

Effects of School Curriculum on Sexual Health

By Emma Sturm

ABSTRACT. Surveys indicate that, when asked directly, women have positive perceptions of their vaginas and perceive vaginal, sexual, and reproductive health as important. However, when asked about their actual habits relating to vaginal health, women's answers seemed to suggest the opposite. This disconnect between perceptions and practice suggest there may be some societal influence keeping the women from carrying out their health maintenance as well as they would like to. This paper examines the role schools play in controlling women's sexuality, which may be contributing to the lack of accessibility to vaginal, sexual, and reproductive health.

Schools in the US teach women to suppress their sexuality through literature and sex education that encourages men's sexuality, but shames women for theirs. This kind of education leads to sex-negative and vagina-negative attitudes in adolescence that impact lifelong sexual health. However, there are identifiable contributors to this issue, and the refocusing of school curriculum to appropriately address currently excluded sexual subjects would help make sexual health and related issues more accessible. The focus of sex education in schools excludes certain aspects of sexuality. The exclusion of these subjects leads students to assume they are deviant or shameful, and also leaves the students vastly undereducated. These views and attitudes are continually reinforced into adulthood where they impact women's attitudes toward sexual health. Reforming the curriculum in schools to be more comprehensive and include information covering a broader range of sexualities would allow women to better address their sexual health needs.

The Influence of School Curriculum

Sex-negativity within sex education is perpetuated by the phenomenon known as the hidden curriculum. The hidden curriculum is the cross-subject promotion of heteronormativity and hegemonic masculinity (Miceli, 2011). Sex education in the US focuses strictly on anatomical and biological functions of reproduction, instead of covering all aspects of sexuality. One aspect often excluded from the curriculum is women's sexuality, including pleasure and desire. Michelle Fine conducted a yearlong ethnographic investigation involving both interviews with students and in-class observations. She found three themes to be common among sex education programs in the US:

“(1) the authorized suppression of a discourse of female sexual desire; (2) the promotion of a discourse of female sexual victimization; and (3) the explicit privileging of married heterosexuality over other practices of sexuality” (Fine, 1988, p. 30).

While this seems outdated, Fine and McClelland found the lack of discourse of desire was still present in 2006. Fine and McClelland noted that discourses around girls' desires were becoming more common, but only in popular culture and media, not in sex education (Fine & McClelland, 2006). Because of this exclusion, girls are often undereducated or miseducated on how to cope with their budding sexualities. Though desire in general is not a main learning objective in sex education, some attention is still paid to boy's sexualities and desires. For example, anatomical functions loosely related to boy's budding sexualities or newly emerging feelings of sexual desire—such as the unexpected erection during class—are covered, while those relating to girl's budding sexualities—such as the self-lubrication of the vagina when aroused—are not. Focusing only on boy's sexualities and desires perpetuates the attitude of hegemonic masculinity, an attitude which values only

masculinity as defined by the traditional male gender role of being dominant, aggressive, and promiscuous (Dean, 2011). In turn, women are expected to be the opposite: passive and virginal until marriage.

Sex education frequently discusses the sexuality and reproductive practices of heterosexual couples without mentioning any other sexual orientations or couplings. This practice, combined with the perpetuation of traditional gender roles, provides a very narrow view of what sexuality entails (Miceli, 2011). Consequently, any students who deviate from this norm may feel different or rejected. Hegemonic masculinity is presented in sex education as the only form of acceptable sexuality, often without acknowledging the existence of girl's sexuality, desire, or pleasure. Because sex education prizes hegemonic masculinity, girls feel deviant or shameful when they have sexual desires. While receiving sex education, students are in the midst of developing an identity for themselves, including a sexual identity. This unstable identity makes students feel more pressure to conform and fit in, out of fear of being rejected by their peers or society. Though these gendered expectations are never explicitly stated, it may be inferred they are the only option, especially if the student has never been exposed to any alternatives. Conforming may include students changing their appearance or behaviors to fit in with what is considered "normal," instead of doing what makes them happy.

At the same time, literature incorporated into the curriculum also reinforces and encourages the idea of virginal girls. Klein, Markowitz, Puncher, and Anderson, (2011) performed a deconstructive analysis of twelve commonly read books (such as *The Giver* by Lois Lowry, *The Outsiders* by S. E. Hinton, and *A Wrinkle in Time* by Madeleine L'Engle) to find common themes and interpret how they may be affecting students' and adolescents' sexuality. In many of the books, sexuality is portrayed as dangerous, especially for girls who are constructed as needing protection. For example, when Cherry from *The Outsiders* is being verbally harassed she fights back, telling

him to “Get lost, hood!” and eventually throws a drink in his face. Despite her assertiveness, the perpetrator only stops once Johnny, the shyest of the whole gang, tells him to leave the girls alone. Female characters that are characterized as sexual are often portrayed as possessing negative qualities or as undesirable to other characters. To use another example from *The Outsiders*, low income “Greasy Girls,” and especially their sexualities, are portrayed very negatively and as dangerous by pressuring boys to be sexual, getting guys into trouble through flirting, and cheating on their boyfriends when they are in jail. The wealthier girls are portrayed with none of these characteristics. Girls who are searching for an identity or struggling to fit in may look to these characters as models to shape themselves after. By modeling themselves after the characters, girls are following sexual scripts that perpetuate the narrow societal ideals of what the ideal girl should be like.

Attitudes in Adulthood

Women hold onto these sex-negative and-vagina negative attitudes into adolescence and adulthood which manifests themselves as an inability to properly address their sexual health out of fear of being shamed or rejected. One way this inability presents itself is through women’s apprehensiveness to talk about their vaginas and/or health issues relating to the vagina. One international study performed by Nappi, Kiekens, and Brandenburg (2006) surveyed 9441 women (18-44 years) from 13 different countries on their perceptions and attitudes toward their vaginas. Almost 40% reported they had never read an informative article about the vagina, even though 83% wanted to do so. It is unlikely that these women don’t have access to such educational materials, and they are interested in educating themselves, meaning there must be some societal pressure to fear or be uninterested in informing one’s self on the vagina. In addition, even though 79% of women went to their health care provider for contraceptive and vaginal health related advice, less than

50% of women felt comfortable discussing vaginal health related topics with their health care provider (Nappi, Kiekens, and Brandenburg, 2006). In another study, many women reported feeling anxious to ask questions during a pelvic exam and that by doing so they would be a “nuisance” (Larsen, Oldeide, & Malterud, 1997). This shows that even in a medical setting, which should be professional, objective, helpful, and non-biased, women were still afraid to talk about their vaginas.

Prevalence and Consequences of Attitudes

These negative attitudes are so prevalent that women begin to practice internalized oppression, as seen in the contradictory nature of their reported perceptions surrounding vaginal health. Internalized oppression is the cultural phenomenon of a group internalizing negative stereotypes and expectations about them and acting on them as if they were true (Gerschick, 2011). In other words, women may believe they should be passive about their desires and vaginal health even when they would subconsciously like to do otherwise. In Nappi, Kiekens, and Brandenburg’s previously mentioned study on vaginal attitudes (2006), the researchers asked women to choose words from a word bank to describe their vaginas. Most of the women, 72%, chose words with a positive association (ex.: intimate, sexy, mysterious). Despite indicating positive perceptions during the word bank activity, every other question in the study implied a less desirable perception. Women also didn’t appear to realize the contradictory nature of going to their health care providers for information but being uncomfortable asking any vagina related questions (Nappi, Kiekens, and Brandenburg, 2006). In one Polish study, all women surveyed stated gynecological examinations were important, yet almost a third reported going less frequently than the recommendation of once a year (Szymoniak, Cwiek, Berezowska, Braneczka-Woźniak, Dziobek, & Malinowski, 2009). These three paradoxical findings suggest that

women are conditioned to be sex and vagina-negative to the point where they never recognize this negativity as a problem. Consequently, they don't see vaginal health or the undermining of vaginal health as a problem either.

In addition to sex and vagina-negative attitudes, the attitudes and politics around sex itself may also discourage women from being comfortable maintaining their sexual health. In *Thinking Sex: Notes for a Radical Theory of the Politics of Sexuality*, Gale Rubin (1984/1993) argues that socially acceptable sex falls into a "charmed circle," defined by characteristics such as "heterosexual, marital, monogamous, reproductive" (152) and should not involve roles other than traditional male and female. Anything outside of this charmed circle is seen as bad or deviant. When a woman seeks to maintain sexual health, by going to an OB/GYN for example, it is implied she is sexually active. This goes against the traditional role of women being virginal, passive, and not seeking sex or desire. In many cases, especially if sexual health maintenance includes birth control, the sexual activity is also presumably non-procreative, a quality which lies outside "the charmed circle." Because this sex may be then considered bad and deviant through societal conditioning, women may fear shame or judgment from the health care providers.

Making Progress

Without taking into account literature and other aspects of the curriculum, some groups have realized the bias and sex-negativity in sex education and are actively trying to change it. Groups like The Sex Information and Education Council of the United States (SIECUS) believe the current curriculum has fostered ignorance, shame, and contributed to social problems like teen pregnancy (SIECUS, 2015). Instead SIECUS advocates for age appropriate education on topics including but not limited to contraceptives, emergency contraceptives, abortion, and masturbation. SIECUS also "encourage[s] family communication about sexuality between parent and child,"

which helps to reduce the taboo around sex, as well as hopefully strengthen family relationships. Though only aimed at reforming the sex education curriculum, this healthier, more open approach helps to reduce sex negative attitudes, thereby also possibly making sexual health more accessible for women.

The attitudes toward women's sexuality that are taught in school and further reinforced throughout women's lifespans make addressing sexual health an unjustly uncomfortable experience. In order to address this problem further research should be done to measure the possible correlation between the degree of sex-negativity in a given population and its attitudes toward women's sexual health. One limitation of the current research is a lack of studies conducted in the US on women's perceptions of the vagina or sexual health. This should serve as further evidence of the stigma around the vagina and sexual health.

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