sexuality and internal desires, to some extent, have been so linked with morality, even talking about sex has moral implications. Teachers are thus required to speak about sexuality in terms that are considered appropriate (medical and scientific) and feel pressured, additionally, to approach their curriculum in a similarly medial and scientific way. The result is that not only is sexuality education limited to discussing only the physical and reproductive aspects of sex, educators are unwilling or unable to teach students about any of the emotional and psychological aspects, such as decision making, healthy relationships, and communication, for fear of crossing the line by providing a seemingly moral education. However, given the way our society understands sexuality, anything that teachers say, especially as gatekeepers (controlling the discourse and thus, the construction of reality), contributes to the way students interpret the implications of particular sexual behaviors, roles and desires, for a person's perceived morality.

### **The public health approach leads to a focus on physical, (potentially) reproductive sexuality**

This conservative, public health oriented approach means that only a limited range of sexual expression is recognized and validated, specifically heterosexual, potentially reproductive sex. This construction of human sexuality is privileged because it

can be discussed in relation to the process of childbirth, which can be presented with no mention of sexual desire or pleasure:

Attention to sexual desire and pleasure have been diverted in sexuality education through the constitution of sexual intercourse as synonymous with reproduction. In this way (hetero)sexual intercourse is legitimated by the procurement of children rather than the quenching of desires. In learning about 'how sperm fertilizes egg' the potential reproductive effects of intercourse are given precedence over the embodied sensual experience of those engaging in this activity (Allen 2004:154).

Given that sexuality education achieves most of its legitimacy in school curriculum through the commonly held believe that such education serves as a solution to problems that affect society more broadly, the focus has often been on the physical results of sexuality which threaten the social order such as teen pregnancy and endemic disease (Allen 2004: 154). As a result, almost every aspect of sexuality education in public schools employs an image of potentially reproductive, heterosexual intercourse. Unfortunately, not only is human sexuality considerably more complex, but this model of sexuality has a limited ability to resonate with many teens.

Not all bodies can produce children; furthermore, many are not trying to. This educational focus is thus unrepresentative of the experiences of non-heterosexuals, and adolescents who are not interested in sex for procreative purposes. Furthermore, by identifying only reproductive intercourse as sex, students who are engaging in non-reproductive sexuality (such as hand holding, dating and even fondling) are unable to identify their actions as sexual (Byrne and Fisher, 1983). The result, I would argue, is that these students (those who are not having intercourse) are limited in their inability to understand themselves as sexually active, even if they are engaging in increasingly intimate "fore-play". As Bay-Cheng argues, when penetrative intercourse is portrayed as the only form of sex, and all other expressions, ranging from mutual masturbation to oral

sex are discounted as “fore-play”, students may engage in penetrative sex because it is the only sexual expression which is considered legitimate (Bay-Cheng, 2003).

### **The focus on physical and reproductive experiences limits a holistic view of human sexuality**

I do not argue that this approach to sex education is entirely wrong; sexual behavior can and sometimes does result in teen pregnancy and the spread of infections. However, in approaching these very physical outcomes as though they are merely physical experiences, even these specific results become one-dimensional. For example, the medical model rarely addresses the emotional or social effect an infection or pregnancy may have on a relationship. Nor does this approach include lessons on how to communicate with one’s partner about choosing a birth control method and sharing responsibility for its cost and procurement. These latter issues are rarely discussed because they are not entirely physical aspects of sexuality; nonetheless they pertain directly to the prevention of teenage pregnancy and disease transmission. Human sexuality is not a purely physical experience; an individual’s sexuality is experienced many ways, including emotionally, physically and socially. The current reliance on the physical aspect of sexuality gives a very limited view of the human experience:

Although the concerns of unwanted pregnancy, infection, and assault are certainly well-founded and substantial, a growing number of experts in the field of adolescent sexuality argue that a singular focus on these threats constrains our understanding of adolescent sexuality and hinders our ability to provide teens with needed knowledge, guidance and support (Bay-Cheng 2003:65).

The emphasis on the physical aspect of sex is often far removed from the way many students in the class are, at that moment, experiencing their sexuality. For those

students who are not yet sexually active, the message that true sexuality is reproductive and physical, is inapplicable to their own lives, even if it is a reality they one day hope to inhabit. The purely reproductive and physical approach to sexuality education thus fails to address students' needs at every stage in their sexual lives. For those that are not yet sexually active but are developing the necessary skills to create loving, safe, healthy relationships, there is no direction as to how to improve non-sexual relationships; very little is done in terms of providing students with communication skills, and even less occurs in relation to developing critical thinking skills regarding their sexuality and the conceptualization of human sexuality more broadly.

The needs of sexually active students are also overlooked because the approach does little to recognize that they may be experiencing significant emotional and mental turmoil as a result of their decisions. The current sex education curriculum does very little, if anything, to improve the emotional and mental health of already sexually active students. In fact, there is very little work done on life P.S. — Post Sex. The physical act of sex is presented as the end point, not the beginning of a new era in emotional, physical and mental human experience which can be fraught with difficulty, joy and confusion. As Britzman asks, “can sex be thought of as a practice of the self rather than a hypothetical rehearsal, as in preparation for the future?” (Britzman 1997: 99) Can sex education portray sexuality as a continuum of human experience, rather than as a singular, final act with only physical repercussions? A focus on sex as the end point does little to encourage teens to believe that there are important, fulfilling and pleasurable things along the way, and does even less to provide students with an understanding of the challenges they will continue to face in their relationship and in life once they have become sexually



active. Moreover, the lack of discussion regarding female or non-heterosexual sexuality makes it even more challenging for women and homosexual students to develop healthy sexual lifestyles.

### **Male-centered sexuality education**

In many ways, male orgasm falls neatly into the reproductive, physical paradigm. Simply put, a man will most likely be required to ejaculate for pregnancy to occur. As a result, male ejaculation and thus, male orgasm, can be discussed in a way that does not require educators to discuss pleasure. Female orgasms, however, are not required for conception and thus are often left out of the dialogue entirely. This is just one of many ways in which the reproductive, physical approach to sexuality ignores female sexuality, thus creating generations of women who are still unsure exactly why it is that they have sex. Most sex education curricula never explain to women that sex can be both physically pleasurable and emotionally satisfying. Female desire is never discussed, and women only experience sexual desire through men as vulnerable bodies, pursued by aggressive male sexual desire. Michelle Fine calls this the, “missing discourse of desire,” and she argues that in denying women an opportunity to explore themselves as sexually desirous and pleasurable actors, sex education denies women agency over their own bodies and sexualities (Fine, 1988). Or as Allen argues, “sexuality education fails to convey a sense of personal empowerment and entitlement for young women. As others have noted, this has important repercussions for young women’s sense of being able to initiate safer sex in relationships” (Allen 2004:156).

I found that the young women in my study were never taught, within the context of the classroom, to believe that they should wait to have sex until it will feel good; they are instead told to wait to have sex until they are “ready”. Unfortunately, no one ever tells them what this will feel like. Will it mean that they will desire someone sexually? Does it mean love? Does it mean curiosity? Men, on the other hand, are considered to be sexually desirous early on, and they are taught to control these physical drives. Women are never given this same opportunity to gain control, even conceptually, of their bodies and their sexualities (Fine 1988: 30).

Female sexuality is thus cast as a foil to male desire, and later, as a potential incubator— a woman’s sexuality is never her own. Even in regards to sexually transmitted infections, the dominant concern in much of sex education is for the maintenance of fertility and the ability to bear a healthy child. There is no discussion of the ways contracting a disease may affect a woman’s self esteem. Furthermore, this burden is unfairly borne by women, and not men, whose reproductive abilities are rarely, if ever called into question. Women are thus being asked to protect and guard something they never completely own. As Tollman argues, “the acknowledgement and ownership of one’s embodied sexual desire is the first step in achieving a sense of sexual entitlement, which in turn provides the necessary foundation for sexual agency” (Tollman, 2002).

Women are not the only actors that are constricted in their ability to experience sexuality in a way which is holistically satisfying. Though the physical and reproductive approach appears to allow men considerable room for expression and exploration, in many ways it is equally limiting for them. Sex education does acknowledge that women experience their sexuality in emotionally and psychologically, though they are given little

instruction on how to do so in a productive way; by contrast, men are not expected to have a similar experience. Though male sexuality is often presented as allowing more freedom of expression, exploration, and experience, such discourses,

...also have a regulatory effect in their prescriptions of 'normal' and 'expective' (hetero)sexuality. Allusions to male (hetero)sexual desire in the absence of equivalent references for young women, constitute young men's sexuality as predatory. This offers a standard against which young men might measure their sexuality as appropriately masculine, and discover themselves 'sub-standard' if their experiences do not conform. (Allen 2004: 156).

In this way, male sexuality, within the classroom, is actually highly constricted. Though male desire is acknowledged, it too is physicalized. Men are expected to act on their physical desires, while downplaying their emotional needs. This hegemonic masculinity constrains men from expressing interest in emotional intimacy and does not allow men to be vulnerable in their sexuality. Notably, this construction further exacerbates male-female inequality. As Allen argues, "dominant subject positions of male (hetero)sexuality 'require young men to exercise power over women', such discourses not only limit any alternative expression of male sexualities (including homosexuality) but are also disempowering for their partners" (Allen 2004: 163).

### **Non-heterosexual experiences of sexuality are silenced**

Though I would argue that sexuality can be all encompassing, constantly changing and experienced in a multiplicity of ways, it is not portrayed this way by sex educators. Not only are heterosexual students left out of this understanding of sexuality if they are not currently engaging in a long-term, monogamous and potentially reproductive relationship, but also students for whom reproduction is inapplicable are left out entirely:

School based sex education [SBSE] is invested not simply in reducing the frequency of sexual behaviors among teens. Examinations of SBSE curricula and programs reveal a distinct heterosexist bias. Queer sexualities, including questioning one's sexual orientation and attraction, are largely omitted from SBSE curricula (Bay-Cheng 2003: 66).

Because many educators attempt to avoid socially controversial issues, homosexuality is a topic many educators simply ignore. However, in doing so the implicit message is that homosexuality is abnormal or deviant. Furthermore, the paradigm of heterosexual, potentially reproductive sex does not and will not apply to queer students' experiences with sexuality. It is thus difficult to imagine how the same messages which are applicable to heterosexual students are also applicable to homosexual students.

The reality is that homosexuality is still widely discriminated against, and gay/lesbian students live within a political system which disallows them the same status as their heterosexual peers. Furthermore, certain sex acts, including oral and anal sex, require additional information to be safe, requiring more than the standard "use a condom" message of the average sex education classroom. Non-heterosexual students are rarely provided with a space in which they may begin to develop a healthy approach to their own sexuality, nor are they given the tools to protect themselves against a hostile world emotionally and mentally. Additionally, accurate information to ensure that non-heterosexual students are able to protect themselves physically is often missing from most sex education classrooms. Instead the existence and experiences of non-heterosexual students are simply ignored, unless to explain that particular sex acts, such as anal and oral sex, are capable of spreading disease. This latter lesson provides heterosexual, homosexual and questioning students with a very clear, though implicit, message that homosexuality is deviant, illegitimate, and dangerous.

## **The discourse of danger**

In keeping with the American pedagogical tradition that to inspire a healthy fear of something is to inspire respect, the general aim of sex education appears to use dangerous outcomes as a deterrent:

According to current standards, a federally subsidized abstinence-only program must teach ‘that sexual activity outside of the context of marriage is likely to have harmful psychological and physical effects’ and ‘that bearing children out-of-wedlock is likely to have harmful consequences for the child, the child’s parents and society (Bay-Cheng 2003:64).

However there is little evidence to suggest that it does; more than 50 percent of high school students are still having sex, and there is ample evidence to suggest that what this fear-mongering does accomplish, is a body of students who are limited in their ability to begin to developing ideas of what a healthy sexuality might look and feel like.

Another means by which positive explorations of desire and pleasure have been precluded from sex education is the way involvement in sexual activity is constituted as ‘dangerous’. This connection is created through prioritizing the potential negative consequences of sexual activity over the positive. For example, by concentrating on the acquisition of sexually transmissible infections or the threat of physical violence and abuse and not mentioning the corporeal and emotional pleasure of sexual activity (Allen 2004: 154).

I would argue that many students’ immediate concerns regarding sexuality are more closely tied to the emotional and psychological aspects of sexual experience than to its physical and reproductive functions. The current reproductive, medical model does not apply to what many non-sexually active students are experiencing, nor does it address many of their concerns. Furthermore, hyperbolic accounts of sexual danger— for example that a drop of male pre-ejaculate on a female’s underwear may result in pregnancy— when the statistical likelihood of an unprotected sex act resulting in a viable pregnancy is only about 30 percent, is counter productive. Such over-the-top

messages of danger can easily be proven inaccurate with a little internet research, and thus the discourse of fear creates an air of deception. As one student argued in my study, “70 percent of kids at this school are having sex, maybe one girl gets pregnant.” In this way, the discursively constructed reality of sexuality conflicts with the lived reality. Because the curriculum allows no place for these contentions to be discussed productively, students simply assume what they are being taught is at best, inapplicable to their experience, and at worst, purposefully incorrect.

### **Implications of the current approach to sex education**

In response to Fine’s work, Bay-Cheng proposed that sexual self-efficacy is comprised of three primary components: “the ability to say ‘no’ to unwanted sexual encounters; the ability to assert one’s own sexual desires and wishes; and the ability to take responsible precautions in sexual encounters” (Bay-Cheng 2003: 65).

I would argue that these outcomes are rarely accomplished by the current approach to sexuality education. Women are never allowed to develop ownership of their bodies and desires, making it difficult to determine when to say no to sex. Homosexual students are taught, implicitly that their sexuality is shameful and thus have very little reason to take responsibility for their health. These classes do little to help students—men, women, straight, gay, sexually active or not— to develop ideas about what a fulfilling sexuality would look and feel like, and they have even less guidance in learning how to enact it.

As I have argued, this is largely due to the current approach to sexuality education, which has evolved in response to the multiplicity of actors who are perceived to be policing the behaviors of sex educators in the classrooms. Educators attempt to distance themselves from teaching in a way which seemingly advocates any particular moral values and yet the subject of sexuality, in American culture, is highly charged with moral implications. As a result, educators often echo the conservative status quo; hegemonic-sexuality, as it is produced and reproduced in society, is male-centered, heterosexual, and reproductive.

The literature argues and my experiences indicate that sex education retains its place in public school health curricula so long as it can accomplish public health goals and avoid promoting a moral agenda. As a result, the sex education curriculum in the classrooms I observed portrayed human sexuality as being experienced physically, and as being potentially reproductive and likely to result in disease. Furthermore, as I have previously argued, a person's sexual behaviors, roles, and desires are all considered indicative of their moral character. Therefore, though educators may not claim responsibility for providing a moral education, the discursive construction of human sexuality they choose to teach, while functioning as linguistic gatekeepers, sends both explicit and implicit moral-messages to students. As a result, sex education appears to be male-centered and heteronormative. In addition to human sexuality being cast as being experienced physically through reproductive, heteronormative intercourse, sexuality is also discussed as being dangerous and negative. Many students, however, are not experiencing their sexuality in this way, and as a result, they are unlikely to acknowledge the messages of the class as being applicable to their behaviors.

My study sought to determine whether or not the themes presented in the literature were in fact demonstrated in public classrooms in Waterville, Maine. As my discussion of the issues has implied, I often found that these themes and concepts were almost always applicable to the classrooms I observed, regardless of the personality or approach of a particular educator. In fact, though the classrooms in which I completed my ethnographic research were very different in terms of teaching style, location and socioeconomic status, because each school seemingly adhered to the idea that sex education is a tool of public health, the curricula were more similar than not, and all three demonstrated the themes and issues, raised in the literature, throughout the entire course.



## **Chapter Three:**

### **Context of the study**

This chapter describes two key contextual elements of the ethnography that follows. A city in central Maine, Waterville is subject to Maine state curriculum requirements which ultimately influenced each of the three curricula I studied. I will outline the important aspects of these state-wide policies and outline the ways in which these policies affected the local classrooms I observed. Second, I will describe the three classrooms I observed.

### **Sex education in Maine and the greater Waterville area**

Though recent studies across the U.S. have given abstinence-only programs exceedingly poor marks in accomplishing the goals of decreasing teen pregnancy and infection rates, in 2006, \$215 million dollars of federal funding still went to abstinence-only programs. Nation-wide more than a billion dollars, over the course of a decade, were given to abstinence-only programs through three federally managed channels (Legal Momentum, 2006).

The first, the Adolescent Family Life Act (AFLA) enacted in 1981, spends 13 million each year on abstinence programming. Maine briefly accepted these funds for the two year period prior to 1996. Given the relatively lax requirements of the grants, Maine was able to use the money to produce a series of advertisements titled, “Not Me, Not Now”, part of a national campaign without ever using the money to teach abstinence-only education in the schools (Andrea Pascoe, author’s interview). In 1996 congress passed

the Title V of the Social Security Act. For the first time in history, guidelines for attaining and maintaining these abstinence only funds were enumerated in section 510 of the grant. The enumeration of the terms of use closed the loophole Maine once used to attain funding, and the state as a whole stopped accepting federal “abstinence” money at this time.

As the popularity of abstinence-only programs spread across the country, in the late 1990s, comprehensive sexuality educators across Maine began to fear for their programs. In 2002 the state passed the following legislation:

Comprehensive family life education” means education in kindergarten to grade 12 regarding human development and sexuality, including education on family planning and sexually transmitted diseases, that is medically accurate and age appropriate; that respects community values and encourages parental communication; that develops skills in communication, decision making and conflict resolution; that contributes to healthy relationships; that promotes responsible sexual behavior with an emphasis on abstinence; that addresses the use of contraception; that promotes individual responsibility and involvement regarding sexuality; and that teaches skills for responsible decision making regarding sexuality [Sec. 1. 22 MRSA§ 1902, sub-§1-A] (Maine State Law, 2001)

Though the law ensures that public sex education will always cover contraceptive methods, it does not go beyond this stipulation in terms of outlining curriculum requirements; The Maine State Learning Results are the state-wide learning outcomes all public educators must accomplish. Though the Maine State Learning Results detail which educational goals must be met by educators, the outcomes are in fact quite broad and allow health teachers to fulfill requirements through almost any of the subjects they teach. Technically, learning results for health education are, “performance indicators representing the essential knowledge and skills students need to be healthy individuals” (Maine State Learning Results 1997: 132). Health education covers several subjects including substance abuse, emotional and psychological health, nutrition, physical health, stress management and more, in addition to sexuality. Teachers who are uncomfortable

with sexuality education programs are able to complete the Maine Learning Results through any of the other subjects within the total curriculum. Consequently, though Maine requires that sex education be comprehensive, the flexibility provided to educators by the Maine state learning results make it possible for many sex education curricula to be less than comprehensive in practice. In the classrooms I observed, key issues were largely absent, for example, issues of sexual identity, decision making, communication, emotional health, gender issues among others, were rarely mentioned or entirely absent from the classroom instruction.

### **The Greater Waterville Area: Trends and Demography**

The town of Waterville has experienced dramatic swings in economic prosperity. Incorporated in 1802, Waterville once housed several mills including Hathaway shirt mill, Lockwood cotton mill, a grist mill, a saw mill and even a trolley system. Today, Waterville is primarily lower-income, working-class and white; many public school students qualify for a government-backed free lunch program, and the average income hovers around \$32,000 a year which is \$10,000 less, than the state of Maine average. Furthermore, the greater Waterville area is experiencing a growing evangelical movement though, according to one local educator, the change is experienced by “grandparents, not parents or kids.” At least one of the educators I worked with was a practicing, dedicated evangelical. This is particularly important given the flexibility which is written into the Maine Learning Results; educators, administrators and school

boards are given considerable leeway in determining the overarching messages to be taught in the sex education classroom.

Each of the three classes I observed had its own personality. Most importantly, however, all three educators subscribed to the premise that sexuality education is a public health issue. As a result, though their personal styles and approaches differed, the messages conveyed were almost always the same.

### **Three classes: A, B, and C**

One aspect of my study was guaranteed anonymity for all educators and students who participated. As a result, all names have been changed: classrooms are labeled A, B and C; educators are coded similarly as educators A, B and C, correspondingly; and students are always referred to by the same pseudonyms, which were chosen at random. Because I worked with both male and female educators, I have chosen to use gender-neutral pronouns in order to further ensure their anonymity.

### **Class A:**

The majority of students in classroom A come from lower to middle socioeconomic families. Class A was fairly mixed in terms of lower and middle class students, and the reading and writing skills of class A were somewhat under developed; several students were unable to read at basic levels. The class was comprised of seven females

and five males and all of the students were Caucasian. Class A is part of a fairly religious community.

**Classroom B:**

The students in classroom B were primarily lower to middle class and somewhat more religious than classroom C. The class itself was fairly representative of the overall student body. Most notably, this class had never taken any sexuality courses due to an oversight at the middle school level. As could be expected, class B's general knowledge of anatomy and even of puberty was fairly rudimentary. The class was primarily female (nine to four) with 13 total students, and primarily Caucasian.

**Classroom C:**

The majority of students in classroom C, I was told, come from low-income families; 60 percent of the student body qualified for the free or reduced lunch program offered by the school. The middle class is notably absent and students fall into either the low or high ends of the socio-economic scale. I was puzzled by the classroom C demography as it appeared unrepresentative of the general student population. In our interview, Educator C\* informed me that though the class accurately represented the reading and speaking skills of the school, it did not reflect the true demographic make up of the school as a whole. In general, the student body has an uneven ratio of male to female students, favoring the female population. The class was similarly structured with

six males to nine females. As is the case in most of central Maine, the class was predominantly Caucasian, with one exception. The class was almost entirely comprised of underclassmen. According to Educator C\*, the school's community is quite liberal; there is broad support for sexuality education and students are aware that some of their peers have same sexed parents.

\* \* \* \* \*

As I mentioned in the first half of this chapter, so long as an educator adheres to the belief that public sex education serves a public health function, the basic messages of the class will be more similar than different. Though the three educators I observed were quite different both in terms of their approach to the students and the material, the same themes of reproduction, physicality, and danger were overwhelmingly present in each of the classrooms, as was the implicit presentation of sexuality as male-centered and heterosexual. I will return to these findings in chapter five, but first, I will provide a detailed account of the methodology I employed to explore three sex education classrooms in Waterville, Maine.

## **Chapter Four:**

### **Methodology**

I developed the idea for this study almost immediately after finishing a study of sexual language at Colby College in the fall of 2006. I began contacting local sex educators as early as August of 2007, and in late October of 2007 I began my field work. I spent five weeks in three local public high school classrooms as a participant observer. I implemented a multi-method approach and used both free-listing and interviews to supplement my observations. Free-listing allowed me to interact with students immediately and also provided me with important information regarding the students' lexicon as well as insight into the ways students understood the sexual body. Individual and group interviews made it possible for me to ask questions directly to students regarding the teacher, the class and other phenomena I witnessed over the course of my ethnography.

I initially envisioned a comparative study involving public and private schools as well as schools which offered abstinence-based in comparison to comprehensive sex education programs. I quickly realized the infeasibility of this kind of study; not only would it have been physically impossible to be in so many places, organize class schedules and acquire transportation, I would, in my limited time, explore with breadth but not with depth. Ultimately I selected three schools, all within ten minutes driving distance from my home.

In gaining access to schools, I worked with Andrea Pascoe who is a sex educator with the Kennebeck Valley Community Action Program's (KVCAP) family planning division. I first met Ms. Pascoe while preparing for my teaching trip to China. Ms.

Pascoe has been involved with sex education in Waterville, Maine for close to a decade, and she works with both local sex education teachers and classes of students. Ms. Pascoe has many existing relationships with local schools and educators and visits several local junior and senior high schools each semester in order to teach about contraceptive methods and the services offered by KVCAP. Ms. Pascoe directed me to educators who she thought would be receptive to my proposed study. I approached four educators and eventually received permission to work with three. I am aware that selecting my sites based solely on Ms. Pascoe's contacts introduces an inherent bias into my study; the three teachers in my study have all interacted with Ms. Pascoe, and even copied pieces of her curriculum and lesson plans. It is also worth noting that any teacher comfortable with teaching sexuality in the presence of a young college student is probably much more comfortable with sexuality education than those educators who accomplished the majority of the Maine State Learning Results through their nutrition or physical education curricula, for example.

Once I had selected my sites I feared that the educators willing to be studied would be those who favored the sexuality component of health education, which would thus taint my study toward more progressive versions of sexuality education than what might otherwise be found. What I discovered, however, was that "progressive" is a very subjective term and though many educators might consider their approach to sexuality education progressive, their methods often differ enormously. I wanted the educators to be clearly informed about my background and the subject of my study, but did not want to create any sense of pressure for them to accommodate my opinion into their existing teaching method. In addition, I crafted several permission slips to be read and signed by



educators, administrators, students and parents for the benefit of the Colby administration and the local school administrations.<sup>2</sup> The parental permission form informed parents of my purpose in the study and my proposed methodology. Most importantly, it allowed parents to excuse their children from individual and group interviews if they did not object to my observing their student's class but felt uncomfortable with interviewing.

I planned my study to provide students and educators with total anonymity; this is important to me because I felt and still feel that students and educators deserve to be protected, but also that guaranteed anonymity, in this case, improved the results of my study. I felt that students would be more likely to answer truthfully, and teachers would be less self-conscious if I was clear about the ways in which I would protect their identities, and I found that assumption to be true as my fieldwork began.

Ultimately, I spent five weeks in two local high schools observing three different classrooms; each class met approximately every other day for an hour. In total I spent approximately twenty hours observing each class, however, the specific hours spent in each class are somewhat varied, but I cannot explicitly enumerate them without identifying specific educators and classrooms. I administered initial free listing exercises to each student in two of the three classes, and collected follow-up free lists from every student. I conducted group and individual interviews with every student in classrooms A and C, and with approximately half of the members of class B. Additionally, I conducted at least one formal interview with each educator and met with Ms. Pascoe five times over the course of my field work.

As with any anthropological research, methodologies evolve, mature and accommodate new situations and challenges as they arise. As my advisor often reminds

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<sup>2</sup> Appendix A

me, our best laid plans are those that anticipate the need for flexibility. This is of course the case and I will thus present the methodology as it was applied to each class individually.

### **Participant observation**

Participant observation is really what an ethnographer makes of it. Some choose to participate very little, others not at all. The amount of interaction between subject and researcher is often directly related to the theoretical approach an anthropologist takes in relation to the role of the researcher as an objective or subjective observer. My personal belief is that it is impossible to completely devoid oneself of personal baggage and the frameworks through which we understand what it is we are seeing, and thus we are incapable of being truly objective anyway. As a result, I felt that I should involve myself for the purpose of building relationships which were necessary for my study. My ethnography served several purposes: it allowed me to observe the educators' language and approach to the material being taught and it allowed me to interact with students which also gave them an opportunity to become comfortable with me prior to interviews.

### **Classroom A**

I sat each day on a tall stool located in the front corner of the classroom. This allowed me to see the teacher and the class very well, but also allowed me to be somewhat anonymous when I just wanted to observe. This class was, socially, more

intimidating for me because Educator A\* had voiced concerns before I entered the class that the students were rowdy and unmanageable. As a result, I spent more time milling around and attempting to interact with the students on a personal level in order to overcome my anxiety. I often spoke with students as they worked independently and in groups and felt very close with many of them prior to the interviews. Occasionally, I was asked by Educator A\* to contribute my knowledge of contraceptive methods to the class. These opportunities allowed me to construct a “face” to which I thought the students would respond well. I was able to present myself as a source of information that was youthful, unbiased and non-judgmental.

### **Classroom B**

In this class I sat in the desks provided for students, though there was some distance between my desk and those occupied by members of the class. I often spoke with students as they worked and these students were the most inclusive of me initially. They often directed comments to me, asked questions and greeted me when they saw me outside of the classroom. Because I felt as though the students accepted me and were comfortable with my presence, I felt incredibly comfortable going into the individual and group interviews.

## **Classroom C**

I situated myself to the side of the room behind a large table. I tried once to sit in the desks next to students as they worked on a group activity but found that it made them uncomfortable to have me so close. I retreated and decided to interact with them from behind the table, answering questions that were directed my way and letting the students approach me. My first direct interactions occurred during a computer lab assignment where I wandered around helping to direct students to useful websites while laughing and joking with them in general. This was my first break through in the class and from that point on students often involved me, directed comments to me, and noticed when I was absent.

### **Initial free-list<sup>3</sup>**

Free-listing is a methodology in which a tag sentence is provided and participants are allowed a set amount of time to brainstorm all of the words, thoughts and ideas that stem from the given phrase. My free-lists take approximately five minutes, are completely anonymous and ask only for gender (which, in order to be inclusive is phrased as, “to which gender do you best relate” in order to avoid normative gender roles or alienating other gendered bodies or persons). I make a point to inform students that there is nothing they could write that would shock or surprise me in an attempt to limit their self-editing. Ideally, students will not confer with one another, but the reality is that they occasionally do. This, however is not terribly detrimental to the study; what

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<sup>3</sup> Appendix B

students are really wondering, when they consult their friends, is what social rules and codes they should be following and if it is really acceptable for them to transgress them by writing slang terminology for genitalia. Social policing is just as important for my study and a shift in the language may indicate that not only individual but group codes and frameworks have been affected by the educator as well. For my study, the free-lists are meant to explore the language used to refer to genitalia (both male and female), as well as the students' understandings of the term "sex". In each of the three classes the free-lists indicated the degree to which students misunderstood the concept of genitalia, and held very limited views of what actions or experiences constituted "sex".

### **Classroom A free-list**

Educator A\* introduced the subject of sexuality the day before I arrived. I didn't feel comfortable asking Educator A\* to interrupt his/her lesson plans to complete the free-list but luckily, s(he) informed me that the class had performed a similar exercise. I asked Educator A\* to summarize what was said and how, in order to at least manage some sense of the existing class vocabularies and s(he) informed me that the classes' language was, "pretty crude". Though I did not have a means of comparing an initial free-list to a follow up, I felt that a follow up free-list would still be useful in determining how much the classes' language changed over the course of the unit.

### **Classroom B free-list**

Classroom B quietly took the free-lists with little fanfare; Educator B\* handed the exercise to students while I was present. I found that the process served the additional function that I'd hoped for; the students were curious about my presence and asked about me of their own volition.

### **Classroom C free-list**

Free-lists were distributed by Educator C\* and completed in silence. The papers were returned immediately to me in plain view of the students. My presence allowed students to direct questions to me regarding the exercise and also allowed me to observe the students' behaviors as they completed the lists.

### **Follow up free-lists**

An identical document was used to measure any language or knowledge shifts that had occurred over the course of the sexuality portion of the class. All educators gave free-lists to the class as a warm up for their final exam.

### **Student interviews**

My interview style was very casual and informal, I allowed students to ask question of one another and of me. I also altered the content of group interviews as the

demographic of the groups changed; questions that were applicable to all-female groups might not be for all-male groups, etc. I always informed participants that it would be impossible to identify them in my thesis and insured students that there was nothing they could say or ask that would shock or appall me. I also encouraged students to stop me at any time if they had questions, and in an attempt to keep the content of the interviews mostly private, I attempted to use groups of friends. In each of the three classes the interviews were conducted in the classroom. However, it is important to note that groups were pulled into a far corner while the rest of the class spoke loudly; little attention was paid to the interviewees by the remaining students while interviews occurred and the noise-level in the class was such that nothing could have been heard by students not currently participating in an interview.

Interviews allowed me to ask students how much the class had affected their personal beliefs and behaviors and if they felt the teaching approach had been effective. I always asked students what they would do to improve the class if they were the educators. From these conversations, I was able to glean an idea of how much the students felt the educator's approach to the material was going to achieve the goals they set out to accomplish. By asking them to think like a teacher, I was able to see how they would change the class and I was able to draw conclusions from the discrepancies between the student-proposed approaches and those of the educators. The content of these sessions will be discussed in later chapters.

### **Classroom A interviews**

I told Educator A\* that I would feel most comfortable selecting groups as they formed naturally, but for organizational reasons we resorted to splitting the class in half. It was a small class of approximately 15 students so the groups were not unmanageably large. The first group contained approximately seven students; the other was comprised of the remaining eight students. Luckily, friends tended to sit near each other and had evenly divided the room on their own. Groups were mixed-gender and the other half of the class studied for the exam while I met with their peers.

### **Classroom B interviews**

In classroom B students selected their own study groups and I went around the room and pulled these small groups out for private discussions. In total I completed one individual interview with a male student, one group interview with approximately four female friends and one group interview with two close female friends. Though I didn't speak with everyone in the class as I had with the C and A classes, I felt that the B interviews were more intimate and personal overall.

### **Classroom C**

I had one full class to complete the focus groups with classroom C. Educator C\* and I decided that we would allow the students to select their own groups and come



forward when they felt comfortable. The rest of the class was instructed to study for the upcoming exam. The first four-person group was all-female, the second four-person group was all-male and the final group of five was mixed-gender.

### **Educator interviews**

Although I interviewed Andrea Pascoe from the Kennebec Valley Community Action Program's education and reproductive health group only once formally, we met on at least four other occasions, beginning in early September of 2007. Our interviews were casual, conversational and often explored questions that had arisen in other aspects of my research.

I also interviewed the educators I worked with following the end of my ethnography in their classroom to ask how they had developed their approach to sex education and how they built their curriculum. I asked the educators to talk to me about their feelings regarding and approach to issues of sexual preference, gender, intersexed bodies, etc. I also asked how they negotiated my presence in the classroom and if it changed their interaction with students in any way or caused them to change their methods.

Most importantly, I found that I adapted my methods to suit each individual class; I am certain this affected my results in many ways. Two important negotiations had to take place in order for my study to be effective. First, having previously been a sex education teacher, I had to relinquish my position as an educator, though I was never fully able to take a passive role in the classrooms. Second, I worked to develop both a

least-gendered and least-adult status in order to interact with male and female students as well as teachers and students simultaneously.

### **Becoming a researcher and relinquishing my role as teacher**

When I began to construct this study in the spring of 2007, I knew I wanted an ethnographic component. This was for two reasons: first, I believed it would be the most effective way to study the question, and second, I had a real desire to experience field work. I do not believe I am alone in thinking that the idea of ethnography is somewhat romantic. For many, most often those of us in introductory anthropology courses, the image of ethnography is one of a khaki clad researcher in a remote village, learning what it is to be part of a previously unknown, unstudied culture. This idea changes drastically, as we learn more about the discipline, but that image follows us as we begin our own ethnographic research. I had an image of myself observing the class, taking notes on meaningful interactions and providing insightful analysis of the issues. However, as most anthropologists find, ethnography is never that easy. Rarely are you limited to one role, and often times, your own issues and insecurities take you far from the path you originally set out upon.

Every ethnographer must confront, upon beginning his or her research, a variety of issues, dilemmas, and challenges they did not plan for. The actual study is rarely a mirror image of the proposed one and ideas and conceptions of ourselves and our object of study changes once we reach the real classroom— not just the theoretical one. For me, this meant negotiating my moral responsibility to the students and my professional obligations to the school and the teachers who let me into their classrooms.

I had been drawn to Amy\* and Cat\* immediately: they were vivacious, precocious and unnervingly reminiscent of my closest friends in high school. My first weeks in classroom B were spent sitting quietly at a solitary desk, scribbling notes and attempting to observe without monitoring the sophomore health class. The trimester was winding down rapidly and time had finally opened in the curriculum that would allow me to interact more intimately with the students. Educator B\* had informed the students that I would be milling around as they studied for the class final to ask them questions.

Though I had never felt out of place exactly, I had only recently begun to feel that the three classes I visited daily were beginning to regard me as an affable addition instead of a disconcerting curiosity. My interactions with the students had been limited to a handful of exchanges, usually my aiding in projects or answering questions about STIs or other impersonal, factual information. I felt I had not yet made contact with many students in a more individual way so when it came time to probe students about their feelings regarding the class and its applicability to their lives, I found I was more uncomfortable than I had thought I would be. I was unsure of myself and my ability to make the students feel safe enough to open up about such personal issues. For this reason, I reached out first to Cat\* and Amy\* who reminded me of my own high school peers.

Luckily, my worries had been completely unfounded; though I began the conversation side stepping the girls' individual sexual experiences and asking them to respond only to hypothetical scenarios they immediately applied the questions to their own sex lives. They were so willing and eager to talk about their sexuality I couldn't help but remember my own experiences. I remembered the anxiety I experienced, and how much I had needed someone who would give me advice, legitimize my feelings,

normalize my experience and tell me how to own my sexuality in a way that made me proud of myself instead of ashamed. Though they spent the past semester in a sex education class, the aspects of sex that felt the most real to them, the emotional, sociological, and psychological components, had been completely left out. I wanted to provide them with the figure I had been seeking in high school; however, I was not an older sister, or student teacher, I was merely a researcher given tentative permission to interact with the students and watch their classes. I had not been asked to talk about my views on sexuality.

Over the course of my ethnography I confronted this same issue repeatedly; how much should I interject my own beliefs? On occasion, while sitting in the back of the room, I would hear factually inaccurate information and I would struggle internally with my desire to correct it. What was my responsibility to the health of the students and did it outweigh my professional obligation not to over-step my boundaries in the classroom? I did not want to undermine the educators, but when students posed questions that were so clearly asking to discuss issues of sexuality in more detail, and they were ignored, passed over, or even once, somewhat mocked for their curiosity, I wanted very badly to respond. Having been, just months before, a sex educator myself, I had become accustomed to teaching this subject and I was comfortable with my approach to discussing sexuality; suddenly taking a backseat was a difficult transition.

Though I had stood before classrooms of students on many occasions, I often confronted fears that I would be unable to interact with the students in a way that allowed them to speak to me openly and candidly. I was unsure how much I could give back, and I knew that part of developing trust was allowing the students to see me as a person who

could empathize and understand, not a mechanical academic hiding behind a notebook. I was constantly trying new things, holding eye contact and smiling, asking for students to tell me about what they were reading, helping with statistics and presentations, all in the hopes that they would feel comfortable with me.

I was not the only one expressing concerns with my ability to relate to the kids; time and again people would comment on the fact that I was a woman, and that by that criterion alone, men would react differently to me. However, in both my study at Colby and my experience teaching in China, male students were often more open and interactive than female students. Being a woman actually granted me greater access to honest answers from men. Though unaware of the dynamic at the time, I now believe that because the “masculine” model is so competitive, men cannot voice concerns, questions or insecurities to other men without questioning or undermining their own masculinity (Mary Beth Mills, personal communication). As a woman, I was less threatening and provide them with an outlet to express these insecurities and concerns. It was girls that I often found more difficult to reach. I was worried that I would not be able to reach the girls in the classes on a personal level and that they would shy away from me though it was their opinions and experiences I most wanted to hear.

The success of my first interaction with Amy\* and Cat\* reassured me that some students at least felt comfortable discussing sexual issues with me. The careful balance between observing and interacting, and the difficulties I faced in choosing to ignore the introduction of misinformation into the classroom, was something that caused me discomfort for the entirety of my study, and still in some ways, bothers me today.

My experience has led me to believe that anthropologists in the field are asked to occupy a liminal space, a role or position without clear rules or borders, in order to maximize our ability to adapt to the challenges that appear when working across genders, cultures, languages, and age groups. Though the liminal space insures we don't limit our ability to change our approach or alter our role in order to better attain information, it does place an often unexamined strain on our identities. Ethnography can often feel like a rigorous social examination in which you hope desperately that you fit in, but worry constantly about what you compromise in order to do so. While, in the end I situated myself as a somewhat interactive member of the class, I struggled with my personal desire to protect girls in whom I saw myself and my friends. I was not studying a culture very far removed from my own but I nonetheless confronted my role as an anthropologist and my personal history in ways I had never expected.

### **Code Shifting: assuming a “least-adult” and “least-gendered” status**

An extension of my moral dilemma as a teacher and as a researcher, I often found I was unsure how to create for myself a role in the grey area between teacher and student. The problem was not that that such a liminal space does not exist, but that it is too expansive. There was no comfortable middle ground between student and teacher for me to occupy without alienating either one or both groups.

Because I knew that my access to the classrooms hinged on the educators and their comfort with my presence and faith in my maturity and professionalism, it seemed clear that I would have to first please them. However, I would have to do so in a way that did not cause me to lose access to the student population that was watching me more

closely than I probably still understand. It seemed as though I would have to shift my position dramatically in ways that would be quite obvious to anyone paying attention. Upon considering this more carefully, I realized that given the nature of my study, I would often be forced to interact with both students and teachers simultaneously and such obvious code shifting would be impracticable.

Half-way through my first week of observing classroom B, I realized that students were less willing to speak to me if they saw me speaking to Educator B\* often and in a seemingly friendly tone. This was a considerable problem and in response, I developed a strategy; I would build repertoire with the teachers first, earning their trust and ensuring them that I was a mature, capable adult. In order to build these relationships I would spend time talking with each of the educators before and after classes. While in the classroom, however, I attempted to speak with the educators as little as possible, though I was always friendly and accommodating. Instead, I spent my time in the class speaking with students and attempting to appear laidback and youthful. In her 1998 school-based ethnography, Debbie Epstein calls this taking on a “least-adult” status, which she claimed was necessary when working with children on issues of gender and sex (Epstein, 1998).

In addition to developing a least-adult status, I also found that in some situation I would need to negotiate gender-related issues. For example, my second focus group in the classroom C was all-male. I have always been able to get people to talk but I could not get these boys to say much of anything. Connor\* begrudgingly took on the role of group speaker, but he continuously complained to the others about their lack of participation. I was beginning to panic, until I noticed my body language. I was leaning forward in my chair, hands interlaced or gesturing wildly, which I knew was not a

particularly masculine mode of communication. In fact, I realize that I must have been making them uncomfortable by using body language and even verbal styles that mirrored the “girl talk” approach I had used with the previous all-female group. I tried to mimic the body positioning of the men; one arm draped over the back of the chair, knees apart, and minimal hand gestures. I slowed my speech and even lowered my voice as much as possible— immediately the group came to life. I had not only code-shifted effectively, but had managed to take on a “least-gendered status”. I was female, but I was less female than I could have been, which made the men in the class much more comfortable with me. The phrase “least-gendered” comes from CJ Pascoe’s experiences as a researcher which she writes about in her ethnographic study (Pascoe, 2007).

A good deal of consideration went into my construction of a least-adult position in the classroom. The degree to which I was able to do this was largely dependent on the liminal space available to me. Though it might seem that a broad space would allow for more freedom, it was actually constricting because code-shifts required obvious alterations in behavior which risked my legitimacy with both groups. Thus, the distance between students and educators as children and adults often affected my ability to interact with students, though I eventually developed a method to overcome this difficulty. What I did not expect, was that I would also develop a least-gendered status.

The following chapter draws on my five weeks of observations, the results of both the initial and follow-up free lists and, perhaps most heavily, from my interviews with the students themselves in which I asked about the class, their teachers, and what they wished their sex education had been.



## **Chapter Five:**

### **Ethnographic Findings**

I will now present the main trends that emerged in my study, along with my analyses of them. Though there are many threads I could present here, I have selected the following which best demonstrate the thematic concerns I raised in chapter two through my field work with students. I have argued that in general, the public health approach to sex education forces the curriculum to focus on the physical, potentially reproductive, and dangerous components of sexual behavior. I have also claimed that the implicit message of these courses is that human sexuality is male-centered, heterosexual and negative. Over the course of my five weeks of observation and interviews, I found that this was indeed the case, and that students were aware that this construction of reality was problematic. I start my analysis of each theme with a representative vignette drawn from interactions I had with students and educators. First, however, I will discuss the role of the educators in the classrooms, and students' reactions to them in order to demonstrate the ways in which classroom lessons are questioned by students and frequently viewed as inaccurate or inapplicable.

#### **Questioning teacher knowledge and experience**

Sex education teachers face a more complex set of challenges than the average high school educator. As Fine argues, in the case of human sexuality, adolescents consider knowledge to be experiential— you can not know sex unless you have had sex (Fine, 1988). For example, sexually active students I interviewed often commented that

they could not discuss concerns or issues with their non-sexually active peers given their lack of experience and thus inability to empathize or provide useful advice. However, given the moral implications and the discomfort experienced by others in discussing sexuality with those outside their peer groups, sex education teachers must prove that they know about sex and sexuality, without explicitly discussing their own sexuality. Given the conservative approach teachers take in order to avoid offending parents or prematurely sexualizing students, the only acceptable sexuality educators can discuss is sex within the confines of marriage which is not what most students are experiencing. Additionally, students do not believe their teachers are capable of remembering, accurately, what it was like to be young. The problem of legitimacy is thus directly related to the degree to which students feel they can trust or relate to the information being delivered by their teachers; in my study, this proved to be very little.

As comprehensive sex education and sex education in public schools more generally became common, sex educators across the country were continuously accused of indecency; stories of teachers going so far as to use their own bodies as diagrams, were told and retold across the country, though no evidence, name, or even a concrete location could ever be provided for these stories (Luker, 2006). Given the discomfort with which our culture manages the sexuality of children, it is understandable that sex educators feel uncomfortable allowing themselves to be conceived of as “sexually active” in any sense, by their students and their students’ parents. However, the question then becomes, how do educators prove they are knowledgeable about the subject, when experience is considered the prerequisite, without undermining their own morality and professionalism?

Furthermore, the average age of the educators I observed was about forty years whereas the average student age was somewhere around sixteen and seventeen years. In our society cross-generational discussion of sexual activity evokes considerable discomfort and embarrassment. Even were it not considered inappropriate for educators to discuss their own sexuality, it is questionable whether or not students would respond positively. I argue that the age difference often makes students uncomfortable, and thus the message is largely ineffective. Students in focus groups seemed to support this argument; during a group interview one male student joked, “I bet [teacher] hasn’t ever even had sex— god I hope [teacher] hasn’t, that’s nasty.”

Most experienced sex educators have created ways of addressing this issue of legitimacy; some refrain from discussing their sexuality entirely and adopt a very clinical approach, as though they were doctors. Others use examples about other people—relying on stories about others’ sexual behaviors in order to bring some aspect of experienced sexuality to their credentials. Regardless of how well the teacher walks this thin line, there remains the very real problem of acceptance on the part of the students.

In my observations, students have two reasons for judging that their educators are unable to provide accurate, pertinent information. First, the only sexual experience that is acceptable for educators to discuss, in most situations, is that which occurs within the bounds of heterosexual marriage. This experience with sexuality is far removed from that of students, most find it impossible to believe that their teachers can provide information that is truly applicable to the sexual experiences they are having. Furthermore, students believe their teachers are so far beyond the experience of high-school sexuality, that they are incapable of remembering.

The curricular emphasis on heterosexual marriage as the only suitable outlet of sexual expression, in addition to the perceived moral responsibilities of sex educators to remain desexualized, creates a significant obstacle. Marriage, for many students, is at least five years off, and sexual experimentation often occurs with no consideration or expectation that these behaviors will develop into a long-term relationship which may end in marriage. Additionally, marriage is often portrayed as the end point of romantic life, almost as though it is the event with which the emotional turmoil ends and sexuality is no longer dangerous. Thus, for most students, a married educator is considered completely beyond the emotional uncertainty most students are facing. Marriage is also portrayed as a relatively safe contract between two emotionally mature, faithful, supportive adults. The current experience of most romantically involved teens is rife with cheating partners, confusing communication, and uncertainty. This makes it exceedingly difficult for students to believe their educators have even the slightest inkling of what it is they are experiencing. For this reason, the information they do provide is seen as being true, but only applicable to couples in a stage of life which is a long way off for most students.

When I asked about their teachers, students in my study responded similarly—s(he) is just too old. I would often ask them, in response, “So then, what do you think would be better?” In classroom A the answer was immediate, “You would be a perfect teacher. When you talked to us about the 72 hour pill, we believed you knew what you were talking about, and you didn’t try to bullshit us— you understood that we knew stuff, and you’re the right age, like, you’re way more like us than Educator A\* is.”

At first I mistook this for a desire to be taught by peers and asked, “So would you be interested in having peer educators, other kids, maybe upperclassmen from your school?” The response was not favorable. Students argued that slightly older students probably would not know any more about sexuality than they did, and what they did know would have come from the same teachers that were causing problems in the first place. There was also the addition of mistrust in relation to other students, “I’d be afraid they’d tell people about questions I asked,” said one female student. I then asked about college students and the response was favorable, “yeah I think that would be good,” said one male student, and all others in the group agreed. Because this exchange took place in my initial focus group in the classroom A, I brought up the issue of college-aged peer educators in each additional session. The response was overwhelmingly favorable. Students felt there would be many benefits to having college aged teachers. The students indicated that they believed college students had experience, that those experiences were like theirs, and that they would be easy to talk to and fun.

From the administrative end, the use of college students in high school sex education classes is an interesting option, though it comes with its own challenges. I will discuss later my views on the use of college students and the benefits I believe they might bring to sex education classes in local high schools.

**“You can get seriously hurt emotionally, you know?”: the absence of a non-physical discourse about sex**

In each of the classes I observed, the curriculum progressed in a strikingly similar manner. Each of the three teachers led with reproductive anatomy which was followed by sexually transmitted infections and then safer-sex techniques. From what I observed, only two of the classrooms engaged in even the briefest of conversations on something other than the physical aspects of sexuality.

On my first day observing in classroom A, Educator A\* passed out a work sheet called “The Perfect Mate”. The directions read as follows:

“In the space below, write down all the qualities of a “perfect” mate for you. Then go back over the list and write the codes that apply in the blank to the left.”

Students spent several minutes finishing the worksheet amongst many snickers and whispers. Educator A ventured into the middle of the room to ask the students to be brave, and write the qualities they had generated on the board. Their answers were: funny, kind, fun to hang out with, not clingy, not jealous...etc. There were no obvious gender biases and Educator A seemed pleased with the list, generic as it may have been. In this same class, Educator A had students discuss benefits and drawbacks to being male or female, an activity which the men felt was exceedingly challenging. Several men raised their hands high into the air to request that instead of listing benefits of being female, if they could write downsides—because it was easier.

Next, students outlined advantages and disadvantages of having a steady relationship. As this was the first class I visited, I imagined that these were the kinds of

lessons I could expect for the first several weeks of class. I assumed there would be talk about gender roles, communication between partners and even how to identify the signs of an unhealthy relationship. What I found, however, was that this was the most extensive discussion of the non-physical aspects of sexuality that took place in any of the classes I visited. Notably, none of these activities address the emotional or psychological issues that both non-sexually active and sexually active students may reasonably be expected to confront over the course of their lifetimes.

The lack of information regarding communication, relationships, and emotions was the most significant short-coming of the classes according to students in my focus groups; it was mentioned in every conversation. One student, Ashley\*, who was relatively reserved and rarely spoke in class, became quite vocal in our focus group when arguing that, “Everyone tells you to wait until you’re ready, wait until you’re ready to have sex. But no one tells us what that means or what it will feel like. They just say don’t have sex or you’ll get an STD.”

Cat\* and Amy\*, who I’ve spoken of before, echoed Ashley’s\* sentiment saying, “We didn’t talk about emotions at all. And there are a lot of things like, what if they are cheating on you or how do you know if they are using you.” Jade\*, the most vocal of any of the girls I worked with, perhaps said it best, “You can get seriously hurt emotionally, you know?” I did know, and I realized that on this topic the curriculum was entirely silent.

The students noticed too. Each focus group of students, whether mixed or single gender, no matter the size, mentioned emotions and communication as the most overlooked aspects of their classes. Time and again I heard from both men and women

that not only did they not understand how they would know when they were, “ready,” but they were unsure how to talk to a partner about using protection or about getting tested.

Such an unbalanced approach in the curriculum does very little to develop a holistic understanding of sexuality and the role it may play in a healthy, well-rounded life. Very few teachers, doctors or therapists would argue that sexuality ought to be seen as a more physical, and less emotionally intimate experience— yet this is the way it is most often taught. By emphasizing such aspects as anatomy, disease and contraception, the physical experiences of sexuality are privileged above other equally significant aspects. The emotional and psychological dimensions of human sexuality are overlooked and implicitly devalued. Arguably, the development of healthy emotional and psychological approaches to sexuality is an equally important aspect of an effective sexuality education. In fact, while studying the health curricula of two of the educators I found that many lessons included a more holistic approach to health issues by discussing subjects from many angles known as “facets of health”. The “facets” seemingly acknowledge that human health is experienced in a multiplicity of ways from mental to emotional. Teaching sexuality as purely physical then contradicts the multifaceted approach to human health which is applied to other elements of the health course from addiction to eating disorders.

Addressing the emotional and psychological aspects of human sexuality, which I would argue are driving forces behind adolescent experimentation and sexual expression, can help to contextualize sexual activity within healthy lifestyle choices more broadly. If these topics are absent, the curriculum cannot prepare students for important emotional and psychological experiences, and is more likely to limit their ability to understand the



courses' messages of abstinence and safe sex. Furthermore, the focus on physical sexuality limits the applicability of the message, by addressing only those students who are currently experiencing their sexuality physically. For those students who are developing emotionally intimate relationships, their experience is not included with in the current classroom presentation of human sexuality. I believe it is difficult for these students to then apply the messages of these courses to themselves now, and are more likely to forget the information even if it will be applicable to them sometime in the future.

No action exists in a void and sexual activity is no exception. There are important emotional and psychological experiences that contextualize a person's sexual activity both leading up to and following the physical act. The only advice given to sexually curious students is to, "wait until you're ready." Unfortunately no one understands exactly what it means. Students are asked to abstain or delay sexual onset for emotional and psychological reasons, but are given no aid in exploring the feelings or thoughts that might serve to help them identify or clarify their feelings. Instead, most teens are unsure exactly what it will feel like to be emotionally and psychologically "ready" to become sexually active and are thus left with peer or partner pressure and their own physical desires to inform their decision. The majority of the students I spoke with informed me that though they understood they should wait, they were unsure what it meant to be "ready". While at home I often spoke with my housemates and friends about these issues because I greatly valued their input and experience. What I found, was that the majority of my friends often remarked that they really were not ready to become sexually active at the time that they did. Most qualified their statements by adding that they simply did not

understand the psychological repercussions or emotional toll sex would take on them when they made the decision.

More importantly, perhaps, is the lack of support provided for adolescents once they become sexually active. As I have mentioned previously, in the classes I observed there was very little discussion of what happens after sex. For many, if not most young people who become sexually active, consummation does not perfect a relationship. If anything, new important issues arise that contribute as much to overall health as the prevention of sexually transmitted infections and pregnancy. In fact, developing the communication skills to discuss testing and protection is something completely overlooked by the current curriculum. In focus groups, the students I spoke with argued that they would be helped dramatically if they were to discuss how to make a sexual relationship healthy both emotionally and physically. I would argue that this holistic approach is what will lead students to imagine the role of sexuality in their lives as one in which sexual expression plays an important, respected, and fulfilling role, but not a defining or driving one. Furthermore, as I described, because the physical approach also normalizes heterosexual, potentially reproductive sex, students that do not fit this mould, whether sexually active or not, are left out of the lesson plan.

### **“Are there any good things in this game?”: the discourse of danger**

It was my second day observing classes and students had been hard at work on presentations; or so I was meant to believe. The reality was that many students didn't have access to computers at home, and so the bulk of their work would need to be

completed in class. I walked around the room, surveying the open laptops, one per student, glancing at the facts and figures they had chosen for their Power Point presentations. As I walked behind Rob\*, I noticed that he had chosen a particularly shocking picture to illustrate his point. Rob\* selected a picture of oozing, red and swollen genitalia. I was not the only one making rounds; Educator A\* was also walking the room, answering questions and giving suggestions. I waited patiently for Educator A\* to reprimand Rob\*; after all, this was going to be projected in front of the entire class. As Educator A\* examined the screen, however, there was no stern reproach. Instead, s(he) turned to the rest of the class and informed them that, “If you click the link on the class site, it will take you to pictures of these infections. You can use them in your presentations.” I was confused; 90 percent of all sexually transmitted infections are asymptomatic, surely using such grisly illustrations will send the inaccurate message that if you are sick, you will know. As though Educator A\* could see the thoughts in my head, s(he) stated, “If we can associate what these diseases can do to our bodies it’ll be more powerful.” When the time came for presentations, each group incorporated images of disfigured genitalia.

At the end of the presentations, Educator A\* commented, “Yeah, that’s gross huh? Just remember, you don’t have to have sexual intercourse to get one of these.” In fact, Educator A\* would go on to teach that you do not have to have sex to get pregnant either. According to Educator A\*, a woman could become pregnant if there were even the slightest trace of semen on her genitals.

By far the most powerful discourse of the sex education classroom is what I refer to as the “discourse of danger.” This pedagogical approach is quite common in the

American education system. Students are taught, both directly and indirectly, that their sexuality is something to fear and though this message is meant for all, it is often portrayed as being especially pertinent to women. This message of fear comes from every angle, most notably, in my study, from the organization of the curriculum, the off the cuff remarks of educators, as well as some of the supplementary sources teachers rely upon for their lectures and class activities. Each of the three curricula I observed progressed similarly, beginning with reproductive anatomy which then became a discussion of sexually transmitted diseases and finally, lessons on safer-sex, purportedly to provide students with the tools to protect themselves from disease and unwanted pregnancy should they choose to become sexually active. This approach is problematic; students have friends who are having sex whom they do not see becoming pregnant or contracting diseases. Consequently, the disconnect between what students are told, and what they perceive to be happening around them, discredits any of the truths the teacher does present. Perhaps most importantly, the discourse of danger contributes to an overarching sex-negative approach which promotes secrecy, embarrassment and shame in those who are or who become sexually active.

The three educators I observed began by teaching reproductive anatomy, which was always accompanied by lengthy discussions on the various diseases, cancers and malfunctions to which the systems are “prone”. Portraying the genitals as diseased exacerbates the already stifling social stigma of shameful sexual bodies. It is difficult to imagine that this message has a positive affect on students’ willingness to discuss sexual health with partners or parents, nor does it seem to encourage students to be tested for either curable or incurable infections.

Students are fully aware of the social taboo surrounding discussion or depiction of genitals; as pencil outlines were put on the overhead of the classroom B, one student yelled, “Should we close the blinds in case a little kid walks by?” Similarly, in classroom C, women especially vocalized concern over the words they used for genitalia, “all of the things I have for girls are so wrong!” Though teachers state that genitalia are nothing to be embarrassed about, genitals are discussed in relation to their unavoidable sicknesses, and poor hygiene. Educator A\* praised one students’ knowledge of the most common reproductive cancers, while simultaneously teaching students about “smegma”, an oil-based build up found in the folds of unwashed genital skin, with a name that never fails to cause even the most bold of students to cringe.

Discussing sexual bodies as disease prone and dirty reinforces negative depictions and associations of genitalia as unclean and shameful. Though the purpose of teaching reproductive anatomy and the potential health conditions that may be experienced is to educate students about their bodies and how to care for them, the implicit message is that sexual organs and genitalia are prone to disease and illness, and are thus dangerous to one’s health.

The explicit, spoken messages of the educators were often undermined by their off the cuff comments. For example, each educator stated at some point that they felt abstinence was the best choice, but not the only choice, and that they would not judge students who decided to become sexually active. Throughout the course of the class the discourse was always somewhat formulaic, “I believe abstinence is the best method, but I understand that some of you might make different choices, and if you do, here is what you need to know to protect yourself.”

Though this was the verbal message, the implicit message was always that sexual activity was dangerous, and could only be safe within the confines of marriage. Lessons are peppered with warnings about preejaculate on external genitals, the pyramid effect of sexual contact (if you've only had one partner but they have had eight...), and the likelihood of passing contracted infections to children along side the risks of infertility.

In order to convince students that sexually transmitted infections and pregnancy do happen to teens, two educators used "educational videos" in order to bring the issues home. The films ranged from slightly dated but somewhat useful to entirely comical, but the message was the same, "sex is dangerous." As one teacher left the class to retrieve one such video, I was left in the front of the class to teach about the 72 hour pill. I attempted conversation by offering, "I wonder what this video will be about?" to which one student answered, "If you have sex you'll get pregnant or get aids and die?" and another responded, "that's what they are all about." Common themes of the videos include teenagers living with aids, sexually transmitted infections more generally, and the life (or non-life) of teen parents. The plot is typically the same; a group of sexually active teens is taken through an informational session; no mention is made of what sort of school education they have had or their socioeconomic status. The plot usually includes visits to nurseries or clinics followed by the introduction of "example" teens who tell the main characters that they were once just like these teens are now: free, fun and unburdened by babies or disease. They then go on to tell teens to wait and/or practice safe sex, and the teens are next asked to submit to pregnancy or diagnostic tests. Once the tests are complete, the main characters profess their feelings of Freedom knowing they

are disease or child free, and claim that the experience has changed their beliefs and will affect their future actions.

The videos, full of shocking confessions and images of down-trodden teens, evoke little more than laughter and blank stares from the students who watch them. Though I believe educators use them to make sexually transmitted infections and teen pregnancy more tangible to students, in fact they do the opposite. The students in my interviews joked about the ridiculousness of the videos and how unrealistic they were.

Although pregnancy and infection are potential results of sexual activity, the question is how well the current approach effectively changes student's behaviors. How well do scare-tactics imbue students with an inner dedication to safer-sex practices or delayed sexual onset? The most convincing evidence comes from the students themselves. No matter how many videos students are subject to, they know many friends who are having sex and who are not dying of aids or nursing infants. In my ethnography this was certainly the case; students often referenced their own experiences, or friends' experiences ahead of characters in any of the films they had seen. As Marcy\* said most concisely, "70 percent of kids at this school are having sex, and maybe one of them gets pregnant." Whether accurate or not, her belief highlights the context in which the majority of these students are making their decisions.

For those students who are already sexually active, the approach portrays infection and pregnancy as so "inevitable", that students feel it is entirely unlike their current experiences with sexuality. This makes the rest of the messages seem untrue or inapplicable. Additionally, it positions these sexually active students as "bad kids" just waiting to conceive or contract a disease. For those students the message of shame and

guilt is particularly debilitating because it labels them as promiscuous, weak-willed, and irresponsible. Though they may not feel this way about their choices and actions, it gives them little reason to take in the remaining messages of the course or to change their behavior. Because the messages are so focused on pre-empting unsafe sexual behavior, these students are not given much information on how to improve their sexual health once they have decided to become sexually active. As noted in the previous sections, there is no discussion of better communication with partners or acknowledgment that there are continuing decisions or issues to be made or addressed once a person is sexually active.

Students in classroom A, when asked about what they felt regarding their teacher, responded by telling me, “Well, seven out of ten times s(he) gets shit right, but, those other three times...”; interestingly, Educator A\* was the most extreme in his/her message of danger. Factually speaking, even if timed exactly to the day of ovulation, a single unprotected sex act only results in a viable pregnancy twenty percent of the time, but in the world of sex-education, pregnancy is likely if pre-ejaculate fluid touches external genitalia, and almost unavoidable if unprotected sex occurs. Of course, I think few sex education teachers would argue that students should be encouraged to have unprotected sex. However, for students who are having sex, who have friends who are having sex, or who have done a bit of online research, discovering inaccurate or exaggerated information in the classroom discredits the overall message of the class.

At what point does sex stop being dangerous, and start being fun and fulfilling? For many students this question is never answered, or sex is only validated in terms of heterosexual, potentially reproductive marriage. For most students, this is either a distant



goal or an irrelevant scenario. Thus, students seek information or testimonials collected from other students or friends. As could be expected, this information is often incorrect or incomplete, which contributes to the myths of safe-sex, and complicates the emotional aspect of healthy sexual relationships as many teens are not engaging in healthy emotional relationships at this time.

Though the message of danger is clearly meant for all students, it is particularly geared toward women. Moreover, as the only time alternative sexualities were mentioned was in relation to danger and disease. Women's bodies are identified as being especially vulnerable to disease, and infections are portrayed as doing greater damage to a woman's body. The potential loss of fertility was expounded upon by both Educators A\* and B\* while Educator C\* employed a more balanced warning message. Videos often portrayed women as being left with unexpected children and importantly, as being less emotionally equipped to negotiate the confusing and conflicting experience of sexuality. Girls in each of the classes I observed expressed frustration with this bias, saying that the discourse of danger was aimed at female students, with no discussion of the positive aspects of sex for women. For sexually active women, this message only exacerbates societal inequalities in the treatment of sexually active men and women, and implicitly communicates that those women who enjoy such a "dangerous" activity are either perverse or are in some other way defective or unfeminine.

The most notable example here is the focus on the effects of STIs on women's bodies. In classroom A one student asked, "Can boys get Chlamydia?" and men often joked about STIs as a temporary state. For women, in contrast, STIs were taught as being permanent and likely resulting in infertility.

Perhaps the most damning evidence against the discourse of danger is this simple exchange which took place in a group interview:

Melyn: “So, if you were the teacher, what would you spend less time on?”

Rob\*: “well, I wouldn’t make it sound so dangerous- it’s like if you have sex your penis will fall off”

Jade\*: “Well, at least you won’t get pregnant and die”

Melyn: “So that message doesn’t work?”

Jade\*: “it’s a joke”

If the goal of sexuality education is to inspire students to dedicate themselves to delaying sexual onset, limit sexual partners, or practice safe sex, does this message of danger work? Given my observations and conversations with students, it seems that not only does the message seem contrived and according to most students, untrue, it continues to ignore the emotional aspects of sexuality that are so pertinent to student’s lived realities.

### **Limiting sexuality to reproduction: the masculinization of sexual desire**

As the semester progressed I became accustomed to the classrooms I so often visited; I was even fond of the idiosyncrasies each teacher occasionally displayed to such a degree that I often needed to remind myself that I was a researcher and not a student. While observing the classroom A, I watched as students passed notes, whispered and feigned interest while Educator A\* discussed sexually transmitted infections. The students knew they would be giving presentations on only one of the most common infections, and were thus uninterested in the blanket-information Educator A\* was

attempting to provide. I too fell into a bit of a daze, watching the students' interactions and puzzling over the relationships I saw developing between some of them. Suddenly, however, Educator A's\* tone changed drastically and much like the rest of the class, I couldn't help but focus intently on what s(he) was saying. Instead of listing the infectious diseases and describing their basic symptoms, s(he) began to discuss the consequences of living with a sexually transmitted infection. However, there was little focus on what I would expect: the discomfort, embarrassment and fear of confronting the partner from whom you may have contracted the STI (not to mention those to whom you may have given it). Instead, Educator A\* honed in on a very different aspect of untreated infections, "and, if you ever get pregnant, you could pass the disease to your child." Chatter in the classroom stopped; twenty-odd pairs of eyes were fixed on the middle aged teacher standing front and center, "Yeah, uh huh," s(he) said with eyes wide and a broad grin. "You're not thinking about passing this hideous infection to your innocent baby when you're in the heat of the moment. You're not thinking about these things because you're not responsible enough or mature enough to be making these kinds of decisions when you're too young to understand the potential repercussions."

I realized after leaving the class, that thinking about the potential damage we women may do to our future babies was perhaps the least of our worries. What about how it would affect the rest of our lives if we were diagnosed with an STI; how would it change our relationships, our feelings about our bodies? What if we'd done everything right—we'd used condoms and been in long-term, monogamous relationships? What if our partner had cheated? Should we really be concerned with the babies most of us are

trying to prevent? Should that be the only reason we abstain from sexual activity? Is the only purpose of our sexuality to produce healthy offspring?

In the context of most of the classes I witnessed, the implicit message seemed, in fact, to be yes. Educators often used the potential for infertility and unhealthy offspring as important reasons why women should abstain. Educator A\*, specifically, used this same example, of passing an infection during birth, to extol the virtues of abstinence, and remind students that they were not yet adult enough to understand their sexuality.

In fact, Educator A\* and other educators relied on this argument as a strong disincentive, but rarely addressed the reasons young women might be tempted to engage in sexual activity to begin with. On only a handful of occasions, and only in the Classroom C, were women spoken about as sexually desirous. This is what Deborah Tollman calls, “the missing discourse of desire” (Tollman, 2002). In the classrooms I observed, the message was clear: women submitted to sexual activity to please a partner or because they were too weak willed to withstand the pressures of our sexually suggestive society. Not once was it mentioned that sex can feel good both emotionally and physically for women. There was no acknowledgment of a woman’s desire to express her emotions physically, though it often appeared in the discourse relating to men’s sexuality. Female students were aware of this discrepancy and in focus groups, often commented on the fact that it was considered normal for men to want sex, but not for women.

Additionally, women’s anatomy, if not related to the process of reproduction, was also rarely discussed. In no class was a picture, diagram or illustration of any kind used to show female external genitalia. I puzzled over this, and mentioned the phenomenon to

my housemates who are all very strong, very intelligent women. One housemate argued, “Well, that’s probably because women just don’t have as many external parts.” To which I responded, “But we have more, arguably. Men have a penis and a scrotum which holds the testes. Women have the labia majora, and minora, the clitoris, the urethral opening, the vestibule, the vaginal opening, several important glands and the mons. In fact, our external anatomy is probably more complicated.” She looked surprised, “I guess I just didn’t know what was going on down there.”

And she is not the only one. Well into our college years, many of my female peers are sexually active, and many if not most, still don’t know what exactly is, “going on down there”. In my high school focus groups, both men and women agreed that they were, “still unsure”, “confused” or didn’t understand, “where everything went” in relation to women’s bodies. But they could all draw accurate diagrams of the male external genitalia.

If it seems logical that men are more sexually desirous, it is because most of us have been raised to understand sexuality as primarily male behavior. The vital, potent male, is the normative example of healthy, robust sexuality. We are taught to expect that a man, by biological instinct, will seek to spread his seed and perpetuate his genetics. Women’s sexuality, on the other hand, has been culturally cast as passive and nurturing; either suffering the enactment of this powerful male need, or cradling the life which has resulted. Though I won’t describe here the social processes that create and reinforce these gender roles, I will argue that they are just that—socially constructed. There is an entirely different way to understand the gendered experience of sexuality.

Women possess an organ that has only one purpose: pleasure (Belk and Borden, 2002). Though many socio-biological explanations for its development exist, I will paraphrase one, as described by Natalie Angier in “Woman, and Intimate Geography”. Angier suggests that the clitoris, and female orgasm, function differently from male orgasm for very specific and biologically important reasons. A wealth of behavioral research indicates that animals are more likely to repeat a given task if they are intermittently rewarded, more so, in fact, than if they are rewarded each time the action is repeated (Angier, 1999). Human females have a relatively short period of fertility, approximately 24 hours, in which the ovum, after being released, may become successfully fertilized. This is a fairly short window of opportunity and human women ovulate far less frequently than many of our mammalian relatives. In fact, the likelihood of a viable pregnancy occurring from a single unprotected sex act is only 20 percent (Belk and Borden, 2002). Irregular orgasm, Angier postulates, insures that women will mate often, hoping that orgasm will be achieved. With every sex act, the chance that a female will become pregnant increases and thus the species, overall, prospers from the unpredictable orgasm. Furthermore, there are those who argue that promiscuity, not monogamy, also serves an important function. Males, of many mammalian species, have the unfortunate habit of killing offspring that are not their own. As Angier points out, promiscuity ensures that no male will be certain that the offspring he considers killing, is not his own.

I present this theory, not to argue its validity, but to illustrate the multiplicity of scientifically compelling ways of viewing sexuality. Instead of understanding women as passive receptors of male desire, women may instead be seen as group facilitators who

use their sexuality to produce social order and physical pleasure to ensure the continuation of the species.

However, in reproductive education at the school level, only processes which contribute to the conception of viable offspring are discussed. As a result, women's bodies are constructed in two ways: as the receptacle for male desire and as an incubator. This is done by portraying women's sexuality as an assortment of reactions to male desire, or refusing to legitimize any sexual experience that does not result in childbirth.

Given the physiological nature of human anatomy, male orgasm is a necessary component of reproduction. Even though female anatomy may be homologous in its construction, female orgasm is not necessary for fertilization of the ovum. Thus, while male sexual desire and pleasure is acknowledged as a very natural part of reproduction, female orgasm has not been. In teaching that the purpose of sexuality is reproduction, women's bodies are seen as the place where male desire and pleasure are enacted.

In sex education, female sexuality is limited in agency; teachers continually use male sexuality and child birth as a reference for female sexuality, as though it cannot stand alone. Educator A\* used the potential for passing infection to children as a disincentive for sexual activity instead of portraying the more immediate results of infection: physical pain, discomfort, embarrassment and the potential feeling of betrayal if the infection is contracted in a seemingly monogamous relationship. These consequences are taught as being relatively unimportant; the ultimate message is that an infected woman may not be as good of an incubator.

Similarly, potential infertility is also referenced as one of the gravest results of sexually transmitted diseases. In no class did a teacher discuss the other potential effects

an infection may have on a woman's ability to enjoy sexual intercourse if she feels ashamed of her body or is worried she may spread the disease to future partners. T

Furthermore, the subject is approached as though women will choose to engage in sexual activity only by submitting to the desires of their male partners. I would argue that it is just as likely that young women will "submit" to their own desires. Casting women's sexuality in this way portrays women's sexual choices as passive instead of as multifaceted and participatory. In fact, I would argue that young women will be more likely to engage in sexual intercourse with a partner, given this approach, because it does nothing to acknowledge that there is a legitimate reason women may want to have sex. A woman who feels comfortable with her sexual desires is more likely to express them on her own terms. Whereas a woman who sees her sexuality as a foil to that of her partner is more likely to engage in sexual activity for other, more socially motivated reasons. Furthermore, the conflation of sexuality and reproduction sends the message, though perhaps unintentionally, that a woman's sexuality is only as good as the service it provides to a man or to a child, and does not allow female sexuality to become a valid interest of the woman for the sake of satisfying her own interest in pleasure or intimacy.

Portraying women's bodies as the site upon which the desires and needs of others are enacted, does little to imbue women with a sense of agency over their sexuality or their bodies more generally. It seems likely that this alienation has negative reverberations throughout many women's lives; women who feel alienated from their bodies have little reason to protect them, or expect that they be respected by others.

Failing to show women images of their external genitalia or avoiding discussion of female pleasure and orgasm as physiologically significant experiences, implicitly



teaches young women that specific parts of their bodies are to be kept hidden and secret. If women are never taught to feel comfortable discussing their bodies it can make even routine check ups with medical professionals difficult, and confronting intimate issues with partners excruciating. Specifically relating to sex education, women who feel uncomfortable talking about their sexual bodies are unlikely to feel comfortable in discussing safer-sex methods; in every class female students were more likely to express disgust, embarrassment, or discomfort when asked to participate. Most notably, while administering my first free list in classroom C one female student whispered under her breath, “Its awkward writing these,” to which her friend replied, “I know, I have so many wrong ones for girls.”

This approach also has the negative affect of causing women to feel a lack of ownership of their sexual bodies. In a society in which sexual assault and rape are far too common, I would argue that low rates of reporting may very likely be related to the shame many women feel in acknowledging the violation of their sexual bodies. Furthermore, in linking a woman’s sexuality to reproduction, non-procreative sexual desires are cast as illegitimate. Reporting sexual assault, in our culture, thus requires women to discuss a part of their bodies they have been taught to hide and ignore, and to implicate their very morality. As Marcy\* put it best, “There is more to being a woman than vaginas and periods,” very little of which is discussed in the classroom.

### **“I guess I’d feel a little left out”: homosexuality and the curriculum**

Dan\* was reserved and quiet with a suppressed nervous energy which made me feel as though I’d left an electrical appliance or the stove on at home. At first he

stumbled, agreeing excessively when I asked questions, even if I put forth two conflicting statements back to back. It was clear that Dan\* had not been pondering the societal and personal implications of the material in his free time. As our conversation progressed however, Dan\* seemed to develop his ideas about the course and its instructor. When posed a question, Dan's\* eyes lifted slightly as he carefully considered it. He'd pause before determining the most logical, complete answer, which he would then articulate carefully. As with other student interviews I asked Dan\* to put himself in the role of the teacher; what would he do to make the class better? Along with suggestions such as using peer sex educators and even offering a human sexuality course, Dan\* mentioned, "And I'd make sure to include the gay kids."

I asked him to expand, "What exactly about the class would you change to do that?"

"I wouldn't change much; I don't want to single them out. But I would focus more on anal and oral sex, and I'd make sure to say things like 'if' you get married, not 'when'."

Dan\* wasn't the only student who noticed the absence of information regarding what is often termed, 'alternative sexualities'. In a classroom A focus group of mixed-gender, one student, Mike\*, when asked how he would feel if he were a homosexual in the class, responded, "I think I'd feel a little left out" and suggested, "We should explain that the same things [risks and necessary precautions] apply to them too." Perhaps Jade\* said it best, "We need to fix it so that it [the curriculum] applies to everyone."

Throughout the course, homosexuality was acknowledged only a handful of times, and was never legitimized as an acceptable expression of sexuality and desire (let alone

love). Homosexuality was only introduced explicitly (by name) in the classroom B, and even then, only through an informational video. In the film a gay student talks about the fact that both straight and gay students often practice unsafe sex, but did not include a conversation or exploration of homosexuality. Furthermore, the students in the class were never asked to respond or engage with the material the film presented.

Otherwise, homosexuality only entered the classroom implicitly in two ways: as teachers altered their vocabularies in regards to relationships, and in discussing the communicability of disease through alternative physical expressions. In the first, teachers purposefully avoided phraseology such as, “when a man and a woman” whenever possible. When asked, Educator B\* acknowledged that this had been, at one point a conscious choice, but was now second nature. Educator C\* seemed surprised that I had noticed the use of ‘partner’ all given that s(he) had forgotten that s(he) even used this language. Educator A\* did not use neutral language and instead referenced almost all interactions between bodies as strictly heterosexual, male/female.

The second manner through which homosexuality entered the discourse of the class was through the discussion of oral and anal sex as potential vehicles of disease. Given that the majority of information was presented in terms of heterosexual sex (vaginal penetration by the penis), the only means through which the physical aspects of homosexual expression were in any way acknowledged was through discussion of oral and anal sex. However, these sex acts were typically mentioned as alternative ‘play’ for heterosexual couples, and not “sex”. Furthermore, any discussion of oral and anal sex was done in a way which indicated that these acts were potentially contaminating. This

was the predominant means through which homosexuality or homosexual acts entered the discourse of the curriculum in each of the classes I observed.

When I asked teachers to detail their approach to homosexuality as educators, the responses were similar; Educator B\* felt that it was an issue that was irrelevant to the majority of students, and Educator C\* agreed that if it needed to come up, the students would pose the necessary questions. Educator B\* informed me that the issue is very rarely raised, and Educator C\* offered that when it did arise, students were comfortable with the concept and did not view homosexuality as a, “big deal.”

As is made clear by the frequency with which it was suggested that homosexuality be included in the curriculum, students are both aware of the issue and attuned to the fact that the current method of education excludes homosexual students. As Mike\* noted, in saying that homosexual students need to learn that the same risks and precautions apply to them, the current approach is incapable of producing the desired effects (decreased sexual activity, increased use of protection) amongst this population because homosexual students are likely to feel as though the information presented is not applicable to their experiences or behaviors.

However, Mike's\* suggestion that homosexuality be treated identically to heterosexuality ignores several important issues. First, the sexual expressions of homosexual students may differ from their heterosexual peers. While heterosexual students are bombarded with information on safer-sex in relation to pregnancy prevention, homosexual males are especially at risk for contracting STIs even when protection is used, given the nature of the sex act and the strength of latex. Safe sex, for some homosexual students then, requires additional information in order to be made effective.

Furthermore, though adolescent sex is frowned upon, heterosexual expressions of desire and pleasure are socially normalized to some degree. In other words, dominant cultural images (T.V., music, etc.) legitimize sexual desire between men and women, even when the participants are adolescents. Popular films portray youthful desire and passion as pure and emotionally intense.

The implicit and occasionally explicit cultural recognition of heterosexual desire, as affecting adolescents, does not have a homosexual equivalent. There are few openly homosexual couples in film (though this is changing), the majority of homosexual teens have heterosexual parents, and few gay adolescents “come out” during high school, making it unlikely that there will be a strong peer group to offer other homosexual students support. Homosexual students thus face unique pressures and dilemmas in situating their sexualities as part of a healthy lifestyle.<sup>4</sup>

Though two of the educators used neutral language regarding relationships (“partner”, for example instead of “wife” or “husband”), homosexuality was only indirectly acknowledged through the discussion of alternative sexual expressions which were portrayed as being highly likely to spread disease. Homosexual students, presented with the implicit message that their desires are abnormal and the explicit message that the forms of sexual expression available to them are unhealthy, are likely to develop negative associations regarding their sexuality and their sexual bodies. Feelings of shame and guilt

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<sup>4</sup> Thus, though Mike’s\* suggestion recognized that homosexuality must be acknowledged for a sexuality curriculum to be effective, he too expressed the tension with which its inclusion is often imbued: should homosexuality be taught as distinctive and risk being portray as abnormal, or would linking homosexual desires to heterosexual desires be preferential though it may risk normalizing homosexuality? The latter is certainly an unpopular approach amongst both educators and most of the country’s general public. I agree that such an approach is ineffective, but for the reason that to treat homosexuality as heterosexuality further under-serves the unique needs of homosexual students.

are no guarantee of safer-sex behaviors for any student, especially those that already face a society unwelcoming to and unaccommodating of their desires.

To incorporate a more explicitly positive approach to alternative sexualities is no easy task. Teachers craft their lessons amid a complex set of social expectations. They are simultaneously responsible for educating and socializing children and teaching a subject steeped in moral implications to a population our culture holds as a-sexual. Regardless of an educator's personal beliefs and the needs of the students, they must still be aware of the multiplicity of audiences they are addressing. Principals, parents, and district level superintendents are among those who may exercise control over the actions of individual educators. Though none of the educators I observed expressed a disdain for homosexuality or an unwillingness to address the issue should it arise, I would argue that additional factors may contribute to the heterosexist approach found in each of the classes. As the moral and social stewards of emerging sexual adults, educators who openly discuss homosexuality fear they may appear to advocate homosexuality and thus worry that they may conflict with the moral and social mores they feel they are responsible for instilling in students. This dilemma may conflict with not only the educator's own values, but the expectations of other influential audiences as well.

It seems to me that many educators either believe or hope that there are no homosexual students in the class in need of additional information or support; one educator expressed this ambivalence as, "in my experience, for a lot of kids it's a phase or they aren't really sure what they are interested in yet", as if to say that by ignoring any homosexual curiosity, students would outgrow their fledgling desires and allow themselves to be properly socialized into heterosexual adults. Unfortunately, questioning

students are exactly those who need these issues addressed in a safe and supportive space, especially given the complexity of emotion and the lack of social framework for the discovery and expression of homosexuality. The idea that students are not in need of the information or that those who are will ask ignores the power structure within the classroom and outside of it.

First, whether or not there are homosexual students in the classroom, it is statistically likely that at least one student will have a gay family member or friend. The silencing of homosexuality in the classroom contributes to the silencing of homosexuality in broader society and thus, its alienation and oppression. Addressing homosexuality within a legitimate, formal space allows those questioning students, students with gay family or friends, and students who will some day interact with homosexual individuals, an opportunity to develop skills in respecting diversity of opinion and lifestyle.

Second, given the power structure of the classroom, teachers are the gatekeepers of discourse and determine what can and will be spoken about in class. If teachers never formally introduce homosexuality into the discourse, students are very unlikely to do so. Furthermore, those who do will be ignoring the implicit message of the educator (that homosexuality is taboo) and will thus be breaching the subject subversively. For homosexuality to be discussed openly and with respect, it must be introduced by the gatekeeper (the educator) and addressed as a valid experience of sexuality.

\* \* \* \* \*

In completing my ethnographic research I determined that though the three classes I observed were taught by different educators, the construction of sexuality,

within the curricula was strikingly similar. Human sexuality is discussed as being experienced physically, potentially reproductive and dangerous to one's health. Furthermore, it is male-centered and heteronormative. These trends seem to support many of the theories found in existing literature and seem to necessitate that alternative pedagogy be examined in order to produce healthier adolescents in terms of emotional, social and physical health.

If the topic of human sexuality were taught holistically, addressing emotional and psychological issues, the class would resonate with a wider audience of students. It sounds strange to argue that most teens are having emotionless sex which they sought purely for pleasure; however, this is the implication to be drawn from the way the educators I observed approached sexuality education. Not only are teens uninformed and unsure about the emotional and psychological preparations they must make in order to ensure they are capable of making sound decisions regarding their sexual behavior, they leave the classroom without having developed any means of situating their sexuality within the context of a healthy life. Students are continuously taught that they should wait for the right person, or that they should wait until they are "ready." However, no one helps them to determine what it will feel like when they find that right person or what it feels like to be "ready."

Furthermore, students remain unequipped to have the kinds of conversations that are required to make safe sex and relationships work. Sex does not make problems go away; it does not make us brilliant communicators, it does not assuage fears of unfaithfulness and it does not insure that our partner will be entirely committed to the relationship. These are issues that take considerable maturity and skill to negotiate, much



more so than learning to use a condom, or understanding the location of the prostate gland. These are the kinds of skills that allow students to engage with their own emotions and determine what course of action will be best for them emotionally and physically. In the following chapter, I will engage with these concerns and imagine a new approach to sexuality education which I believe provides students with a more holistic sex education.

## **Chapter Six: Imagining alternatives to the sex-negative approach and suggestions for change**

I want to begin this chapter with a disclaimer: I realize that there are many pressures that affect the work of sex educators. There are multiple audiences to consider, school, district and state level learning results to complete, not to mention limits on time and resources. Furthermore, I in no way believe that the sex educators I worked with purposefully constructed a curriculum that fails the students. In fact, the teachers I worked with were some of the most dedicated individuals I have encountered in the public education system.

However, I would argue that there are several areas in which both the curricula and the teachers' methodologies that I observed fell short of producing the desired behavioral changes. Furthermore, the classes do not provide students with all the information they need to live fulfilling, healthy and satisfying lives. In each focus group I asked students to put themselves in the place of their teacher; what would they change, what would they keep the same? Students are remarkably aware of their own needs; when given a medium through which to express themselves without judgment or risk of reprisal, students offered thoughtful responses and new ideas.

There are several changes to the course structure and content that many students believed would greatly improve the classes. I acknowledge that some of these suggestions would be difficult to implement quickly given the constraints of most public school budgets. For this reason, I will begin with short-term, low-cost changes, and progress to those changes which may require significant investment in time and resources

to accomplish. In the short term, I believe the sex educators I observed might incorporate a more holistic approach to sexuality into their curricula. They may also minimize the sex-negative approach and the discourse of danger and even so far as to provide a sex-positive approach. Long term goals might include organized interaction between trained college educators and students, and even an entirely separate, semester-long course on human sexuality. Along with a detailed proposal for each suggested change I have included possible activities and suggestions.

### **Short term goals**

#### **Seek to apply a holistic approach to sexuality:**

Over the course of the semester I often lingered after classes to speak with Educator B\* about the day's lesson, interesting class moments and upcoming schedule changes. On one occasion, I mentioned that the students often spoke to me about the concept of "being ready" to have sex, and how nebulous and unclear the idea felt. They mentioned that there were few exercises or lessons that helped them to develop the emotional intelligence necessary to understand what it means to be "ready". Most students felt as though they were being asked to simply intuit what it would feel like to be emotionally prepared for the intimacy of intercourse. Educator B\* and I discussed these interactions briefly over lunch and s(he) appeared to be interested in what I had learned.

I returned to classroom B several weeks after finishing my formal ethnography and spent the day interviewing Educator B\* about the curriculum and the character of

both the school and the class more specifically. Educator B\* informed me that s(he) had thought deeply about our brief conversation, and had shared my comment with the school's second sex educator. Educator B\* told me that after considering our conversation, both educators decided to teach the class in a new way.

“What you said was really a revelation for us,” s(he) said. “We want to teach the rest of the class in a very holistic way, and we realized we weren't doing enough with emotional and mental health in relation to sexuality so that's something we're going to change next semester.”

What Educator B\* and his/her colleague realized was that the term “sexual health” includes more than just the physical health of the reproductive track. Emphasizing the physical aspects of human sexuality undermines the importance of the mental and emotional sexual experience. Furthermore, it does little to arm teens with the decision making skills necessary to resist the very natural, physical impulses that pull all humans. Teens are wrestling with identity issues and learning how to form and negotiate interpersonal relationships. These struggles are compounded and exacerbated by sexual activity and thus to live a functional and healthy life, students need more than a physical-sex education. Furthermore, students are expected to abstain from sexual activity for emotional and moral reasons, and yet receive the message that sexuality is only experienced physically. This conflicting message complicates and confuses the decision making process and makes it difficult for students to identify many of the activities in which they are engaged as sexual.

It is important to address sexuality as a complex issue with various facets; not only does such an approach more accurately represent the human experience of sexuality,

but it is also likely to reach a wider audience and thus be more effective in communicating the messages educators hope to convey to their students.

**Activities that would aid in constructing a more holistic approach to sexuality:**

\* Role plays in which students practice communicating about important issues that arise in a sexual relationship. For example, one group might model a conversation in which a couple discusses which form of birth control is best for them, including costs, how to obtain them, who will be primarily responsible and back up plans in case of unexpected failure. At the end of each role play, the class is allowed to comment on what was done well and what could be improved and why. This forces students to engage with the material; for example, the question of who should pay for birth control might elicit important conversations about sharing responsibility for the costs of a sexual relationship that students might otherwise rarely consider. Other mock-conversations might include a trip to the local family planning clinic, talking to a health care provider about being tested, or talking to a parent when making the decision whether or not to become sexually active.

\* Students might brainstorm ways in which the relationship between two people might change emotionally once they become sexually involved. This will allow sexually active students to present the problems they are facing in current relationships and receive feedback from both the educator and their peers.

\* Further discussion of gender roles and how they affect sexual relationships, sexual decision making, and the effect sexual activity has on an individual. For example, students might respond to questions, posed by the instructor such as, “Being a female/male (circle one) makes me more/less (circle one) likely to engage in sexual activity because\_\_\_\_\_”. This will allow students to think critically about what pressures, directed at them on account of their gender, might affect their decision to abstain from sex or to become sexually active.

\* Have students read a short story or play about alternative sexualities<sup>5</sup>. Ask students to respond to questions such as, “I knew I liked men/women (circle one, both or neither) when\_\_\_\_\_”, “What three things about high school would make it difficult to be a gay/bisexual or questioning student?”<sup>6</sup>

\* Students might be asked to discuss sexual decision making; what constitutes good decision making and what behaviors might decrease the quality of those decisions? This will allow students to consider sexuality within the context of the pressures they face externally and the values they themselves hold. Asking students to decide on a “stop sign” or a sexual expression which they believe is safe and comfortable for them might help them know when to stop if they find themselves overwhelmed in the heat of the moment.

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<sup>5</sup> I might suggest the play Ugly Ducklings or a collection of news stories regarding the death of Mathew Sheppard and the hate crimes perpetrated against gay students.

<sup>6</sup> A question like this isn’t used to “out” homosexual students in the class. Rather, it is to encourage students to consider the process through which they develop sexual consciousness, and to require students to think of sexuality as a progression.

## **Mitigating the sex-negative approach and providing a sex-positive education**

Sex education has operated under the belief that instilling fear of sexually transmitted infections or pregnancy will prevent students from experimenting with sexual expressions. The overwhelming response from teens is that this method is ineffective in changing their behaviors. Furthermore, it does very little to prepare students for what is to come once they become sexually active. Teaching a student to use protection correctly and consistently is effective in preventing pregnancy only if students feel comfortable buying or otherwise obtaining that protection. Most adults would agree that sex can and should be a healthy, significant and satisfying part of life; fearing our sexuality is just as damaging to our quality of life as being overly concerned with it. Students, however, are not provided with any models of healthy sexual relationships.

I firmly believe that a sex-negative approach to sex education is less effective than a sex-positive approach. Consider presenting sexuality as such: sex should be good. However, sex has to be emotionally, mentally and physically pleasurable to be good. If you are terrified that you are pregnant, worried about conflict with your parents if they find out you are sexually active, scared that you have contracted an STI because your partner might be cheating on you, or are too uncomfortable to speak up when something hurts, sex will not be good. Don't mess around with bad or mediocre sex --wait until you can be absolutely certain that it will be good.

I realize that this approach might appear to advocate premarital sex; I assure you it does not. What it does advocate, is good sex. As I have argued in previous chapters, the discourse of danger and the sex-negative approach to sexuality education does not

work. Students question why people would continue to have sex if it were so dangerous, they have friends who are having positive experiences with sexual activity and it becomes a very effective form of rebellion. I believe, and students agree, that teaching students to respect sex as a powerful experience that can bring both positive and negative changes to a person's life, will force students to ask themselves how to make certain their experience is a good one.

The sex-negative approach is not the only method currently in use. Educator C\* discussed the benefits of sexuality. While standing at the front of the room, Educator C\* asked his/her class to brainstorm, "all the things that may result, good, bad and ugly."

The students' responses were telling: 'herpes', 'drop out', 'not have a normal teen life', 'bad reputation', 'AIDS', 'morning after pill', 'adoption', 'not working', 'breaking up', 'HPV', 'parents find out', 'abortion', and 'cancer'.

These are, verbatim, the answers students generated and they very clearly reflect the way sexuality is presented to them. Educator C\* responded to their list by saying, "This is interesting, you haven't come up with any positives, did anyone come up with anything positive?"

One female student raised her hand, "I did, I said feel closer and longer relationship."

Educator C\* nodded his/her head and answered, "Good, ok, so why is it that we think mostly of bad things?"

A girl in the corner yelled out, "Because most of the things are bad."

Educator C\* responded, "Well, it changes the relationship, and that might be one of the reasons why we perceive it as a bad thing."



Across the room one of the quietest boys in the class spoke up, “All we talk about are the bad things.”

Educator C\* nodded vigorously, “Look at this board, is sex a bad thing? No. But that is how we perceive it. Do you think this changes with age?”

Sara\*, one of the most vocal students in the class responded calmly, “Young people are really irresponsible.”

This exchange, taken from my field notes, demonstrates how a teacher can acknowledge that sex can be a positive experience under the right circumstances, without advocating premarital or promiscuous sexual activity. This minor shift in discourse led students to ask themselves under what circumstances they might be able to have good, healthy sex — Sara\* mentions responsibility. The sex-negative approach does nothing to prod students into asking what will make sex good. It blankets sexual expression as uniformly dangerous and bad.

As I wrapped up my focus group with Cat\* and Amy\* I asked one last question, “Let me ask you two something and respond to this as honestly as you can. Do you think it would be helpful to learn about good sex? What if I was your teacher and I said to you— sex can and should be good. However, that means good physically *and* emotionally *and* psychologically. And it won’t feel good emotionally, physically or psychologically if you are worried that your partner is cheating on you. Or if you’re scared about what will happen if your parents or friends find out. Or if you don’t feel comfortable telling your partner that what they are doing doesn’t feel good. Or, maybe most importantly, if you spend the next month terrified that you’re are pregnant or have contracted an STI. None of these things will make sex good. So, wait until you can be

sure that it will be good—there is no reason to mess around with bad or mediocre sex. There are other ways to express your emotions that are less risky and will be more fulfilling.” Cat\* smiled and nodded saying, “That’s exactly what someone should say.” “Yeah,” Amy\* agreed, “That would make more people wait.”

Being clear that sex can be good takes the mystery out of it. Students aren’t asking themselves what it is that makes sex so wonderful that people are willing to risk all of this danger to experience it. Instead, they know both what it is and how it can be fulfilling, but also the ways in which it can be challenging and risky. I believe that given this sex-positive approach, students will develop a respect for human sexuality, not a fear or a curiosity of it. In each group and individual interview I proposed this alternative; students uniformly agreed that this approach would be more likely to convince them to wait.

### **Activities that promote a sex-positive approach:**

\* Students are given a worksheet with the categories emotional and physical. A third column has statements such as, “worried about pregnancy”, “possible STI”, “ability to express emotions physically”, “afraid that peers will judge you”, etc. Ask students to sort these short statements into the categories of “emotional” and “physical” results of sexual activity. Once students are finished, asked them to further distinguish between positive and negative results.

\* Ask students to use the sheets from the first activity to describe a scenario in which sexual activity might occur when the “positive” column would be achieved and the “negative” column would be avoided. This will allow students to begin imagining a healthy sexual lifestyle, while simultaneously recognizing that they may not be capable, at this time in their lives, of having the kind of sexual experience they hope to have.

### **Lessening the discourse of danger:**

Though the discourse of danger and the sex-negative approach to sexuality will be mitigated, naturally, by emphasizing the other facets of sexuality (emotional and mental) and also presenting a sex-positive view of sexuality, it is still important that educators be aware of this discourse and attempt to lessen their reliance on it.

This is important because, as I have already argued, the discourse of danger does not affect every member of the class equally; women and non-heterosexual students are especially vulnerable. Given the unequal social pressures men and women face in terms of sexuality, perpetuating gender inequality in the classroom only exacerbates it in society more broadly. Furthermore, non-heterosexual students already face a hostile world; they do not need to be taught to fear themselves as well.

Most importantly, the discourse of danger delegitimizes the important messages of the class. For example, showing graphic images of sexually transmitted diseases causes students to believe that they will be able to see or feel if they are infected—this is not only inaccurate but dangerous considering that ninety percent of sexually transmitted infections are a-symptomatic.

Additionally, as Marcy\* so eloquently put it, “70 percent of kids in this school are having sex and maybe one of them gets pregnant.” The discursively constructed sexuality is in conflict with the actively constructed version of sexuality. Students, when confronted with this discrepancy, too often assume that the message of the classroom, therefore, is hyperbolic or merely propaganda. Once students begin to question the authority of their teacher and the message of the class the goals of the course are unachievable.

**Sample changes that may help to mitigate the discourse of danger:**

\*When teaching about sexually transmitted infections, instead of presenting infection as inevitable, use the following, “Will you get an STI every time you have sex? No. Is there a chance that you will one of those times? Yes. Is there anyway to know or choose when that time will be? No. Are there things you can do to mitigate those risks? Yes. Are they 100 percent effective? No. Let’s talk about how contracting an STI might affect your sex life in the future (you might be embarrassed to have sex, you might have to tell each future partner that you have an infection, you may suffer from loss of self-esteem etc), are those changes worth the risk? Even if you do mitigate them? That’s a personal choice you’ll have to make—we just want you to have all the information and a safe place, when you’re not being pressured to make a decision while you’re with your partner, where you can think through what might happen after you have sex. What could life be like after you make this choice and are you willing or able to accept what comes your way?”

\* Don't over-emphasize a woman's potential to transmit infections to her child. For most female students, this is a distant threat. The majority of young women are actively trying to prevent pregnancy and thus such a message is fairly ineffective. Additionally, the implicit message is incredibly dangerous; it portrays women as waiting vessels that are insignificant or flawed if they are unable to produce healthy offspring. Childbearing is an important, but not consuming aspect of a woman's sexual experience. Is it not important to note that a sexually transmitted infection might interfere with sexual intimacy for the rest of a woman's life? This approach contributes to decreasing young women's feelings of agency over their own bodies and thus their sexuality, increasing the likelihood that women will engage in sexual activity merely at the behest of their partners.

**Materials:**

A quick, though important fix, is the discontinuance of in-class films. The movies shown to the class were outdated and not well received by the students I spoke with. When asked, the students informed me that they felt the films were, "a joke" and "stupid". Although the films are being shown in an attempt to connect students to "real" teens faced with unwanted pregnancy or sexually transmitted infection-- they did the opposite. The students felt that they were unnecessarily hyperbolic and unrealistic.

Furthermore, these films take up valuable class time with very little result. It is my belief, after speaking with the students and watching the films myself, that other activities would be more educational and useful.

## **Long Term Goals**

### **Role-Models:**

Having taught peer education myself, I thought it was an interesting option and asked students in my focus groups how they would feel about being taught by students their own age. Students voiced concerns with the legitimacy of high school-aged peer leaders and also worried that peer leaders, no matter how well trained, might spread rumors and repeat sensitive questions asked in class to friends. I understood their concerns and asked how they would feel about college-aged students. I was flattered when Jade responded that she thought someone like me would be the perfect teacher because I was clearly informed, but also young enough to understand what they were going through.

I started thinking about what Jade\* had said and began to consider the idea of college aged peer education groups. Though I partially attribute Jade's\* suggestion as an attempt to demonstrate her fondness for me, I believe that my success in the classrooms was as much due to my personality as it was to my position as a slightly more experienced, young college student.

Given the limited free time available to most college students, and the dedication and training that would be required to prepare students to be able to speak informatively about contraceptives, safe sex, anatomy and sexually transmitted disease, I don't believe providing permanent, comprehensive college sex educators would be a sustainable option.

However, I do believe that there is an option which would serve many purposes and alleviate some of the discomforts and issues of legitimacy inherent to teaching sex education across generations. The biggest concern most students report in relation to their teacher is that they feel their educator was simply too old to understand the pressures and issues facing students today. I believe that a partnership with the local college would allow students access to trained role-models close to their peer group.

I suggest that a group of male and female college students spend one class period with the high school students. These college students will receive training regarding which questions to answer which to pass on, as well as basic information on safer-sex practices. Ideally, these students should also be trained advocates for sexual assault and gay, lesbian, bisexual, questioning or transgendered students.

Primarily, their purpose would be to answer questions about decision making and experience. This college group would provide high school aged students with the opportunity to ask questions such as, “how did you know when you were ready,” “how does sex change a relationship,” and “would you have waited longer now that you know what you know”. These are the kinds of questions that students are dying to ask, and told me in focus groups that they would ask, if given the opportunity to speak with college-aged peers.

Ideally these sessions would segregate men and women initially, and then some mixing would occur based on time and the students’ comfort levels. Teachers, administrators and parents should work together to decide whether or not the educator would remain in the room during this session.

Though I realize that this option might not be feasible for all public high schools (many do not have colleges close enough to provide educators handily), in the case of the three high schools I worked with, local college students are plentiful. Additionally, college students may give their time at no cost to the public school; volunteer work is rewarded and encouraged for college students and clubs and groups exist on most college campuses which promote sexual health amongst their own student body. These students are trained regularly in both sexual health and public speaking.

**Providing a semester long, Human Sexuality course:**

As I have mentioned previously, I often spoke with friends and peers to attain a perspective different from my own. In one memorable conversation, a friend mentioned that she had had more than health education with a section on sexuality; her school offered a semester long class on human sexuality. The comprehensive class covered issues of gender, sexual decision making, sexual preference, anatomy, conception and contraception, sexually transmitted infections, and communication amongst other important subjects. According to this young woman, it was the best class she took in high school because it helped her to develop a balanced view of the benefits and risks of sexual activity. Though it is difficult to draw conclusions on the basis of one example, I feel compelled to say that this friend has one of the most mature, respectful, comfortable relationships with sex I have ever seen. She refrained from sex until she felt comfortable and even discussed the decision with her mother who, initially, informed her that she did not think her selected partner was mature enough. This friend respected her mother's



opinion and opted not to become sexually involved with her first boyfriend. Years later, she has had very few sexual partners, has only been sexually active in mutually committed, monogamous, long-term relationships, and has no guilt, shame or embarrassment about her body or her sexuality. Simply put, she feels happy with her sexuality and this has led her to make decisions that were right for her and allows her to talk openly with her partners, parents and health providers about her needs. Though I will not argue that having had a human sexuality course in high school was the only factor that affects her approach to sexuality, I believe, and she agrees, that it was an important, valuable aspect of her sexual education.

The biggest complaint I heard from teachers was that they had so little time to cover sexuality that they condensed several possible lessons into what they considered the most important; anatomy, contraception and STIs. However, this is a very limited view of sexuality and does little to provide students with a way to develop a healthy sexual lifestyle. Additionally, health education covers a very wide range of topics from nutrition to mental health. Separating sexuality from the health class might allow those health teachers who feel uncomfortable teaching sexuality to avoid it, and would allow sexuality educators to cover more material.

When I voiced this option to students in focus groups I was met with enthusiastic support. Students believed that a human sexuality course would be helpful and informative.

## Epilogue

Months after having left the local high schools, I still find myself wondering about the students and educators I have met. I worry about one female student whose boyfriend I often saw after class. He seemed domineering and possibly violent, and I wonder if her sexual education will lead her to believe that she has the right to expect sex to be good, or if she will have sex because no one taught her how to know when she is ready. I wonder too if I do not see this same behavior in my friends; brilliant women who, five years out of high school still have sex for all the wrong reasons. I think about the two friends, Cat\* and Amy\*, and if their emotional support of one another will be enough to get them through the turmoil of adolescent sexuality. I look across my breakfast table at the women in my life who become closer by sharing their heartbreaks and hopes for love and the future— they are brought together by the ever-nagging question, “am I the only one who feels like this?” I think about Rob\*, who thinks he knows what it means to be a man, and I wonder how many hearts he will have to break before he learns that his sexuality can bring him intimacy instead of intimidation. I see him reflected in my male friends, for whom the performance of hegemonic masculinity is so unfulfilling and isolating.

I think of all these things, and I wonder if this is simply the state of human sexuality, or if our society has given such moral weight to a natural human function that it is now almost beyond recognition. Could this all have been easier if we had just been given a little guidance instead of a healthy dose of fear and avoidance? At the end of the day, the role of researcher and subject is nothing more than an artificial construction that

separates human beings. What I have learned, is that no matter where we are and what we study, anthropologists see ourselves reflected in those we mean to observe. While this may bring to some a sense of apprehension in having crossed the imaginary line between researcher and subject, it brings to me a sense of relief; I am not alone in feeling that something is amiss.

To close, I present a thought of Janice Irvine's, "we want more than for some adolescents merely to survive an epidemic. We aspire to a world in which they all can develop rich and satisfying sexualities" (Irvine, 2002).

## Appendix A: Parent notification forms

### For Participation in the \_\_\_\_ Focus Group (student)

I understand that the topic of this conversation will be sexuality and issues surrounding how I feel about my body and sexual issues. I also understand that if I feel uncomfortable for any reason, at any time, I can leave and ask that my comments or any data collected based on my participation be stricken. I have been very clearly told what will be done to make sure my identity stays secret, and I promise that I will not repeat comments of other students outside of this meeting.

I understand that it is my right to have this letter explained to me if there is any part I don't understand or need clarified.

Please Mark (X) if you agree to these terms: \_\_\_\_\_

### Parental Notification

Dear Parents and Guardians,

Melyn Heckelman, a Colby senior, is writing an honors thesis in Anthropology, and would like your student to be a part of it. Melyn has extensive experience in this field; she recently returned from a teaching trip in China, and has been researching sexuality education for several years.

We have worked with Melyn to insure that her methods are ethically sound, and that the anonymity of your child will be protected at all steps. Melyn will be observing your child's health class for part of the semester, as well as administering a few surveys and giving students an opportunity to participate in voluntary focus groups. She is a very professional young woman, and is very capable of handling this sensitive issue in a most respectful and cautious way.

If you have any questions regarding Melyn's presence or work, you may contact her directly at [MMheckel@colby.edu](mailto:MMheckel@colby.edu), or you can contact the school. We will be happy to answer any questions you may have.

I \_\_\_\_\_(Parent or Guardian), give my student \_\_\_\_\_(student's name), permission to participate in Miss Heckelman's study:

- Focus Groups (x here)\_\_\_\_\_

Signature\_\_\_\_\_ Date\_\_\_\_\_

I understand that I may withdraw my permission at any time, and that I may ask for further details at any point. (X here)\_\_\_\_\_





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