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Sex and gender translations and health education textbooks

Abstract:

This paper offers an analysis of the health education textbook as a governmental mechanism for translating official curriculum hopes. This is discussed with particular reference to the 'subliminal messages' inherent within school based textbooks and the imperatives that often inform their development and use. Particular attention is paid to the ways in which dominant knowledges about gender and (hetero)sexuality are (re)produced within textbooks, specifically that the male continues to be represented, both sexually and socially, as agentic and active, and the female as passive and receptive. Finally, the authors recommend that the textbook be deployed within the health education classroom as a text for analysis, rather than as transparent evidence of the real, and that doing so would enable the construction of a more critical health[y] subject.

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Keywords:

Writing – Textbooks – Governmentality – Gender – Health education

Introduction

In this paper we consider school health education textbooks as governmental translation mechanisms that enable both the official (and unofficial) curriculum to enter the classroom. We focus specifically upon the way in which puberty is framed differently within popular health education textbooks for males and females and argue that this acts to (re)produce dominant, heteronormative understandings about male and female sexual development and activity. As such we will be exploring what Bazler and Simonis (1991) term the 'subliminal messages' within textbooks as we examine what is not represented, as well as what is, regarding the puberty and sexual development of Australian young people. Within the field of education, subliminal messages might also be referred to as the 'hidden curriculum' (Popkewitz 1998) and the ways in which this hidden curriculum illustrates how, in attempting to educate young people about their sexual development as well as how to be informed and active citizens, contradictions arise as gendered discourses find their way into the pedagogical mix of textbooks.

This paper engages in a textual analysis of three health education textbooks that have been in circulation in schools in Victoria from 2002 until 2011. This timeframe has been chosen because it covers a period during which two curriculum changes occurred in Victoria. In 2008, the state of Victoria introduced the Victorian Essential Learning Standards (VELS). This is the current curriculum framework in Victoria and textbooks developed to support the curriculum iteration were published to coincide with the launch of VELS. And so whilst there were significant changes in broader curriculum architecture, our analysis of the textbooks reveals that very little of the content of the textbooks has been updated during this time. Rather, it appears that authors have repackaged the content so that it aligns with the prevailing curriculum context. As a result textbooks continue to (re)produce heteronormative understandings of sex and gender. Although there is much to be said about the content of the textbooks over time, our paper focuses upon how the stability of the ways in which gender and sexuality are represented and therefore the kinds of understandings that are made available to young people about gender, sex and sexuality.

We are then interested here in using the textbook to understand the mechanisms through which governmental health imperatives about gender, sex and sexuality reach their intended targets. Alongside this we offer a close reading of the textbook in order to examine the 'subliminal messages' that they contain.

Governmentality, textbooks and the health education classroom

For scholars of governmentality, education is understood to be one of the key sites of government, a place whereby various governmental hopes around knowledge, skills, personal attributes and behaviours are developed and processed and where attempts are made to enable young people to become active citizens (Banks 2001, Day et al. 2005, Dillabough 2005, Epstein & Johnson 1998, Paechter 2000, Robinson & Ferfolja 2008, Warin et al. 2006).

Education as a key site of governmentality is 'enacted via a whole range of organisations, a whole variety of authorities and lash ups between diverse and competing bodies of expertise' (Rose 2000: 323). So curriculum authorities, governmental, non and quasi governmental organisations (such as publishing houses), corporations, consulting businesses based within nations, states, localities and communities all have the opportunity to input into the process of education. The range of actors involved in this process is considered to be a necessity of the neo-liberal government. Rose (1999) refers to this range of actors as 'translation mechanisms' and argues that they are integral if the contemporary hopes of government, in this case curriculum, are to be enacted and fulfilled at the level of the everyday, in this case the health education classroom. The actors are important to education because they permit governmental imperatives that are created within policy to forge alignments and create connections to the everyday. The textbook, amongst other resources, is centre stage in working to achieve such connections between policy and everyday practice within the health education classroom and is one of the translation mechanisms through which curriculum enters the classroom.

However the textbook is not only a health education phenomenon and scholarly analyses of textbooks are not restricted to governmentality studies. Much of the research that has been done around textbooks focuses upon social justice issues in education and the ways in which normative ways of knowing and/or being dominate the discursive practices operationalized within textbooks (see for example Bazler and Simonis 1991, Clawson et al. 2000, Evans and Kimberly 2000, Marx Ferree & Hall 1996, Provenzo et al. 2011, Sleeter & Grant 2011, Ververi 2012). We want to bring these analyses into conversation with a governmentality analysis in order to consider the work that textbooks do (and do not do) in regards to gender, sex and sexuality.

For some time educationalists who are passionate advocates for social justice have been highly critical of the dominance of neo-liberal policy tenets and their effects as they serve to reduce the struggles of the collective to the level of the individual (see for example Apple 2006, Ball 2012, Giroux 2004). We agree with the critiques being levelled here and so we are interested in exploring how textbooks mobilise notions of the neo-liberal subject; a subject who is rational, autonomous, entrepreneurial, self regulating, active, health seeking and responsible – it is worth noting here that this neo-liberal subject is genderless, almost bodiless. Within this paradigm the subject becomes a set of self-regulating rationalities.

We are also interested in the subliminal that is at play. And the subliminal that are at play within health education textbooks, we argue, are heteronormative understandings about male and female development, sexual desires and understandings of relationships are held firmly in place by the textbooks deployed within the health education classroom. We want to suggest that in mobilising dominant gender and sexuality discourses, the neo-liberal project of producing healthy, active decision making-citizen becomes precarious because it positions young women as passive receivers of sexuality which in turn limits their ability to become the neo-liberal subject.

Textbooks and the status quo

Educational institutions reflect the socio-political context within which they are located. It should, then, not be a surprise that textbooks are saturated by discourses of normativity and the notion of the ideal neo-liberal subject. As Issitt (2004 ctd. Ververi 2012) argues:

At the extreme, the textbook is the vehicle for the transmission of authorized dogma. In its role as an essential site of learning the textbook is a key mechanism for the production and reproduction of ideas. [Textbooks are] cultural objects forged from the social processes and conditions in which they are created (243).

Part of the remit of the textbook is, then, to (re)produce the social status quo and school textbooks in particular are of interest because of the way in which they represent a conscious choice on the part of the writers as to what young people in schools should be taught (Provenzo et al. 2011, Sleeter and Grant 2011).

Previous analyses of health and physical education textbooks have shown that the regulatory discourses of governmentality are alive and well within HPE textbooks (Wright & Dean 2007). This is interesting, though not surprising. It is interesting because the State does not seek to produce textbooks, or control their production. Rather businesses, in the form of publishers, and authors (often teachers) enter into the publishing field on their own accord. And in producing textbooks that align with curriculum imperatives, they become part of, and integral to, the governmental assemblage. Rose here might say (if he ever contemplated health education textbooks) that their development and use is a example of the 'forging of alignments between political aims and the strategies of experts, and upon establishing relays between the calculations of authorities and the aspirations of free citizens' (1999: 49). Leahy (2012) argues that in the making of textbooks, the 'free' citizens might be understood to be the authors of the textbooks, as well as the teachers who use the textbook and the students to whom the lessons inherent in the text are directed. Textbooks, and their private commercial production by various publishing companies become a key mechanism in the translation of governmental imperatives in the health education field.

The remainder of this paper focuses upon a textual analysis of Victorian textbooks from 2002 to 2011. We do not claim to be able to make generalisations about the use of the textbook in relation to empirical data or to unduly criticize their authors. Rather, we want to argue that this textbook, along with many others of its ilk, contains 'subliminal messages' (Bazler & Simonis 1991) about gender, sexuality and health that (re)produce heteronormativity and act in direct contrast to the project of the fostering of the neo-liberal subject.

Gender translations and health education textbooks

The use of textbooks as tools for curriculum development is common across schools in Victoria (see Leahy 2012). This practice is not unusual, in fact Wright and Dean (2007) suggest that textbooks are one of the main sources of knowledge utilised in schools regarding health. Teachers utilise textbooks for topic ideas, the filling of

content, activity and assessment ideas. Leahy's study (2012) argues that the textbooks that teachers in Victoria mostly refer to are texts written specifically to support the Victorian curriculum specifications and, as such, textbooks can be seen to function as a 'surrogate curriculum' (Venezky 1996).

Textbooks are therefore an integral part of classroom instruction as well as being a primary source of information for students (Bazler & Simonis 1991). It is therefore important that minority groups and women are receiving fair and positive representation within them (Bazler & Simonis 1991) as not doing so can limit a young person's choices around and understandings of gender, sex, sexuality and relationships (Lewis & Knijn 2002).

However within the health education textbook, representations of gender, sex and sexuality are often messy, contradictory and contain subliminal messages that reflect dominant heteronormative social constructions that are presented as normal and, more problematically, as natural (Sleeter & Grant 2011).

The health education textbook is therefore an ideal site through which to illustrate the tensions and contradictions inherent to the contemporary construction of the neoliberal self that we outlined above. An analysis of the sexuality content of health education textbooks over time reveals that little has changed in terms of the way in which gender, sex and sexuality are represented over the fifteen-year publication period that this paper takes as its analytic.

All three of the textbooks that we analysed presented the onset of puberty in the same way, as the beginning of the menstrual cycle for females, and the time when boys experience their first ejaculation. Such a framing of puberty is illustrated by Davis et al's textbook 'Health and Physical Education 1' (2002). It should be noted here that we analysed the 1996 edition of this text, and found the puberty section of the later edition virtually unchanged. In Davis et al.'s 2002 section on puberty, bodily changes for males and females are presented to the reader. There are diagrams and an overview for the physical changes that occur during puberty as well as for the secondary sex characteristics of both males and females. In addition, there is a longer written section that discusses a bodily change that occurs during puberty. For females, the menstrual period is described as follows:

The first menstrual period is the beginning of puberty for girls. Each month, the lining of the uterus thickens in preparation for an egg to be fertilised and implanted. When pregnancy does not occur, the wall breaks down, and along with the egg, leaves the uterus (145).

The section then discusses menstrual cramps, toxic shock syndrome and the need for good hygiene practices during menstruation.

For males, ejaculation is described as follows:

As menstruation is the onset of puberty in females, ejaculation shows that a male has become fertile (able to fertilise the female ovum). Ejaculation happens when a male's penis becomes filled with blood, causing it to stand up and become stiff and hard. This is known as an **erection**. Ejaculation is the discharge of semen [...] from the erect penis (146, emphasis original).

That the onset of puberty is discussed in terms of menstruation and ejaculation in all of the textbooks is striking and lead us to think about what is 'in there' in the health education textbooks, and of the subliminal messages that they contain. What is immediately noticeable is the reliance upon both biological determinism and heteronormativity in relation to the bodily changes of females and males during puberty. The uterus thickens 'in preparation' for fertilisation by the male. This understanding of the human reproductive system draws upon age-old constructions of the female as the passive receiver of the male (Ellis ctd. Weeks 1996), the uterus lying in preparatory wait for fertilisation. The language used to describe the erection, 'stand up, stiff, hard' (re)produces the notion of male sexuality as synonymous with power and as the active sexual agent in the reproductive process.

When Davis et al describe masturbation, here again we see the dominance of male sexuality as the authors position masturbation as 'the deliberate stimulation of the genitals (the penis for males, and the clitoris for females' and where it is argued that (unreferenced) 'research shows that 90 per cent of males and 70 per cent of females masturbate' (Davis et al. 2002: 147). Masturbation is then presented as a practice enjoyed more by males than females along with mislabelling the female genitals as the clitoris. This is problematic because the section on female changes at puberty focuses upon menstruation, rather than upon the sexual arousal and the potential pleasure of sexual becoming. Whereas the section on males places ejaculation at the centre of 'changes' associated with growing up. Therefore female sexuality is rendered less visible than and indeed dominated by male sexuality.

The positioning of males as active sexual agents and females as passive was a theme that dominated the textbooks under analysis here, particularly when it came to the framing of relationships and the way that males and females approach, understand and expect relationships to be. Heterosexual relationships dominated the textbooks and same sex attraction was rarely discussed in the textbooks, if it was it was usually within a risk discourse of homophobia and a related discourse of inclusion, for example in Ruskin and Proctor's 'Quest for good health and fitness' (2011) where a recommended activity is to brainstorm all of the word associated with minority groups in Australian society, including Aboriginal people, Muslims and same sex attracted people.

Heterosexual relationships are therefore presented as normative within the six textbooks that we analysed. More than this though, a heteronormative version of sexuality was also dominant. This is problematic because heteronormativity normalises and upholds hegemonic versions of heterosexual relationships. It also limits the possibilities of heterosexual relationships because heteronormativity posits 'heterosexuality' hegemonically and therefore fails to acknowledge the range of sexual and emotional relationships that heterosexuality, as a sexual identity, encompasses (Berlant & Warner 1998). Heterosexuality is, then, the only reasonably possible subject position and is presented as such by the surrogate curriculum of the textbook within health education.

A heteronormative approach to sex and relationships is furthered by Davis et al. in the section on relationships where 'gender friendships' are presented as follows:

Girls are more likely to discuss their thoughts and feelings with each other. This strengthens their ability to see another person's perspective [...] Boys tend to see friends as 'mates' who they like to team up with in games and support in any conflict that may arise. They tend to rely heavily on common interests and shared humour (2002: 207).

The authors position relationships between males as useful for participation in games and conflict, with agentic activity. Games and sport are often deployed within education as mechanisms through which to understand the male body and its muscular 'hardness' (see, for example, Davies 2003). On the other hand female friendships described here, like their uteruses previously, lie in wait to receive the other – in this case the perspective of the other.

The subliminal message that male sexuality is socially and culturally prioritised over female sexuality dominated the textbooks that we analysed. This is not an unusual finding as Reiss (1998) in his analysis of fifteen UK-based textbooks suggests. Reiss terms this the 'physiological approach' to the study of puberty. Such an approach is seemingly value neutral and covers only the physiological 'facts' of human bodies and reproduction. It is however saturated by the subliminal and therefore is a site for the (re)production of dominant understandings about normal, heterosexual pubescent bodies.

Proctor et al.'s 'Active outcomes 2' (2005) is illustrative of the above in its discussion of 'gender expectations and assumptions'. Here, young men are associated with 'a constant and uncontrollable need for sex' (215) and it is posited that that this belief:

Can lead some young men to engage in risk-taking sexual practices. They may become sexually active at a younger age than girls, have a number of sexual partners, and take no responsibility for using contraception (215).

Conversely females are understood as being 'able to control their sexual feelings, set limits on sexual behaviour and ensure safe sex practices' (215). However such seeming level-headedness on the part of females is also positioned as risky by the authors as:

This expectation can place (young women's) safety at risk, particularly for girls who find it difficult to be assertive and make their intentions clear [...] some girls think being sexually active is linked to being in love and wanted (215).

Although Proctor et al. do discus these gendered expectations in terms of 'assumptions', they nevertheless (re)produce heteronormative understandings of gender, sex and sexuality. Sexual desire and agency is once more ascribed to males who are positioned as sexually feckless and in possession of uncontrollable sexual desires. Young women are positioned again as sexually passive and as (mistakenly) connecting sex to love. The text seems to argue, more alarmingly, that this passivity and naivety puts young women at risk from the 'uncontrollable' sexual advances of young men who are also at risk from, it seems, themselves.

Risk comes to underpin the way in which we understand young people's sexuality, risks including sex too young, unwanted pregnancy and STI's to name but a few (Leahy & Harrison 2004, Rasmussen 2004). The sex-associated risks are not made

explicit by Proctor et al., and so risk becomes an undercurrent that flows through health education and the textbooks used within it.

In considering the textbook as a governmental mechanism of translation for the health education classroom we can see that they enable much more than the curriculum to enter the classroom. The textbook enables 'subliminal messages' (Bazler & Simonis 1991) about gender and (hetero) sexuality to permeate the learning environment. These subliminal messages act to (re)produce the notion of a normalised subject. The implications of this are problematic both in terms of the constraints that are placed upon the normalised subject but also for the silent, invisible other. It also calls into question as to whether the hopes of a gender-neutral neo-liberal subject can ever be realised when girls are positioned in such contradictory ways, as both an autonomous and a passive subject.

Conclusion

The Australian government, like most Western neo-liberal governments, is highly invested in the health and wellbeing of its citizens. School children in particular are the focus of many interventions and strategies put in place in order to foster and (re)produce the healthy citizen (see for example Burrows & Wright 2007, Leahy & Harrison 2004, Lupton 1999). These are the hopes that are embedded within policy imperatives and curriculum documents. This paper has demonstrated how the textbook is one mechanism through which the notion of the neo-liberal subject is (re)produced, a subject who is rational, autonomous, entrepreneurial, self regulating, health seeking and responsible. But we suggest that in doing this work, subjects are also (re) produced as gendered and heterosexual. And at times such (re)productions clash with neo-liberal imperatives.

As key translation mechanisms, resources have received some critical attention from scholars (see, Burrows & Wright 2007, Wright & Dean, 2007). The various analyses have suggested that school resources are significant in governmental work, in that more often than not the resources available (re) produce imperatives that closely align to prevailing governmental hopes. Health education textbooks being used in Victoria consist of health knowledge supplemented by a range of activities that students can do to help them be and stay healthy. Within this mix, resources and texts provide scaffolds for problem solving, decision-making, communication, goal setting and planning for action. Effectively the governmental techniques evident within resources and texts are targeted towards individuals developing the appropriate knowledge and skills so that they can be more responsible for their health.

Given the role of the varied organisations and publications we suggest that there needs to be more critical attention given to the ways in which such resources are utilised by teachers within their programming and teaching. We suggest that textbooks do not need to be used by teachers as the source of stable and true knowledges. Rather, they should be used as texts to put under analysis, to be interrogated by students who read then as representative of social and political trends rather than as transparent representations of the real. Such an approach would enable young people to think critically about their own health, gender and relationships as

well as that of others. Within this framework the subliminal messages contained within the textbook could be brought to the conscious space of the classroom and the silent and invisible other could be seen and encouraged to speak.

However within the current governmental assemblage of health education, the textbook is one of numerous translation mechanisms in place to 'support' teachers as they assemble curricula at the school level. Significantly, the official curriculum contains its very own internal mechanisms in the form of standards and learning focus statements. These are put in place to ensure that when the hopes of government are translated into practice that these hopes stay relatively intact. All three of the textbooks under analysis here mobilised dominant discourses that reinforced the neoliberal hopes of health education as well as provided the mechanisms for rendering such hopes practical in the form of worksheets, activities, personal health reflections, scenarios and problem solving activities to name a few. It will be interesting to see what is to come as Australia welcomes its first national curriculum as well as to chart the development of online or blended textbook resources that will shape the health education classrooms of the future.

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